

Section 504 Notice of Decision and Accommodations Plan

Student Name: _____ Student ID: _____

Grade: _____ Date of Birth: _____ Date: _____

School Name: _____

Yes No The student has a mental or physical impairment that **substantially limits** one or more of their major life activities.

Yes No The impairment **substantially affects** the student's overall performance at school in:

- | | | | | |
|----------|--------------------|---------------|----------|-----------|
| Seeing | Hearing | Concentrating | Eating | Breathing |
| Walking | Speaking | Communicating | Learning | Working |
| Sleeping | Thinking | Lifting | Helping | Bending |
| Standing | Caring for oneself | other _____ | | |

To be identified for a 504 Plan, both answers above must be **YES**.

Is this student eligible to receive a 504 Plan? Yes No

Evaluation procedures, tests, records, or reports used as a basis for the decision:

- | | | |
|----------------------------|--------------------|-------------------------------|
| Cumulative Records | Teacher Input | State Assessment Results |
| Discipline Records Reading | Parent Input | Response to Intervention Data |
| Inventory | Report Card Grades | Outside/Private Evaluations |
| Other: _____ | Attendance Records | Curriculum-Based Assessment |

If you have any questions regarding your rights, you may contact _____
Name

_____ at _____ or _____
Position Phone Email

Your Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973 is attached.

List each need and related accommodations. Additional pages can be printed, if needed.

Specific need (1):

Accommodations that address the need (be specific):

Who will implement the accommodations?

Criteria for evaluating success:

Specific need (2):

Accommodations that address the need (be specific):

Who will implement the accommodations?

Criteria for evaluating success:

Specific need (3):

Accommodations that address the need (be specific):

Who will implement the accommodations?

Criteria for evaluating success:

Specific need (4):

Accommodations that address the need (be specific):

Who will implement the accommodations?

Criteria for evaluating success:

Section 504 Plan Team:

Signature: _____ Title: _____ Date: _____

Parent/Guardian:

I/We, _____, as this students' parent(s)/guardian(s),

Consent

Do not consent

for my/our child to receive the accommodations described.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Date annual 504 Plan review scheduled: _____

**CONSENT TO EVALUATE UNDER SECTION 504
OF THE REHABILITATION ACT OF 1973**

Student Name: _____ Student ID: _____

Grade: _____ Date of Birth: _____ Date: _____

School Name: _____

Dear Parent/Guardian,

A team of education professionals has met and believes your child may have a disability under Section 504 of the Rehabilitation Act of 1973. In order to determine if your child does have a disability under Section 504, we are requesting your consent to conduct an evaluation. An evaluation under Section 504 involves the collection of various sources of data and a review of this data by a knowledgeable committee to determine whether there is a substantial limitation of one or more major activities or bodily functions. If your child qualifies as an individual with a disability the committee will also determine if your child requires services and support to have his or her needs met as adequately as a non-disabled individual; the committee will also document those services. This evaluation will be provided at no cost to you. Once your consent is received, data will be gathered and you will be invited to the meeting to discuss the findings. Please check the appropriate box below:

I give consent to evaluate my child for eligibility under Section 504.

I do not give consent to evaluate my child for eligibility under Section 504.

Your Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973 is attached. Your signature below acknowledges your receipt of these rights. If you have any questions or concerns regarding this referral, the evaluation process, or your rights, please contact _____, campus Section 504 coordinator, at _____.

Parent Signature

Date

Section 504 Due Process Hearing Procedures

Impartial hearings are available under Section 504 to resolve disagreements between a parent or guardian and the school district/charter over matters related to the identification, evaluation or educational placement of a student with a disability. See 34 - C.F.R. - § - 104.36.

A parent or guardian who wishes to challenge a district's action or omission with regard to the identification, evaluation, or placement of a disabled child must submit a written request for a Due Process Hearing to the district's/charter's §504 Coordinator within ninety (90) calendar days of the dispute giving rise to the hearing request. The term "days" in regards to these procedures shall mean any day that the child's school is open during the regular school year.

The written request should include:

- A statement that the parent or guardian is requesting a Due Process Hearing before an impartial Hearing Officer;
- The name of the student, the address of the student and the name of the school the student is attending;
- A description of the decision(s) in dispute, including facts relating to the decision;
- The remedy the parent or guardian is seeking.

Within ten (10) days of the date of receipt of the request, the district/charter will appoint an impartial Hearing Officer to preside over the hearing and issue a decision. The Hearing Officer will be hired by the district/charter as an independent contractor at no expense to the parent or guardian. The Hearing Officer need not be an attorney, but shall be familiar with the requirements of §504 and the District's/charter's Hearing Procedures under §504.

Within ten (10) days, the appointed Hearing Officer shall issue notice to the parent or guardian and the district's §504 Coordinator setting a date, time and location for a hearing to be held within fifteen (15) days of the notice.

The parent or guardian shall notify the Hearing Officer at least seven (7) days prior to the set hearing date of their desire to be represented by an attorney and whether they wish the hearing be open to the public.

The hearing shall be conducted in an informal, non-adversarial manner. The Rules of Evidence and Procedures will not apply. Each party will have an opportunity to present evidence relevant to the dispute. As part of their presentations, the parties may submit any reports, evaluations, correspondence, notes, or any other documents that may support their positions and that the Hearing Officer will admit at his or her discretion.

The due process hearing will be tape-recorded. The parent or guardian may obtain a copy of the tape recording at his or her request.

At the conclusion of all presentations, the Hearing Officer may make an oral ruling at the conclusion of the hearing or take the case under advisement. In either case, the hearing

officer must make a decision within fifteen (15) working days in writing, addressing and ruling on all issues raised by the parent or guardian and indicating what corrective action, if any, the district/charter must take.

If not satisfied by the decision of the Hearing Officer, a parent or guardian may seek review of the hearing decision in a court of competent jurisdiction, generally the closest federal district court.

At any time, a parent or guardian may file a complaint with OCR if he or she believes that the district/charter has violated any provision or regulation of §504. The filing of a complaint does not affect the hearing process or the time-lines set forth above. OCR addresses §504 complaints separately and independently of the local hearing process, in accordance with the guidelines set forth in OCR's Compliant Resolution Manual.

SECTION 504 MANIFESTATION DETERMINATION REVIEW

**modeled on the IDEA*

Student: _____ School: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

A manifestation determination review (MDR) must be conducted when a disciplinary removal is contemplated that constitutes a significant change of placement. The 504 committee must consider and review, in terms of the behavior subject to disciplinary action, relevant information which may include: current evaluation data, information from parents, observations of the child, current accommodation plan, positive behavior support plan, and any other relevant information provided.

Committee Members:

Area of Knowledge:

_____	Student	Placement Options	Evaluation Data
_____	Student	Placement Options	Evaluation Data
_____	Student	Placement Options	Evaluation Data
_____	Student	Placement Options	Evaluation Data
_____	Student	Placement Options	Evaluation Data
_____	Student	Placement Options	Evaluation Data

Description of behavior subject to the disciplinary action:

Note: *Section 504 allows schools to take disciplinary action against students with disabilities using drugs or alcohol to the same extent as students without disabilities. (ED.gov/OCR).*

Student's impairment(s): _____

Observations (including witness/student statements)

Summary of Evaluation Data (including most recent evaluation)

Parent/Student Input

Summary of Student's Section 504 Service Plan (attach copy)

After review of the above information the committee must answer the following questions:

- | | | |
|-----|----|---|
| Yes | No | The conduct in question was caused by, or had a <i>direct and substantial relationship</i> to, the student's impairment |
| Yes | No | The conduct in question was the direct result of the district/school's failure to implement the Section 504 Plan |

Considerations (*explain how the committee answered the questions above*)

If either of the questions above are answered "YES", the behavior must be considered a manifestation of the student's impairment. In that event, the student cannot be expelled or placed in the school's disciplinary alternative education setting (DAEP) for more than 10 school days.

A copy of the *Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973* **must** be provided with a copy of this document to the parent.

NOTICE OF SECTION 504 MEETING

Student: _____ School: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

Reason for meeting:

Initial eligibility

Annual meeting/re-evaluation

Manifestation Determination Review

Parent request

Other: _____

This letter is to notify you of an upcoming meeting in regards to your child’s eligibility and/or services under Section 504 of the Rehabilitation Act of 1973. While your attendance is not required, the district or charter school values your presence and input at the meeting.

The meeting will be held at _____ on _____. The location of the meeting is _____.

If you are unable to attend, or have any questions please contact _____ by phone at _____ or via email at _____

A copy of the Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973 is attached for your information.

SECTION 504 PARENT/GUARDIAN INPUT

Student Name: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____ School: _____

Primary language spoken in the home: _____

I. CONTACT INFORMATION:

Primary Contact:

Name: _____

Relationship: _____

Phone: _____

E-mail: _____

Additional Contact:

Name: _____

Relationship: _____

Phone: _____

E-mail: _____

Additional Contact:

Name: _____

Relationship: _____

Phone: _____

E-mail: _____

Additional Contact:

Name: _____

Relationship: _____

Phone: _____

E-mail: _____

With whom does the student live? _____

Who has legal authority to make educational decisions for this child? _____

Other children in the home:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other adults in tje home:

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family history:

- Yes No Has anyone in the family struggled with mathematics, reading, or writing? If so, how was the individual related to the child and what was the difficulty?
- Yes No Has anyone in your family ever been diagnosed as learning disabled? If so, what is the diagnosis and what is the relationship to your child?
- Yes No Has anyone in the family ever been diagnosed with Attention Deficit Hyperactivity Disorder? If so, how was the individual related to the child?
- Yes No Have there been any important changes within the family during the last three years (for example, job changes, moves, divorce or separation, births, deaths, illnesses, etc.)? If so, please describe.

III. The student at home:

What does your child do when not in school? (Please list the student's common indoor and outdoor activities)

How does your child interact with friends? Is he/she more or less social than the typical child of the same age?

Please describe your child's behavior at home (for example, is he/she generally well behaved? Does he/she get along with family members, neighbors, peers?)

What are some of your child's strengths?

IV. Medical and developmental history:

Doctor’s reports, letters and diagnosis can help the Section 504 committee have a more complete picture of your child. If necessary, the district or school may request written consent from you to obtain information directly from your healthcare provider.

Describe any problems associated with your child's birth:

Compared to other children in the family, the child's development was:

Slower About the same Faster

Yes No Is your child currently under the care of a healthcare provider for a medical problem? If so, describe the problem:

Yes No Is your child currently taking any medications (either prescription or over the counter)?

Name of medication	Healthcare provider prescribing	How long has your child been taking it?	Dosage/ Frequency	Side effects

Yes No Does your child have asthma? If so how is it treated?

Yes No Does your child have allergies? If yes, to what: _____

How frequently are reactions? _____

What are symptoms of reaction? _____

How are reactions treated? _____

When was last reaction? _____

- Yes No Has your child ever been critically or chronically ill or hospitalized? If yes, explain.
- Yes No Does your child have a condition or illness with symptoms that are sometimes more serious than at other times? If so, what is the name of the condition or illness?
- When and how often is the condition or illness a problem for your child?
- How does the condition or illness affect your child when the symptoms are most serious (are there things that he/she cannot do or are more difficult because of the condition or illness)?
- Yes No Has your child recovered from a serious medical condition or illness (such as cancer)? If so what was the condition or illness?
- When did your child suffer from this condition or illness?
- How did the condition or illness affect your child when the symptoms were most serious?
- Yes No Is the condition or illness likely to return?
- Yes No Has your child repeated any grades? If so, which grade(s)?
- Yes No Has your child ever been diagnosed with a learning disability? If so, what kind and when?
- Yes No Has your child mentioned problems in school? If yes, what?
- Yes No Has your child ever experienced a seizure?
- How frequently do seizures occur?
- What is/was the duration of the seizure(s)?
- What assistance is needed if your child experiences a seizure?

III. Behavior checklist

<i>Please rate the extent that your child exhibits the following characteristics:</i>				
N - never, almost never; S - sometimes; F - frequently; A - almost always				
Shows good verbal ability? (good conversationalist, storyteller, etc.)	N	S	F	A
Understands things read or told to him/her?	N	S	F	A
Asks you to repeat words or sentences?	N	S	F	A
Displays poor reading skills?	N	S	F	A
Fails to understand what he/she reads?	N	S	F	A
Has poor spelling?	N	S	F	A
Has trouble with mathematics?	N	S	F	A
Has difficulty completing tasks?	N	S	F	A
Has a poor memory?	N	S	F	A
Has poor handwriting skills?	N	S	F	A
Shows poor organization skills?	N	S	F	A
Daydreams?	N	S	F	A
Has a short attention span?	N	S	F	A
Acts impulsively?	N	S	F	A
Is considered overactive?	N	S	F	A
Has trouble following directions?	N	S	F	A
Acts in an immature manner?	N	S	F	A
Fails to get along with his/her peers?	N	S	F	A
Is oppositional with parents/other adults?	N	S	F	A
Fails to consider the consequences of behavior?	N	S	F	A
Exhibits excessive moodiness or anger?	N	S	F	A
Appears hypersensitive? (feelings are hurt easily)	N	S	F	A
Is upset when routine is changed?	N	S	F	A
Appears sensitive to others' feelings?	N	S	F	A
Says he/she does not like school?	N	S	F	A

If your child is eligible under Section 504, what services or accommodations do you think are necessary so that your child can participate and benefit from school?

SECTION 504 PHYSICIAN'S INFORMATION REPORT

Student: _____ School: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

The above named student is being evaluated for protection under Section 504. Healthcare provider's reports, letters and diagnoses can be very helpful to the Section 504 Committee in determining eligibility and/or program planning. The parent/guardian of the above named student has provided consent for district/school personnel to release/request confidential records, which is attached. We appreciate your time answering the following questions in order to best meet the needs of the student.

Date of last physical exam: _____

Have you recommended a follow-up exam? Yes No Recommended time-frame _____

Please identify any medical problems/diagnoses for which the student is currently receiving medical care:

Date of onset: _____ Severity of problem: Mild Moderate Severe

Please list all medications/treatments currently prescribed for the student:

Please describe possible side effects the student may experience from these medications:

Are there any restrictions from activities such as physical education or recess, if so please explain:

How will this impairment affect attendance?

Additional information/recommendations:

Healthcare Provider's Name

Healthcare Provider's Signature

Date

Section 504 Referral

Student:

Date:

School:

Date of Birth:

Teacher:

Grade:

Parent:

Phone:

Address:

Referred by:

Position:

1. Reason for referral:

2. Accommodations and interventions attempted:

3. Has the student ever been referred, evaluated, and/or received services from special education? Yes No If yes, explain:

4. Referral action:

Signature

Date

Your Rights Under Section 504 You have the right to be informed by the district/school of your rights under Section 504. This is a notice of you and your student's rights under Section 504 and the rights you have if you disagree with the district's/school's decisions.

WHAT IS SECTION 504?

Section 504 of the Rehabilitation act of 1973, commonly called "Section 504," is a federal law that protects students from discrimination based on disability. Section 504 assures that students with disabilities have educational opportunities and benefits equal to those provided to students without disabilities. To be eligible, a student must have a physical or mental impairment that substantially limits one or more major life activities.

YOUR STUDENT'S EDUCATION

Your child has the right to:

- receive a free and appropriate public education.
- participate in and benefit from the district's/school's educational programs without discrimination.
- be provided an equal opportunity to participate in the district's/school's nonacademic and extracurricular activities.
- be educated with students who do not have disabilities to the maximum extent appropriate.
- be educated in facilities and receive services that are comparable to those provided to students without disabilities.
- receive accommodations and/or related aids and services to allow your student an equal opportunity to participate in school activities.
- receive educational and related aids and services without cost, except for those fees imposed on the parents/guardians of students without disabilities.
- receive special education services if needed.

YOUR STUDENT'S EDUCATIONAL RECORDS

You have the right to:

- review your student's educational records and to request copies.
- ask the district/school to change your student's education records if you believe that they are wrong, misleading, or are otherwise in violation of your student's privacy rights. If the district/school refuses this request, you have the right to challenge the refusal by requesting an impartial hearing.
- a response to your reasonable requests for explanations and interpretations of your student's education records.

THE SECTION 504 PROCESS

Your student has the right to an evaluation before the school determines if they are eligible under Section 504. You have the right to:

- receive notice before the district/school takes any action regarding the identification, evaluation, and placement of your student.
- have evaluation and placement decisions made by a group of persons who know your student, often called a "504 team."
- have evaluation decisions based on a variety of sources, such as aptitude and achievement tests, teacher recommendations, physical conditions, medical records, and parental observations.
- refuse consent for the initial evaluation and initial placement of your student
- periodic re-evaluations, including re-evaluations before any significant change is made in your student's placement.

IF YOU DISAGREE WITH THE DECISION

If you disagree with the decisions regarding your student's identification, evaluation, educational program, or placement under Section 504, you may request mediation or an impartial due process hearing. You and your student have the right to take part in the hearing and the right to representation by an attorney, at your expense, if desired. Hearing requests and other concerns can be made to your district's Section 504 Coordinator.

Coordinator Name: _____

Address: _____

Phone: _____

Email: _____

You have the right to file a complaint of discrimination with the U.S. Department of Education's Office for Civil Rights (OCR). The contact information is:

*U.S. Department of Education Office for Civil Rights,
Region VIII*

Cesar E. Chavez Memorial Building

1244 Speer Boulevard, Suite 310

Denver, Colorado 80204-3582

Telephone: 303-844-5695 | FAX: 303-844-4303

Email: OCR.Denver@ed.gov | Web: www.ed.gov/ocr