



# Southwick-Tolland-Granville Regional School District

## SECTION 504 REFERRAL FORM

Student Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### 1. Referred by:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship to Student:

Parent/Guardian       STGRSD Staff       Other \_\_\_\_\_

### 2. Reason(s) for referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Referring Person

\_\_\_\_\_  
Date

### 504 Coordinator Completes This Section

504 Coordinator's Name : \_\_\_\_\_

Date Received : \_\_\_\_\_