SCHOOL DISTRICT OF SEVASTOPOL 504

Section 504 Referral Form

Sevastopol School District

Date:

<table>
<tr><td>Name of Child</td><td>Date of Birth</td><td>Gender</td><td>Grade</td><td>School</td></tr>
<tr><td>Name of Parent or Legal Guardian</td><td colspan="3">Address</td><td>Phone (H)
(W)</td></tr>
<tr><td>Person Making Referral</td><td colspan="4">Parent Notified of Reason for Referral: [ ] Yes [ ] No
Date of Notice:</td></tr>
<tr><td>Primary Language: [ ] English
[ ] Other
Primary Language of the Home if Other than English (specify):</td><td colspan="4">Suspected Impairment:</td></tr>
</table>

1. Describe the nature of the concern, including a description of the suspected mental or physical impairment. *(Please include a specific and detailed description and analysis. Attach additional pages, if appropriate.)*

2. Explain how the suspected impairment may substantially limit a major life activity (i.e. learning, walking, breathing, hearing, speaking, seeing, working, performing manual tasks, caring for oneself, etc.). *(Please include a specific and detailed description and analysis. Attach additional pages, if appropriate.)*

3. Describe or attach any relevant test data or physician's reports.

4. Describe the regular education interventions the District has provided to address the concern described above and the results of those interventions. *(Please include a specific and detailed description and analysis. Attach additional pages, if appropriate.)*

____ ____________________

Signature of Referring Party Date received

____ ____________________

Signature of Section 504 Coordinator Date received