



## MASSAPEQUA PUBLIC SCHOOLS

### **504 PARENT REFERRAL FORM**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor/Psychologist: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

1. Describe the nature of the disability and how it affects your child's current academic program.
  
  
  
  
  
  
  
  
  
  
2. Describe how the student's disability affects a major life activity (such as hearing, walking, seeing, speaking, breathing, learning or working).
  
  
  
  
  
  
  
  
  
  
3. Please list any prior evaluations conducted. You may attach supporting documentation (i.e.- medical diagnosis), but you are not required to do so.



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4. What, if any, specific modifications are you seeking?

Any additional documentation you can provide, such as a medical diagnosis or evaluation, is encouraged but not required.

**Please return this form to your child's building principal or the 504 Compliance Officer.**

***Please sign and date:***

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_