BIRMINGHAM CITY SCHOOLS
BUILDING LEADERS. IMPACTING THE WORLD.

Section 504 Referral Form

***Attach additional pages if needed*)**

FORM A

This completed form should be returned to the local school Section 504 Coordinator.

Student's Name:	**Student ID #:**
School:	**Grade:**
Age:	**Date of Birth:**
Address:	**Parent/Guardian:**
Person Initiating Referral:	

Please answer the following questions:

1. Reason for referral:

2. Which of the following major life activities do you believe is limited (check ALL that apply):

☐ Performing manual tasks	☐ Speaking	☐ Reading
☐ Walking	☐ Breathing	☐ Concentrating
☐ Seeing	☐ Learning	☐ Thinking
☐ Hearing	☐ Working	☐ Communicating
☐ Other:	☐ Other:	☐ Other:

3. Describe the student's physical or mental impairment(s):

4. Describe interventions/strategies used to address difficulties:

_____ _____

Signature of Person Initiating Referral **Date**

_____ _____

Date received by school **Received by**