

## LONGVIEW INDEPENDENT SCHOOL DISTRICT

Section 504 Referral Form 4, page 1 of 4

## **Section 504 Referral**

Student:						5	Stude	nt ID	#:		Date of Birth:					
Grade:	<b>.</b>															
Referred by: Position/Relation to Student:																
Reason for Referral (attach additional pages if necessary):																
Attendance																
Is this student enrolled in school? Yes If No, explain.																
This student has been absent days out of school days this school year. Reason(s):																
This student was absent days out of school days last school year. Reason(s):																
List schools previously attended:																
Student Grad									1			1				
Current Year G	rade	Repo	ort by			Period				Yea	r Grades		Year G	rades		
Subject	1	2	3	4	5	6	Fina	1	Subject	Subject						
Over time, this					1											
have become hi			_						e each year		have becc	me lower	each yea	ır		
dropped sudder	ıly in		grade	2	Dat	ta not	availa	able								
~																
Compared with	mos	t of tl	he otl	ner st	_				his student's	grac	les: (chec	k the box)				
are better					are	e abou	t the	same			are worse					
data not availab	ole															
** 1 1		,				• •	****	1.	1 1 1/1							
Has the student ever been retained? If YES, list grade level(s) where retention occurred and reason for retention(s)																

<b>Discipline Information</b> (Attac	ch	copies of any	beh	avior	al plan or	r coi	ntrac	t)			
Identify the behaviors exhibited by the student (check all that apply)											
Poor attention and concentration		Shifts from one uncompleted task to another									
Often loses things necessary for ta	s		Interrupts or intrudes on others								
Excessively high/low activity leve			Difficulty working with peers								
Difficulty following directions		Difficulty remaining seated									
Fidgets, squirms or seems restless		Confrontational/assaultive									
Dress code violations		Leaves class without permission									
Brings inappropriate items to school Other											
In response to these behaviors, what behavior management techniques have been attempted?											
Results of these techniques:  Has this student been suspended, expelled or removed to DAEP   No Yes (see below)											
during the previous or current sch				1 /							
If yes, explain and attach copies of <i>all</i> disciplinary referrals (including those that resulted in discipline other than suspension, expulsion, or DAEP), and PEIMS report totaling removal days.											
Early Intervention & Alterna What types of efforts have been at											
Alternative Learning Setting	Summer School Dyslexia										
		Title I									
ESL/Bilingual Ed. Program	Tutoring		TAKS remediation   Gifted and Talenton								
Mentoring		Other									
If the student received assistance from the campus' early intervention team (Response to Intervention Team) please attach plans created for the student and data gathered on student's response.											
Team) please attach plans created	10	r the student ai	na da	ia gai	nered on s	stuat	em s	resp	onse.		
List services or programs consider	red	and rejected f	or thi	is stuc	lent? Why	v?					
Dist services of programs consider	· Cu	and rejected r	or tin	is stat		<i>j</i> .					
					1						
Has the student ever been special education eligible? No Yes, please attach of											
Has the student ever been referred	to	special educa	tion?		No	Ye	es, ple	ease	attach eligibility AF	RD	
75.00							-				
Mitigating Measures (Identify									ne student or provi	aea	
for the student's benefit. Check	a	Il that apply, o	desci	nbe n	neasure(s	) 1n	use)				
Medication:											
Medical supplies, equipment, or appliances:											
Low-vision devices (which do not include ordinary eyeglasses or contact lenses):											
Prosthetics including limbs and devices:											
Hearing aids and cochlear implants or other implantable hearing devices:											
Mobility devices:											
Oxygen therapy equipment and supplies:											
Assistive technology:											
Reasonable accommodations:											
Auxiliary aids or services											
Learned behavioral or adaptive neurological modifications:											

Evaluation l	Data fron	n State A	SS	sessment (TAK										
TAKS Latest Administration				TAKS Previous					TAKS Previous					
School Year:				School Year:					School					
	Pass?	Scaled			Pass?	Scal	led				Pass?	Scaled		
Subject	(Y/N)	Score		Subject	(Y/N)	Sco	re		Subject	t	(Y/N)	Score		
Reading				Reading					Readin					
Mathematics				Mathematics					Mather					
Writing				Writing					Writing					
Science				Science					Science Social Studios					
Social Studies English/LA				Social Studies				Social Studies English // A						
Eligiisii/LA				English/LA				English/LA						
Over time, thi	e etudent'e	test score	۵6.	(check the appro	onriate l	10v)								
have become be			cs.	have stayed abou			h vea	ır	hav	e hecome	Worse ea	h vear		
dropped sudden		rade		data not available		iic cac	ii yea	l1	have become worse each year					
dropped sudder	<u>пу ш                                </u>	rade		data not avanaor										
Compared to t	he mean c	of the dist	rict	, this student's te	est score	s. (c	heck	the	annror	oriate ho	x)			
have become be				have stayed abou							worse eac	h vear		
district mean no		Cui		nave stayed abou	it the san	ne cae	JII yea	11	Hav	<u>c occome</u>	worse car	ii year		
district mean in	or a variable			L					I					
Health Infor	mation	Person	cor	duction screening	•									
		-		octor's order, dia	_				•	_	disability	(example,		
medical report	ts, psychol	logical rep	or	ts, ADD/ADHD	diagnos	tic in	form	ati	on, etc.)	)				
Does student of problems?	Does student exhibit any signs of health or medical No Yes. If yes, attach observations.								vations.					
Is there a need for further assessment of referral of a medical problem?							low)							
If further assessment is necessary, please describe what new data is necessary.														
is in the state of														
Is student receiving any medication at school? No Yes, list medications														
Does the student require adaptive equipment or facility							No				of needs			
adaptation?														
udaptation.														
Does the stude	ent have a	nhysical (	or i	mental impairme	nt that is	enis	odic	?			No	Yes		
				when and how o					ite imne	ect on the	l			
active.	describe ii	ie conditio	ЭΠ,	when and now c	orten it is	s acti	ve, ai	IIU	ns impa	ict on the	Student	WHEH It IS		
active.														
- ·	•													
				mental impairme							No	Yes		
If yes, please describe the condition, when it was active, at what point it went into remission, and its impact														
on the student when it was active.														

<b>Vision</b> Type of screening: Date of	sion Type of screening: Date of screening									
(Vision examination must have been administered within a year from the date of referral)										
Visual acuity before correction: Right Left										
Visual acuity with correction: Right Left										
Interpretation of results:										
Does student exhibit any signs of health or medical problems?		No		Yes. If yes, attach observations.						
Is there a need for further assessment of a medical problem?		N	О	Yes (see below)						
If further assessment is necessary, please describe what new data is necessary.										
As a result of the screening, is there any indication of a need for further assessment or adjustment?	or	N	О	Yes, please explain.						
Has any follow-up treatment been recommended?		N	0	Yes, please explain.						
TT										
<b>Hearing</b> Date of most recent screening: Type of screening:										
Results:										
Interpretation of results:										
As a result of the screening, is there any indication of a need for further assessment or adjustment?										
Has any follow-up treatment been recommended?		No		Yes, please explain.						