

Section 504 Plan Referral Checklist

Student: _____ School Coordinator: _____
 Grade: _____ Date of Birth _____ Date of Referral: _____
 School: _____ Date of Initial 504 Plan: _____

** Indicates forms which need to be mailed to parents prior to the meeting*

Section 504 Referral	Form 1	Original in file:	_____ Yes _____ No
*Assessment Checklist	Form 2	Original in file:	_____ Yes _____ No
*District Policy Statement	Form 3	Original to Parent:	_____ Yes _____ No
*Procedural Safeguards	Form 4a & 4b	Original to Parent:	_____ Yes _____ No
*Receipt of Rights	Form 5	Signed by Parent:	_____ Yes _____ No
*Consent to Assess/	Form 6	Signed by Parent:	_____ Yes _____ No
*Release of Information	Form 7	Signed by Parent:	_____ Yes _____ No
*Letter of Invitation	Form 8	Sent to Parent:	_____ Yes _____ No
*Invitation Response	Form 9	Signed by Parent:	_____ Yes _____ No
Documentation of Handicapping Condition		Original Documentation:	_____ Yes _____ No
504 Eligibility Review	Form 10	Signed by Parent:	_____ Yes _____ No
Section 504 Plan	Form 11a & 11b	Signed by Parent:	_____ Yes _____ No
FBA and BIP	Form 12a & 12b	Original in File:	_____ Yes _____ No
Parental Consent	Form 13	Signed by Parent:	_____ Yes _____ No
504 Conference Minutes	Form 14	Signed by Parent:	_____ Yes _____ No
504 Follow-up Letter	Form 15	Sent to Parent:	_____ Yes _____ No
Data Distribution	Form 17	Original in File:	_____ Yes _____ No
Teacher Observations	Form 214	Originals in File:	_____ Yes _____ No
**Power School updated if approved			_____ Yes

****Supporting Documentation:**

_____ **Standardized Test Scores** _____ **Grades** _____ **Attendance** _____ **Discipline**

For Department of Special Programs use only:

Date received from school: _____ 504 Coordinator Initials: _____
 Date audited by 504 Coordinator: _____ 504 Coordinator Initials: _____
 Date submitted to Records Secretary: _____ Records Secretary Initials: _____
 Date entered into database: _____ Records Secretary Initials: _____

Notes: _____