

SAN MATEO UNION HIGH SCHOOL DISTRICT

Section 504 Referral for Evaluation

- Initial Request
- Annual Re-Evaluation
- Transfer Student
- Incoming Ninth Grader

Student	Date	School
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Mental or Physical Impairment(s)

Major Life Activities Substantially Limited by the Impairment(s): (Check all that apply)

<input type="checkbox"/> learning	<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> breathing
<input type="checkbox"/> working	<input type="checkbox"/> walking	<input type="checkbox"/> speaking	<input type="checkbox"/> caring for self
<input type="checkbox"/> performing manual tasks			

Name of Person Requesting 504 Evaluation:

Check One:

<input type="checkbox"/> Principal	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> School Nurse
<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Other _____
<input type="checkbox"/> SST Specialist	<input type="checkbox"/> Student	

Comments: