St. Lucie Public Schools

# Section 504 Referral

| Student Name | ID # | Date of Bir | School | Grade |
|---|---|---|---|---|
| | | | | |

| | | |
|---|---|---|
| Referral Date | Referred By | Reason for Referral (attach additional pages if necessary) |

| | | |
|---|---|---|
| Attendance | Total Days Absent this year: | Total Days Absent last year: |
| Schools Previously Attended | | |

**Grades**

Attach most recent Grades

Over time, this student's grades: (check appropriate box)

☐ Have become higher each year ☐Stayed about the same each year ☐Have become lower each year

☐ Dropped suddenly in ___ grade ☐Data not available

Compared with most of the other students in this school, the student's grades: (check appropriate box)

☐Are better than others ☐Are about the same as others ☐Are worse than others ☐Data not available

**Retentions**

Has the student ever been retained? ☐ Yes ☐ No If YES, list grade level(s), where retention occurred and reason for retention.

**Discipline**

Identify the behaviors exhibited by the student (check all that apply)

| | | |
|---|---|---|
| ☐ Poor attention and concentration | ☐ Difficulty working with peers | ☐ Confrontational/assaultive |
| ☐ Shifts from one uncompleted task to another | ☐ Difficulty following directions | ☐ Dress code violations |
| ☐ Excessively high/low activity level | ☐ Difficulty remaining seated | ☐ Leaves class without permission |
| ☐ Interrupts or intrudes on others | ☐ Fidgets, squirms or seems restless | ☐ Brings inappropriate items to school |
| ☐ Often loses things necessary for tasks | ☐ Other _____ | |

In response to these behaviors, what behavior management techniques have been attempted?

Results of these techniques:

Has this student been suspended, expelled or removed to an alternative placement during the previous or current school year?
☐ Yes ☐ No If YES, explain and attach copies of all disciplinary referral (including those that resulted in discipline other than suspension or expulsion). Report totaling removal days.

**Early Intervention**

What types of efforts have been attempted to meet the student's needs? (check all that apply)

☐ Alternative Learning Setting ☐ Title I ☐ Summer School ☐ Mentoring ☐ ELL Program ☐ Tutoring
☐ FSA remediation ☐ Other _____

**If student received assistance from the school's PST, attach the intervention plan and data gathered on the student's response.**

List services or programs considered and rejected for this student. Explain Why.

Has the student ever been eligible for specialized instruction through ESE? ☐ Yes ☐ No If YES, please attach dismissal report
Has the student ever been referred for specialized instruction through ESE? ☐ Yes ☐ No If YES, please attach eligibility report

**Mitigating Measures**

Identify any mitigating measures currently in use by the student or provided for the student's benefit. (check all that apply & describe measure(s) in use)

☐ Medication : _____
☐ Medical supplies, equipment, or appliances: _____
☐ Low-vision devices(does not include ordinary eyeglasses or contacts)_____
☐ Prosthetics including limbs and devices: _____
☐ Hearing aids and cochlear implants or other device: _____
☐ Mobility devices: _____
☐ Oxygen therapy equipment and supplies: _____
☐ Assistive technology: _____
☐ Auxiliary aids or services: _____
☐ Reasonable accommodations (early intervention, RTI, etc.) _____
☐ Learned behavioral or adaptive neurological modifications: _____
☐ Other: _____

# Section 504 Referral (p.2)

| Student Name | Student ID# |
|---|---|

**Evaluation Data**

**Statewide Assessment: Most Recent**
Year: Grade:

| Subject | Level | Scale Score |
|---|---|---|
| ELA | _____ | _____ |
| Mathematics | _____ | _____ |
| Science | _____ | _____ |

**Statewide Assessment: Previous Year**
Year: Grade:

| Subject | Level | Scale Score |
|---|---|---|
| ELA | _____ | _____ |
| Mathematics | _____ | _____ |
| Science | _____ | _____ |

EOC Record

| Subject | Pass (Y/N) | Level |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Over time, this student's test scores: (check the appropriate box)
☐ Have become better each year ☐ Stayed about the same each year ☐ Have become worse each year
☐ Dropped suddenly in ___ grade ☐ Data not available

Compared to the mean of the district/school/classroom, this student's test scores: (circle comparison group and check the appropriate box)
☐ Are better than others ☐ Are about the same as others ☐ Are worse than others ☐ Data not available

**Health Information**

Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability (e.g. medical reports, psychological reports, ADHD diagnostic information, etc.)

Does the student exhibit any signs of health or medical problems?
☐ Yes ☐ No If YES, please attach observations

Is there a need for further assessment of referral of a medical problem?
☐ Yes ☐ No If YES, please describe what new data is necessary

Is the student receiving any medication at school?
☐ Yes ☐ No If YES, please list medications

Does the student require adaptive equipment or facility adaptation?
☐ Yes ☐ No If YES, please attach list of needs

Does the student have a physical or mental impairment that is episodic?
☐ Yes ☐ No If YES, please describe the condition, when and how often it is active, and its impact on the student when it is active.

Does the student have a physical or mental impairment that is in remission?
☐ Yes ☐ No If YES, please describe the condition, when it was active, at what point it went into remission, and its impact on the student when it is active.

**Additional Comments**

**Committee Signatures**

| | | |
|---|---|---|
| Section 504 Designee | Evaluation Specialist | Nurse |
| Administrator | Teacher | Teacher |
| Teacher | Teacher | Teacher |
| Other | Other | Other |

Parent/Guardian Signature:

I have received a copy of the Parent/Student Rights in identification, evaluation, and placement under Section 504 of the Rehabilitation Act of 1973.
Parent/Guardian initials _____ Date ____/____/____