



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 Fifth Avenue Fairbanks, Alaska 99701-4756 (907) 452-2000

WWW.K12NORTHSTAR.ORG



Section 504 Referral

Referred By: _____ Referral Date: _____

Student Name: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Parent(s): _____ Address: _____

Home Phone: _____ Cell: _____

For a student to be eligible for Section 504 services, *the student must have a physical or mental impairment that substantially limits one or more major life activities.*

1. Reason for Referral:

2. What major life activity(ies) do you believe is/are substantially limited?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Reading | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Caring for Oneself | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

3. Indicate specifically how the major life activity is being limited (e.g., what is the student not able to do or benefit from?):

4. What interventions have been attempted and what were the results?

5. Briefly summarize the student's classroom performance (e.g., grades, attendance, behavioral concerns, health care needs, etc.):