

St. Lucie Public Schools  
**INTAKE INFORMATION FOR SECTION 504**

<b>Demographic Information</b>			
Student:		ID#:	Date of Birth:
Name of Parent or Guardian:			Phone #:
Current Address:			City:
<b>Contact Information:</b>			
Please check (✓):	<input type="checkbox"/> In State Transfer	<input type="checkbox"/> Out of State Transfer	<input type="checkbox"/> Re-entry into County

Last School Attended: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 State: \_\_\_\_\_

Person Contacted: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date of Call: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

**Date Records Requested:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>504 Placement Information</b>
Primary Impairment:
Original Eligibility Date:
Current 504 Plan Date:
Reevaluation Due Date:

<b>Testing Information (if available):</b>
<b>Name of Assessment and Results</b>
<b>Statewide Assessments:</b>

<b>Health Care Plan? Yes No If yes, must be attached</b>

Other Relevant Information (i.e., medical, social, behavioral, self-help concerns, etc.):

*Please attach out-of-district forms, or complete updated plan on SLCSB forms.*

<b>Form Completed By:</b>	<b>Section 504 Designee</b>	<b>Date:</b>
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