Section 504 Pre-placement Form

SECTION 1 – STUDENT INFORMATION

_____   _____   _____
Student Name   **GTID**   **Birthdate**

_____   _____   _____
School   **Grade**   **Today's date**

_____   _____
Parent/Guardian   **Name of person reporting pre-referral activities**

SECTION 2 – ACADEMIC CONCERNS/INTERVENTIONS/RESULTS

A. Provide clear, concise description of existing academic barrier(s). ☐ Check this box if N/A.

_____

_____

B. Intervention: _____

C. Frequency and length of time: _____

D. Results: _____
      (Provide concrete, measurable results, such as grades, scores, percentage of accuracy.)

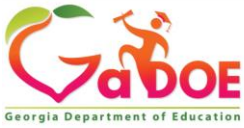**SECTION 3 – BEHAVIORAL CONCERNS/INTERVENTIONS/RESULTS**

A. Provide clear, concise description of existing behavioral barrier(s). ☐ Check this box if N/A.

_____

_____

B. Intervention: _____

C. Frequency and length of time: _____

D. Results: _____
      (Provide concrete, measurable results, such as grades, scores, percentage of accuracy.)

SECTION 4 – PHYSICAL OR MEDICAL CONCERNS/INTERVENTIONS/RESULTS

A. Provide clear, concise description of existing physical/medical barrier(s). ☐ Check this box if N/A.

_____

_____

B. Intervention: _____

C. Frequency and length of time: _____

D. Results: _____
　　　　　(Provide concrete, measurable results, such as grades, scores, percentage of accuracy.)

SECTION 5 – REFERRAL DECISION

Please select the statement that *best* reflects the student's need:

☐ The interventions put in place to address the student's need(s) **eliminated** barriers previously experienced. Referral for a Section 504 evaluation is not needed at this time.

☐ The interventions put in place to address the student's need(s) **diminished** the effects of the barrier(s) to a level that does not significantly impact a major life activity. Referral for a Section 504 evaluation is not needed at this time.

☐ The interventions put in place to address the student's need(s) had a **minimal** effect on the barrier(s) experienced, which still significantly impact at least one major life activity. Referral for a Section 504 evaluation is needed.

_____
Name of LEA contact for this student's Section 504 evaluation

_____
LEA Contact number

_____
LEA Contact email address