

MASCOMA VALLEY REGIONAL SCHOOL DISTRICT
P.O. BOX 789
Enfield, New Hampshire 03748
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CANAAN ELEMENTARY*ENFIELD ELEMENTARY* INDIAN RIVER
SCHOOL*MASCOMA VALLEY REGIONAL HIGH SCHOOL

SECTION 504 REFERRAL FORM

STUDENT'S NAME: _____ D.O.B.: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

REFERRAL SOURCE: _____ DATE OF REFERRAL: _____

PARENTS' NAMES: _____ PHONE #: _____

ADDRESS: _____

List positive qualities and areas of strength for this student:

Describe the suspected handicap and how it affects a major life activity:

Describe any accommodations that have been attempted to address these concerns:

Any other pertinent information that may be helpful: (i.e., any testing that has been completed, other sources for additional information, etc.)

_____	_____	_____	_____	_____
Person completing form	Title	Date	Reviewed by Principal	Date

(Revision recommended to the Board on: 3/16/04)
(Revision recommended to the Board on: 2/2/94)
(Adopted by the Board on 7/18/94)
(Updated 2/3/04)