

Thomaston Public Schools
Section 504 Referral Form

I. Identifying Information

Name: _____ DOB: _____ Age: _____ Date of Referral: _____

Male Female

Primary Language: English Other: _____

Current School: _____ Grade: _____ Referring Person: _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Work Phone: _____

II. Background Information

- A. Reason for Referral (identify area(s) of concern)
- B. Strategies/Interventions to Date (attach copies of documentation)
- C. Pertinent Evaluative Data (list, e.g., test scores, grades, evaluations, etc.)
- D. Other Relevant Information
- E. Special Services History Are you aware of any special services that have been provided to this student in the past? Yes No If yes, location and provider of the service. _____