

**MERRIMACK SCHOOL DISTRICT**  
36 McElwain Street, Merrimack, New Hampshire 03054

**SECTION 504 REFERRAL FORM**

**Student Name:**

**Referral Date:**

**School:**

**Grade:**

**Parent/Guardian:**

**Address:**

**Best phone number to reach you:**

Has the student been previously evaluated for special education under IDEA? Yes  No

If yes, date:

What are the strengths of this student?

What are your specific concerns regarding this student? **Please add details about your concerns:**

**Academic:**

**Behavioral:**

**Social-Emotional:**

**Medical:**

What accommodations have been attempted to remediate your stated concerns?

Other pertinent information or related observations that may be helpful:

Person Making Referral:

(Please check one)     Parent     Counselor     Teacher/Team     Other

Updated: 2022