



**SEATTLE SCHOOL DISTRICT  
REFERRAL TO CENTRAL OFFICE INTERVENTION TEAM  
(FORM 504-4)**

This form is used to request assistance from the Central 504 Office Intervention Team (CIT). Please fill out the form in its entirety, do not leave any blanks, and be as detailed as possible in your explanations. This form must have the 504 Staffing Report Summary and the supporting documentation attached from the building SIT meeting. Once completed, send the packet to the Central Office 504 Coordinator, Mr. Ronnie Bryant, mail stop AA-151. Mr. Bryant will make contact with the building 504 Coordinator to go over the request.

Student: \_\_\_\_\_ ID#: \_\_\_\_\_ Date \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Has the SIT qualified the student under Section 504? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the student's disability? \_\_\_\_\_

2. Is the SIT currently evaluating the student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are the areas of suspected disability? \_\_\_\_\_

3. What assistance is requested from the CIT? (Please include any specifics and/or reasoning necessary to fully evaluate this request)

---

---

---

---

Estimated Cost: \_\_\_\_\_

4. Identify any interventions (modifications, accommodations or services) the building has put in place to accommodate the student and evaluate the success of these interventions:

---

---

---

---

\_\_\_\_\_  
SIT Coordinator Signature

\_\_\_\_\_  
Principal Signature