

MENDHAM BOROUGH SCHOOL DISTRICT

SECTION 504 PARENT REFERRAL FORM

Name: _____ DOB: _____ Sex: _____ Grade: _____

Parent/guardian: _____ School: _____ Referral date: _____

Primary language: _____ Phone Number: _____

Address: _____

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1. Describe the nature of the handicap and how your child's academic program discriminates against them.

2. Describe how the student's handicap affects a major life activity (such as walking, speaking, seeing, breathing, learning or working). Please attach any supporting documentation.

3. What, if any, specific accommodations are you seeking?

In order to assist the 504 Committee in properly evaluating your request, we ask that you return this form to the 504 Coordinator in your child's building.

Under Section 504 regulations, the District is required to evaluate a student only when it has reason to believe that the child needs special education or related services. If the District does not have such a belief, the District is not required to evaluate the student. Please be advised that a physician's diagnosis does not **automatically or alone qualify a student for a 504 Accommodation Plan.**

Eligibility is determined by the Mendham Borough School District when there is the presence of educational impact. In the event that a 504 Accommodation Plan is recommended for the given school year, there will be a review, prior to the end of the school year, to evaluate how your child is using his/her accommodations and if they continue to be relevant. If there is no educational impact or further need, the district shall discontinue a 504 Accommodation Plan.

Parent(s) Signature: _____

Date: _____