



THE West Bend School District
DESTINATION
academics • arts • athletics

REFERRAL FOR SECTION 504 SERVICES

(Section 504 of the Rehabilitation Act of 1973)

Student Name:	Date of Birth:
Parent Name:	Parent Address:
School:	

I. STATEMENT OF SUSPECTED SECTION 504 DISABILITY/DISABLING CONDITION:

Please check the statement(s) which apply:

I am concerned that this person:

- ☐ May have a physical or mental impairment which substantially limits one or more major life activities.
- ☐ May have a record of such impairment.
- ☐ May be regarded as having such an impairment (not transitory or minor).

II. NATURE OF THE CONCERN:

1. What is the nature of the suspected mental and/or physical impairment (diagnosis)?

2. What is the major life activity that may be affected (check all that apply)?

- | | | |
|--|--|--|
| <input type="checkbox"/> learning | <input type="checkbox"/> seeing | <input type="checkbox"/> eating |
| <input type="checkbox"/> hearing | <input type="checkbox"/> breathing | <input type="checkbox"/> sleeping |
| <input type="checkbox"/> caring for oneself | <input type="checkbox"/> walking | <input type="checkbox"/> standing |
| <input type="checkbox"/> lifting | <input type="checkbox"/> bending | <input type="checkbox"/> speaking |
| <input type="checkbox"/> performing
manual tasks | <input type="checkbox"/> reading | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> thinking | <input type="checkbox"/> communicating | <input type="checkbox"/> working |
| <input type="checkbox"/> operation of a
bodily function | <input type="checkbox"/> other: ____
(please specify) | |



Describe the nature of the concern raised by the condition, as it may affect the student's education and any mitigating factors related to the condition. Mitigating factors may include: medication, medical supplies, appliances, low-vision devices, prosthetics, hearing aids and/or mobility devices.

Signature/Title of Person Making the Referral: _____

Date of Referral: _____

Signature of Administrator_____

Date of Signature by Administrator _____