



**SOLON SPRINGS SCHOOL DISTRICT  
SECTION 504 ACCOMMODATION PLAN REFERRAL FORM**

Name of Student	DOB	Grade	School
Name of Parent(s)/Guardian(s)	Phone number		Person making Referral/Title
Address	Date Parent Notified of Referral		Method of Notifying Parent <input type="checkbox"/> Conference <input type="checkbox"/> Phone Call <input type="checkbox"/> Written

Date referral receive by school district: \_\_\_\_\_

Referral received by (district personnel): \_\_\_\_\_

1. State the reasons you believe this child has a mental or physical impairment which substantially limits one or more major life activities. *A major life activity includes but is not limited to functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing. At school "learning" is frequently identified as the area of difficulty. Common examples of physical or mental impairments include such things as communicable diseases (HIV, TB), medical conditions (ADHD, asthma, allergies, diabetes, heart disease, seizure disorders, traumatic brain injury, etc) and psychological disorders. Transitory conditions (those lasting six months or less) such as a broken ankle are not considered a disability. These conditions are considered on a case-by-case basis.*
  
2. List academic and non-academic performance and medical information; any specialized programs, services, interventions used to address this student's needs and the results of those interventions, etc. Attach any additional medical documentation or physician care plans, as appropriate.