<table>
<thead>
<tr>
<th>Component of the Legislation</th>
<th>IDEA</th>
<th>Section 504</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Is a federal statute whose purpose is to ensure a free and appropriate education services for children with disabilities who fall within one of the specific disability categories as defined by the law.</td>
<td>Is a broad civil rights law which protects the rights of individuals with disabilities in any agency, school or institution receiving federal funds to provide persons with disabilities to the greatest extent possible, an opportunity to fully participate with their peers.</td>
</tr>
<tr>
<td><strong>Who is Protected</strong></td>
<td>Covers eligible students ages 3-21 whose disability adversely affects the child's educational performance and/or ability to benefit from general education.</td>
<td>Covers all persons with a disability from discrimination based solely on their disability.</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td>Provides individual supplemental educational services and supports in addition to what is provided to students in the general curriculum to ensure that the child has access to and benefits from the general curriculum. This is provided free of charge to the parent.</td>
<td>Requires schools to eliminate barriers that would prevent the student from participating fully in the programs and services offered in the general curriculum.</td>
</tr>
<tr>
<td><strong>Requirements for delivering Services</strong></td>
<td>Requires a written Individualized Education Plan (IEP) documentation with specific content addressing the disability directly and specifying educational services to be delivered, mandating transition planning for students 16 and over, as well as a Behavior Intervention Plan (BIP) for any child with a disability that has a behavioral issue.</td>
<td>Does not require a written IEP but does require a documented plan. &quot;Appropriate Education&quot; means comparable to the one provided to general education students.</td>
</tr>
<tr>
<td></td>
<td>&quot;Appropriate Education&quot; is defined as a program reasonably calculated to provide &quot;educational benefit&quot; to the student. Related services are provided as required for the student to benefit from the educational process and are aligned with specially designed instruction (e.g., counseling, speech, transportation, occupational and physical therapy, etc.)</td>
<td>Section 504 requires that reasonable accommodation be made for the child with a disability. Requires the school to provide reasonable accommodations, suppc and auxiliary aides to allow the child to participate in t general curriculum.</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>Provides additional funding to states for eligible students</td>
<td>Does not provide additional funds.</td>
</tr>
</tbody>
</table>

STAFF RESPONSIBILITIES

District Coordinator of Section 504
- coordinates district efforts to comply with Section 504 regulations including training of administrative staff,
- assures publication of Child Find Notice and distributes copy for posting at all district sites,
- reviews 504 Evaluation Summary if proposed accommodations require resources beyond the school level,
- receives and reviews copy of all Section 504 Accommodation Plans,
- accepts and reviews Section 504 complaints, organizes and conducts investigations, and attempts to resolve any concerns/complaints,
- organizes district response to any complaint filed with the Office of Civil Rights.

Principal or Administrative Designee - School Team Chairperson
- coordinates school efforts to comply with Section 504 regulations, including training of school staff,
- assures posting of Child Find Notice annually,
- establishes school 504 Team(s) and serves as chairperson of Team(s),
- guides 504 referral and evaluation and service delivery process,
- consults with District 504 Coordinator as needed,
- forwards copy of each 504 Accommodation Plan to District 504 Coordinator,
- maintains a master list of those students with 504 Plans, including name, grade, major life activity area impacted, annual review date, and projected reevaluation date, and
- accepts and reviews school 504 complaints, organizes and conducts investigations, and attempts to resolve any complaints/concerns.

Certified/Classified District Staff
- attend Section 504 training at the school level,
- complete a Referral for 504 Assistance as needed,
- serve as 504 Team member when appropriate as determined by school 504 Team chairperson, and
- implement 504 Accommodation Plan(s) as appropriate.
SECTION 504 PROCEDURES CHECKLIST
(District Forms are identified in bold type)

☐ Parent/Guardian is notified of 504 meeting—Notice of Conference, Parents’ Rights in Brief is sent to the parent with this notice.

☐ A meeting is held to discuss and determine need for additional evaluation. Review Parents’ Rights in Brief and have the parents sign the Receipt of Parents’ Rights in Brief. Section 504 Conference Notes/Summary of the meeting are kept; the parent may have a copy if requested. If it is determined that further evaluation is needed, the parent is asked to give permission by signing at the bottom of the Parent/Guardian Consent for Evaluation. If permission is denied, end the meeting and contact the District 504 Coordinator.

☐ When evaluation is completed (within 60 school days), a Notice of Conference is sent to the parent; a meeting is held to discuss the evaluation results and determine 504 eligibility. The Section 504 Eligibility Conference Summary is completed and documents the team decision. Parents’ Rights in Brief is given and the Receipt of Parents’ Rights in Brief is signed; Section 504 Conference Notes/Summary of the meeting are kept. If the student is determined to be ineligible for 504 protections, the parent is notified (copy of Section 504 Eligibility Conference Summary). If the student is eligible under Section 504, the Section 504 Plan is developed at the meeting and the Parent/Guardian Consent for Initial Provision of Section 504 Services and/or Accommodations is signed. Implementation of the Section 504 Plan/Section 504 Accommodation Data begins immediately. The Section 504 Plan is placed in the 504 file, with all other 504 documentation. A copy is kept in the Student Cumulative folder. Copies of Section 504 Eligibility Conference Summary and Section 504 Plan are given to the parent and sent to District 504 Coordinator/Designee.

☐ The Section 504 Plan/Section 504 Accommodation Data is reviewed at least annually; a Notice of Conference is sent to parents. Section 504 Conference Notes/Summary of the meeting are kept. A new 504 Plan is developed and the Section 504 Accommodation Data sheet is put into place, or, following a reevaluation, the Section 504 Conference Notes/Summary indicates that the student is no longer eligible. A copy of Parents’ Rights in Brief and the Receipt of Parents’ Rights in Brief is signed and copies of all forms are given to the parent.

☐ A reevaluation is conducted at least every three years, or whenever there is a question of continued eligibility or a change in placement Notice of Conference is sent to the parent and a meeting is held. Section 504 Eligibility Conference Summary is completed. A new Section 504 Plan/Section 504 Accommodation Data is developed if appropriate. A copy of those forms and Parents’ Rights in Brief is given to the parent. Parents sign the Receipt of Parents’ Rights in Brief.

☐ Whenever a student displays a pattern of behavior that interferes with their learning or the learning of others, a 504 Team should review and complete a Section 504 Functional Behavioral Assessment and a Section 504 Behavior Intervention Plan.

☐ In reviewing a student’s misconduct the 504 Team must determine if the misconduct was caused or had a direct and substantial relationship to the disability by completing the Section 504 Manifestation Determination.

CASE Student Access/Section 504
504 Form List

**Initial Evaluation**
Form A  Notice of Conference
Form B  Parent/Guardian Consent for Evaluation
Form C  Parents’ Rights in Brief
Form D  Receipt of Parents’ Rights in Brief

**Initial 504 Eligibility**
Form A  Notice of Conference
Form E  Section 504 Eligibility Conference Summary
Form F  Section 504 Plan
Form G  Section 504 Conference Notes/Summary
Form H  Parent/Guardian Consent for Initial Provision of Section 504 Services and/or Accommodations
Form I  Section 504 Accommodation Data
Form K  Section 504 Functional Behavioral Assessment (if appropriate)
Form L  Section 504 Behavior Intervention Plan (if appropriate)

**Periodic Re-evaluation of 504 (at least every 3 years)**
Form A  Notice of Conference
Form B  Parent/Guardian Consent for Evaluation
Form C  Parents’ Rights in Brief
Form D  Receipt of Parents’ Rights in Brief
Form F  Section 504 Plan
Form G  Section 504 Conference Notes/Summary
Form I  Section 504 Accommodation Data
Form K  Section 504 Functional Behavioral Assessment (if appropriate)
Form L  Section 504 Behavior Intervention Plan (Review if appropriate)

**Annual 504 Review**
Form A  Notice of Conference
Form C  Parents’ Rights in Brief
Form D  Receipt of Parents’ Rights in Brief
Form F  Section 504 Plan
Form G  Section 504 Conference Notes/Summary
Form I  Section 504 Accommodation Data
Form L  Section 504 Behavior Intervention Plan (if appropriate)

**Manifestation Determination**
Form A  Notice of Conference
Form C  Parents’ Rights in Brief
Form D  Receipt of Parents’ Rights in Brief
Form F  Section 504 Plan*
Form G  Section 504 Conference Notes/Summary*
Form I  Section 504 Accommodation Data*
Form J  Manifestation Determination for Section 504 Students
Form K  Section 504 Functional Behavior Assessment*
Form L  Section 504 Behavior Intervention Plan*

*Review current forms and re-develop if necessary
NOTICE OF CONFERENCE

To: __________________________  Date: __________________________

Re: (Student Name) ________________________________________________

Date of Conference: __________  Time: ______________

Location of Meeting: ________________

**Purpose of Conference:**

_______ To consider possible eligibility for and/or provision of services and/or accommodations under Section 504 of the Rehabilitation Act of 1973.

_______ To review eligibility for and/or services and/or accommodations being provided under Section 504 of the Rehabilitation Act of 1973.

_______ Other: __________________________________________

________________________________________

Conference Participants (Title and Name):

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

You have the right to bring other individuals, at your discretion, to this conference. Please notify your student’s Building Administrator/504 Designee if you are in need of an interpreter or translator.

Enclosure: Parents’ Rights in Brief

Sincerely,

________________________________________
Building Administrator/504 Designee

Contact Information
Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance. Students who are covered by 504 are those who:

1) have a physical or mental impairment, which substantially limits one or more major life activities and results in a need for reasonable accommodations and/or special education and related services, 2) have a record of such impairment or 3) are regarded as having such impairment.

**Step One: Explanation and Purpose of an Evaluation**

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered or reconsidered for 504 services and related services.

The purposes of an evaluation may be to determine:

- Whether the child has, or continues to have, a mental or physical impairment;
- Whether the mental or physical impairment substantially limits a major life activity;
- Whether the child needs, or continues to need, reasonable accommodations and/or special education and related services;
- The present levels of performance and educational needs of the child; and/or
- Whether any additions or modifications to the child’s 504 Student Plan are needed.

**Step Two: Check the Major Life Activity that May Be Affected:**

- seeing
- hearing
- caring for one’s self
- breathing
- eating
- sleeping
- lifting
- walking
- learning
- performing manual tasks
- working
- reading
- standing
- bending
- speaking
- concentrating
- thinking
- communicating
- the operation of a major bodily function
- other (specify) __________________________

**Step Three: Sources of Evaluation Information** (to be reviewed)

- medical reports/health information
- adaptive behavior scales/behavior scales
- achievement tests
- cognitive assessments
- language surveys/assessments
- parent input
- motor assessments
- teacher/psychologist observation
- discipline/attendance records
- student progress reports/grades
- functional behavior assessment
- other (specify) __________________________

**Step Four: Parental Agreement**

I understand my rights as explained to me and contained in the Parents Rights in Brief which I have received and reviewed. In addition, I understand the nature and scope of the evaluation to be completed. Upon completion of my child’s evaluation, a conference will be scheduled to discuss the findings and determine my child’s eligibility for 504 services and related service.

- I consent
- I do not consent
to an evaluation of my child

_________________________ __________________________
Signature of Parent/Guardian Date
Parents' Rights in Brief

Section 504 of the Rehabilitation Act of 1973

It is the policy of the Board of Education to provide a free and appropriate public education to each student with a disability. It is the intent of the District to ensure that students who are eligible for services and/or accommodations within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, evaluated, and provided with appropriate educational services and/or accommodations.

Parents (or, if age 18 or older, students) have the following rights under Section 504:

1. Right for your child to take part in and receive benefits from the District and its programs and activities, including nonacademic and extracurricular programs and activities, without discrimination on the basis of his/her disability;

2. Right to be informed, in your native language, of any proposed actions related to identification, evaluation, or educational placement of your child;

3. Right to examine all relevant records of your child;

4. Right to have an evaluation of your child that draws on information from a variety of sources in order to determine his/her eligibility for Section 504 services and/or accommodations;

5. Right to have periodic reevaluations of your child, including reevaluation before any significant change in your child’s placement;

6. Right for your child to receive appropriate educational services and/or accommodations in the least restrictive environment that is appropriate for the child if he/she is found eligible under Section 504;

7. Right to a manifestation determination review before any disciplinary removal of your child that constitutes a significant change in placement, in order to determine if your child’s misconduct was related to his/her disability;

8. Right to file a grievance under the District’s Uniform Grievance Procedure for any claim of discrimination on the basis of disability and to appeal the grievance decision;

9. Right to request an impartial due process hearing under the District’s Section 504 Procedures And Procedural Safeguards for any claim about the identification, evaluation, or educational placement of your child, to participate in and be represented by legal counsel at the hearing, and to appeal the hearing decision; and

10. Right to forego or terminate the District’s grievance process and/or due process hearing procedures described above and file a complaint with the U.S. Department of Education’s Office for Civil Rights ("OCR").

Note: Copies of the District’s Uniform Grievance Procedure and the District’s Section 504 Procedures And Procedural Safeguards, as well as contact information for OCR, are available at [insert location(s) in District where copies may be obtained].

Building Administrator/Designee

Form C 10/11
Dear ________________________________.

Section 504 of the Rehabilitation Act requires that school districts document that parents have been provided and understand the Parent/Student rights in Identification, Evaluation and Placement pursuant to Section 504 of the Rehabilitation Act.

The attached Parents’ Rights in Brief is designed to provide a brief explanation of the important information regarding the safeguards to which parents/guardians and children are entitled. A complete copy of the District’s Section 504 Procedures and Procedural Safeguards is available at [insert location(s) in District where copies may be obtained].

Please sign and date below that you are in receipt of your Parents’ Rights in Brief.

__________________________________  ______________________________________
Parent/Guardian Signature                                            Date
SECTION 504 ELIGIBILITY CONFERENCE SUMMARY

Student: ________________________________

Date: ___________________________ Grade: ___________________________

Purpose of Conference:

______ To consider possible eligibility for and/or provision of services and/or accommodations under Section 504 of the Rehabilitation Act of 1973.

______ To review eligibility for and/or service and/or accommodations being provided under Section 504 of the Rehabilitation Act of 1973.

______ Other: ________________________________________

________________________________________

________________________________________

1. Sources of Data:

___ medical reports/health information  ___ teacher/psychologist observation
___ adaptive behavior scales/behavior scales  ___ discipline/attendance records
___ achievement tests  ___ student progress reports/grades
___ cognitive assessments  ___ functional behavior assessment
___ language surveys/assessments  ___ other (specify) ______________
___ parent input  ______________________________
___ motor assessments

A. Is there documented evidence of a physical and/or mental impairment?

_____ Yes  _____ No (if no, a 504 plan is not required)

B. Is a major life activity substantially limited by the physical or mental impairment?

_____ Yes  _____ No (if no, a 504 plan is not required)

If yes, please check the major life activity(s) that is/are substantially limited.

_____ caring for one’s self  _____ hearing  _____ learning
_____ walking  _____ breathing  _____ seeing
_____ performing manual tasks  _____ working  _____ standing
_____ eating  _____ sleeping  _____ lifting
_____ communicating  _____ bending  _____ thinking
_____ concentrating  _____ speaking  _____ reading
_____ the operation of a major bodily function
2. **Summary of discussion/recommendations (attach additional pages as necessary):**

Conference Participants:
SECTION 504 PLAN

Name: ___________________________  Date of Meeting: ___________________________
Date of Birth: ___________________  Grade: ________________________________

1. State the student’s mental and/or physical impairment(s):

2. Describe how the mental or physical impairment substantially limits a major life activity:

3. Describe the services, accommodations, and/or other supports that are necessary, including their frequency, location, and duration), who will provide them, and in what educational setting(s)/classes (attach additional pages if necessary):

4. State- and District-Wide Assessments (specify needed accommodations, if any):
5. Additional Comments:  

6. Review/Reassessment Date:  

7. Person responsible for overseeing and monitoring the plan:  

Conference Participants:
<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants/Titles:</td>
<td></td>
</tr>
<tr>
<td>Notes/Summary:</td>
<td></td>
</tr>
</tbody>
</table>
PARENT/GUARDIAN CONSENT FOR INITIAL PROVISION
OF SECTION 504 SERVICES AND/OR ACCOMMODATIONS

Date: _______________  Student’s Name: ________________  Student’s Date of Birth: _____________

Dear ____________________________

(Parent(s)/Guardian(s) Name)

At a recent conference your child was recommended for the initial provision of Section 504 services and/or accommodations and a Section 504 plan was developed. Before a school district may provide the services and/or accommodations described in your child’s Section 504 plan, your informed written consent is required. Your consent is voluntary and you may revoke your consent at any time. If you revoke consent, it does not negate any action that occurred after the consent was given and before it was revoked.

Check One:

☐ I give consent

For the initial provision of the services and/or accommodations as indicated on my child’s Section 504 plan. The proposed services and/or accommodations have been fully explained to me and are consistent with the Section 504 plan developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued Section 504 services and/or accommodations or for a change in the services and/or accommodations. At least annually, I will be given reasonable opportunity for comment on and input into my child’s Section 504 plan.

I received a copy of the Parents’ Rights Brief which have been fully explained to me by school personnel, including the procedures for requesting an impartial hearing.

I understand that as soon as possible following development of the Section 504 plan, but not more than ten (10) calendar days, aids and services will be provided to my child in accordance with his/her Section 504 plan.

☐ I do not give consent

For services and/or accommodations included in the Section 504 plan.

I understand that the school district will not be in violation of its obligation to make available a free appropriate public education for my child if I refuse to give consent.

☐ I have received

☐ Copy of the Section 504 Eligibility Summary
☐ Copy of the Section 504 Plan
☐ Other ________________________________

Date: ___________________________  Parent/Guardian Signature: __________________________________

If you have any questions concerning this process or require additional information regarding your and your child’s rights, please contact:

Name: ___________________________  Title: ___________________________  Phone: _____________

Sincerely,

____________________________________

(Signature)

Name: ___________________________

Title: ___________________________

Form H 10/11
Listed below are the classroom accommodations on the 504 plan for the student identified above. Please complete this checklist weekly to document use of the listed accommodations in your classroom. Please provide additional notes when more information is necessary. Form should be returned to: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Accommodation:</th>
<th>Reason Not Provided</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information:
(INSERT SCHOOL DISTRICT NAME)

MANIFESTATION DETERMINATION FOR SECTION 504 STUDENTS

A. Identifying information:

Student’s Name: ________________________________________________________________

Date of Meeting: _____________________________        Date of Birth: _______________________________

B. Conference Participants:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

C. Team review and determination:

1. What is the misconduct for which disciplinary action has been taken or is being considered?

   [ ]

2. The team has considered and reviewed the following relevant student information in terms of the misconduct subject to disciplinary action:

   Evaluation, diagnostic results or other relevant information, including the students most recent Section 504 evaluation and plan
   [ ] YES [ ] NO

   Is there a behavior intervention plan as part of the student’s 504 plan?
   [ ] YES [ ] NO

3. In determining if the misconduct was a manifestation of his/her disability, the Section 504 team must determine the following:

   (a) If the misconduct in question was caused by, or had a direct and substantial relationship to, the child’s disability;
       [ ] YES [ ] NO or

   (b) If the misconduct in question was the direct result of the District’s failure to implement the Section 504 Plan
       [ ] YES [ ] NO
4. If the team determines the misconduct was not a manifestation of the child’s disability, then the District’s regular disciplinary procedures will apply.

5. If the team determines that the misconduct was a manifestation of the child’s disability:
   
   (a) The team must conduct a Functional Behavioral Assessment and implement a behavior intervention plan (BIP) if this has not already been done prior to the current misconduct;

   (b) If a BIP has already been developed, review and modify it, as necessary, to address the misconduct in question; and

   (c) The team must review the student’s current 504 plan and educational placement to determine if it remains appropriate. If the team believes that a significant change in placement may be necessary, the team must initiate a reevaluation of the student.

MEETING NOTES:
<table>
<thead>
<tr>
<th>Section 504 Functional Behavioral Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
</tr>
<tr>
<td><strong>Grade</strong></td>
</tr>
<tr>
<td><strong>Participants/Titles</strong></td>
</tr>
<tr>
<td><strong>Describe the behavior of concern</strong></td>
</tr>
<tr>
<td><strong>What strategies have you tried to address the behavior?</strong></td>
</tr>
<tr>
<td><strong>Describe the triggers of the student’s behavior</strong></td>
</tr>
<tr>
<td><strong>How long and/or how often has this behavior been occurring?</strong></td>
</tr>
<tr>
<td><strong>Does the behavior occur only during certain subjects or settings, and/or times; identify:</strong></td>
</tr>
<tr>
<td><strong>What are the consequences when the behavior occurs?</strong></td>
</tr>
<tr>
<td><strong>Hypothesis of the behavior:</strong></td>
</tr>
</tbody>
</table>
**SECTION 504**

**BEHAVIOR INTERVENTION PLAN**

A functional assessment of behavior must be completed and attached prior to developing a Behavior Intervention Plan.

Complete when the Section 504 team has determined a Behavior Intervention Plan is needed.

<table>
<thead>
<tr>
<th>Student:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Target Behavior(s):</th>
<th>Intervention(s) to be Implemented:</th>
<th>Procedure/schedule for evaluating effectiveness and person responsible:</th>
</tr>
</thead>
</table>