

# Crockett County Schools Section 504 Referral and Recommendations

Referral Date \_\_\_\_\_

Student \_\_\_\_\_  
Last First M.I. DOB

Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Referral made by \_\_\_\_\_ Position \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Provide information to substantiate concern(s) (i.e., pre-referral data, disciplinary information, screening instruments, observations, anecdotal data, reports, achievement/aptitude test (TCAP), examples of student's work):

Describe interventions already used in attempting to resolve concern(s):

.....  
To be completed by the Section 504 Team

Date of Section 504 Team Meeting \_\_\_\_\_

Recommendations

\_\_\_\_\_ Refer for Comprehensive Evaluation under IDEA  
\_\_\_\_\_ Screen/evaluate for Section 504 eligibility  
\_\_\_\_\_ Other, Specify \_\_\_\_\_

Section 504 Team member responsible to inform parent/guardian of recommendations:

\_\_\_\_\_  
Name/Position