



# Section 504 Pre-placement Form

## SECTION 1 – STUDENT INFORMATION

_____	_____	_____
<b>Student Name</b>	<b>GTID</b>	<b>Birthdate</b>
_____	_____	_____
<b>School</b>	<b>Grade</b>	<b>Today's date</b>
_____	_____	
<b>Parent/Guardian</b>	<b>Name of person reporting pre-referral activities</b>	

## 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.)



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### 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.

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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