



## FORM M AMERICANS WITH DISABILITIES ACT STUDENT REFERRAL

***The Americans with Disabilities Act prohibits discrimination on the basis of disability in public schools (among other places). If a student has an identified physical or mental impairment that substantially limits a major life activity, and requires an accommodation or support that is not otherwise provided to the student pursuant to the District's FAPE obligations under the IDEA or Section 504 of the Rehabilitation Act, please complete the following information.***

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

### Referring Party:

☐ Parent ☐ Teacher ☐ School Nurse ☐ School Psychologist ☐ Administrator ☐ Doctor \_\_\_\_\_

Identified Mental or Physical Impairment: \_\_\_\_\_

Major Life Activity or Activities Impacted: \_\_\_\_\_

What accommodation or support are you seeking for the student?

What is the basis for the request?

### For District ADA Compliance Officer Completion Only:

<b>Date Referral Received:</b>
<b>District Action:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> IDEA Disability Suspected—Refer to Special Education Department</li><li><input type="checkbox"/> 504 Disability Suspected—Refer to 504 Team to Conduct Review of Existing Data</li><li><input type="checkbox"/> IEP team or Section 504 team has already considered this request, and it has been denied as unnecessary to provide Student with a FAPE. Compliance Officer will meet with Parent(s) to discuss the ADA request.</li></ul>