

**VASHON ISLAND SCHOOL DISTRICT
SECTION 504 STUDENT REFERRAL FORM**

Student Name: _____ Date: _____

Birth Date: _____ School: _____ Grade: _____

Address: _____ City: _____ State/Zip: _____

Parent(s) Name(s): _____

Home Phone: _____ Work Phone: _____

Building 504 Coordinator: _____ Phone : _____

The Vashon Island School District does not discriminate on the basis of disability in its admission procedures, access to educational services, or treatment of students in its programs, services, and activities. Any student, parent or guardian, who believes the student has a disability that could affect their education, and who believes that the impact of the disability might be alleviated by some services, modifications, and/or accommodations from the District, may refer the student to the School's 504 Coordinator or School Intervention Team (SIT) for consideration. If that disability meets the definition of Section 504 of the Rehabilitation Act of 1973, the District will offer assistance.

For a student to be eligible for a 504 plan, the student must meet all three of the following criteria. It must be because of the disability that the student is unable to gain equal access and benefit from school programs and services.

- The student has a physical or mental impairment
- That **substantially** limits
- One or more major life activities

INSTRUCTIONS: If you believe that a student may be eligible for Section 504 support please complete and sign the following form giving specific details about why you are requesting a Section 504 evaluation and submit it along with supporting documentation to your school's principal or 504 coordinator.

Please describe the student concern and how it matches the above criteria (identify the physical or mental impairment and identify how it substantially limits a major life activity. (Attach additional sheets if necessary)

Signature of person requesting Section 504 review: _____

Relation to student: _____ Date: _____