



SCHERTZ-CIBOLO-UNIVERSAL CITY INDEPENDENT SCHOOL DISTRICT

200 W. Schlather Rd., Cibolo, TX 78108 Phone (210) 945-6426 Fax (210) 945-6427 www.scuc.txed.net

Section 504 Referral Form

Student Name: _____		ID No. _____	DOB: _____	Date: _____
School: _____		Grade: _____		
Parent(s) Name: _____		Phone: _____		
Address: _____				
Referred by: _____ Relationship to Student _____				

Area(s) of concern (check all that apply):

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Caring for self | <input type="checkbox"/> Hearing | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Speaking | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Learning | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Eating | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Other – be specific: _____ | | |

Give a brief description of the concern(s):

Section 504 of the Rehabilitation Act of 1973 is designed to prohibit discrimination based on disability in any program or activity receiving federal funding. This statute obligates public schools to provide equal access and equal opportunity to qualified persons with disabilities. For a student to be eligible for a 504 plan, the student must meet all three of the following criteria and, because of his/her disability, must need accommodations to gain equal access to and/or benefit from school programs and services.

- **A physical or mental impairment**
- **That substantially limits**
- **one or more major life activity**

If you believe that a student may be eligible for Section 504 support, please complete and sign this form and submit it to your school's 504 coordinator.

Signature of person making referral

Date: _____



SCUCISD Mission Statement

Schertz-Cibolo-Universal City ISD provides a safe, secure and challenging learning environment, through the responsible use of all resources, to afford opportunities for all students to realize their individual potential and to become responsible and productive members of society.