Royal School District No. 160

901 Alhers Road ◆ PO Box 486 ◆ ROYAL CITY, WA ◆ 99357 ◆ P: 509.346.2222 ◆ F: 509.346.8746

WWW.ROYALSD.ORG

Section 504 Referral and Recommendations

Referral Date:	<u> </u>
Student:	
Address:	
Parent/Guardian/Surrogate:	
School:	_Grade:
Teacher(s)	<u> </u>
Telephone:	
English Proficient:Hor	ne Language:
Screened by ESL Referral made by:Position:	
This referral and function of the Section 504 Parent/Guardian/Surrogate	Team have been discussed with the
on	
Description of Concern(s):	

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Provide information to substantiate concern(s) (i.e., pre-referral data, disciplinary information, screening instruments, observations, anecdotal data, reports, examples of student's work

Describe interventions already used in attempting to resolve concern(s):