

EMERY SCHOOL DISTRICT  
SECTION 504 REFERRAL

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Position: \_\_\_\_\_

Reason for referral:

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Accommodations and interventions attempted:

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Is the student currently receiving services from special education? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain:

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Referral action:

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\_\_\_\_\_  
Section 504 Coordinator

\_\_\_\_\_  
Date

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