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**ST. CLOUD AREA  
SCHOOL DISTRICT 742**

**SECTION 504/ADA  
REFERRAL FORM**

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School:

Date:

Student:

D.O.B.:

Parent:

Phone (H):

Address:

Phone (W):

Teacher:

Grade:

Referred By:

1. Reason for referral:

2. Accommodations and interventions attempted (attach appropriate documentation):

3. Has the student ever been referred, evaluated, and/or received services from special education?

Yes

No

If yes, Explain:

4. Referral Action:

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*Principal's Signature*

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*Date*

C: Student's File  
Parent  
Dist. 504 Liaison