

New Prague Area Schools

Independent School District No. 721

Website: www.np.k12.mn.us



415 1st Avenue Northwest New Prague, MN 56071
Office of Special Services

Phone: 952-758-1768
Fax: 952-758-1769

Form 1 SECTION 504 STUDENT REFERRAL

Referral Date _____ School _____

Student's Name: _____ Grade _____ Date of Birth _____

Parents/Guardian's _____

Address _____

E-mail Address _____

Home Phone: _____ Cell Phone: _____

Primary Language Spoken at home () English () Other _____

Person Making Referral:

Parent Requested Referral **Yes** **No**

Parent: _____ **Date:** _____

School Referral **Yes** **No**

Staff Making Referral: _____ **Date:** _____

1. Current Educational Program

- () Regular education () Language Enrichment Program
- () Gifted/Talented Program () Regular School Vocational
- () Chapter I () School Counseling/Intervention
- () Early Intervention () Other: _____

2. Student Performance on NWEA/MCA District Tests

Test _____ Date _____ Results _____

Test _____ Date _____ Results _____



3. Specialized Testing (results attached)

- Vision Developmental
 Hearing Psychological
 Speech/Language Other _____

4. Student Classroom Summary (most recent grade report attached)

- Yes No Student receives passing grades in all subject areas
Yes No Student is currently not passing in the following subject areas _____
Yes No Student has been retained. Grade retained _____
Yes No Student has or is expected to receive disciplinary action pertaining to behavior.

Explain: _____

- Yes No Student has special health care needs during school hours.

Explain: _____

5. Specific Reasons for Referral:

- Academic Physical
 Social/Emotional Developmental
 Speech/Language Hearing
 Behavioral Health _____
 Visual Other _____
 Student was evaluated for an IEP but did not qualify (documents attached)
 Student was dismissed from Special Education

Additional information _____



6. Interventions Prior to Referral

Intervention Implemented:	By Date:	Results:
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Final Determination Regarding Referral

Yes	No	Referred for Section 504 Evaluation
Yes	No	Not referred for Section 504 Evaluation

_____	_____
Signature of Section 504 Coordinator	Date

School Staff please check the following:

Yes	No	Copy of Referral Form put into Student's Cumulative File	Date: _____
Yes	No	Copy of Referral Form sent to Parents	Date: _____

- Proceed to **Form 2** for Parental Consent to continue with a Section 504 Evaluation