

MERRIMACK SCHOOL DISTRICT
36 McElwain Street, Merrimack, New Hampshire 03054

SECTION 504 REFERRAL FORM

Student Name:

Referral Date:

School:

Grade:

Parent/Guardian:

Address:

Best phone number to reach you:

Has the student been previously evaluated for special education under IDEA? Yes ☐ No ☐

If yes, date:

What are the strengths of this student?

What are your specific concerns regarding this student? **Please add details about your concerns:**

Academic:

Behavioral:

Social-Emotional:

Medical:

What accommodations have been attempted to remediate your stated concerns?

Other pertinent information or related observations that may be helpful:

Person Making Referral:

(Please check one) ☐ Parent ☐ Counselor ☐ Teacher/Team ☐ Other

Updated: 2022