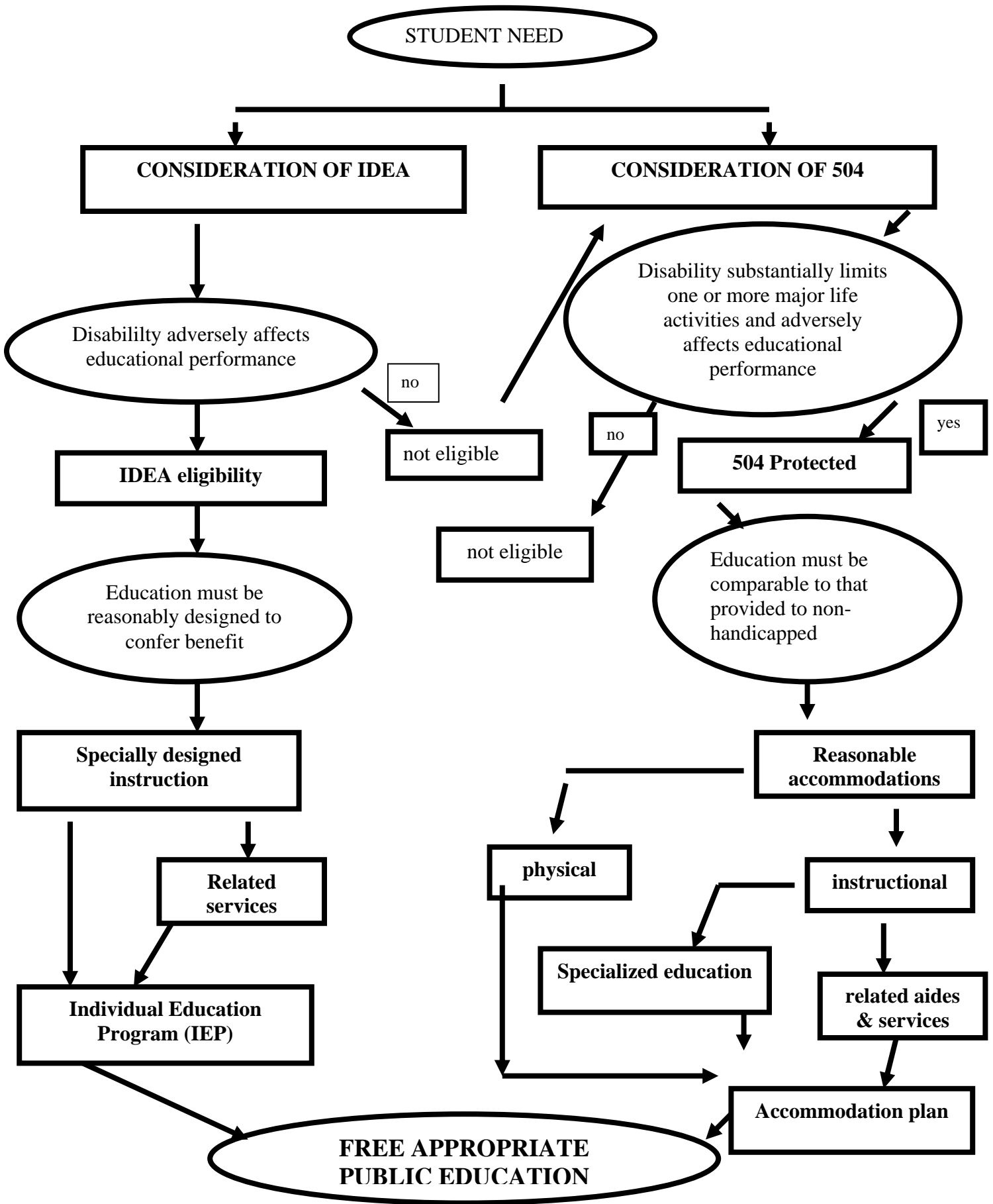


## SECTION 504 PROCEDURES CHECKLIST

[District Forms are identified in Bold type]

- A situation is recognized that calls for consideration of a referral. **Section 504 Referral** is completed, or referral is considered as a result of IDEA action.
- Parent is notified of referral and 504 meeting - **Parent Notice of Section 504 Referral; Parent/Student Rights** is sent to the parent with this notice. The **Student Record Review** is completed by school staff.
- A meeting is held to discuss referral and determine need for additional evaluation. Review **Parent/Student Rights**. Notes 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 [**Permission for Section 504 Evaluation**]. If permission is denied, end the meeting and contact the District 504 Coordinator.
- When evaluation is completed (within 50 schools days), a **Notice of Conference** is sent to the parent; the meeting is held to discuss the evaluation results and determine 504 eligibility. The **504 Eligibility Determination** form is completed, and documents the team decision. **Parent/Student Rights** are given; **Notes** of the meeting are kept. If the student is determined to be ineligible for 504 protections, the parent is notified (copy of **504 Eligibility Determination**). If the student is eligible under Section 504, the **Section 504 Accommodation Plan** is developed at the meeting; implementation begins immediately. The **504 Accommodation Plan** is placed in the 504 file, with all other 504 documentation. A copy is kept in the Student Cumulative folder. Copies of **504 Eligibility Determination** and **504 Accommodation Plan** are given to the parent and sent to District 504 Coordinator.
- The 504 Accommodation Plan is reviewed at least annually; a Notice of Conference is sent to parents. Notes of the meeting are kept. A new 504 Accommodation Plan is developed, or, following a reevaluation, the Notes indicate that the student is no longer eligible. A copy of Parent/Student Rights and other 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. **504 Eligibility Determination** is completed. A new **504 Accommodation Plan** is developed if appropriate. A copy of those forms and **Parent/Student Rights** is given to the parent.
- When a student with a current **504 Accommodation Plan** graduates or ages out, the emancipated student or parent will be given a copy of **Summary of Performance Upon Completing School**. Copies are placed in the 504 file and sent to the District 504 Coordinator.

# IDEA/504 FLOW CHART



## **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. and
- 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.

**CONSIDER THE EXISTENCE OF A DISABILITY  
FOR 504 ELIGIBILITY PURPOSES WHEN:**

- Serial suspensions occur for a student
- Retention is considered for a student
- A student shows a pattern of not benefiting from instruction
- A student returns to school after an extended illness or injury
- A student returns to school after being released from a treatment center or institution
- A student is referred for evaluation for IDEA, but the IEP Team decides there is no reason to suspect a disability under IDEA
- A student is evaluated and not eligible under IDEA
- A student exhibits a chronic health condition
- A student is in danger of dropping out of school
- Substance abuse is an issue
- Other reasons for concern arise

## SECTION 504 REFERRAL

*Section 509 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving Federal financial assistance. If you feel the student identified may qualify for civil rights protection under Section 509, please complete the following information.*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Birth date \_\_\_\_\_ Sex  M  F

Parent(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Person Submitting Referral \_\_\_\_\_ Position \_\_\_\_\_

Describe the student's need or area of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Special Education (IDEA) Status: (check one box only)

- No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA.
- The student has been evaluated by the IEP Team and does not qualify for IDEA services.
- The student has received IDEA services in the past, but no longer requires those services. Please check services that were provided:
  - Resource Class
  - Self-contained Class
  - Occupational Therapy
  - Guidance
  - Special School Setting
  - Physical Therapy
  - Speech-Language
  - Other \_\_\_\_\_

### Section 504:

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the following major life activities when compared to the average student:

- caring for one's self
- speaking
- breathing
- other \_\_\_\_\_
- performing manual tasks
- seeing
- learning
- walking
- hearing
- working

### Action Taken by 504 Team:

- The student will be evaluated for possible Section 504 eligibility. Evaluation Assignments:

\_\_\_\_\_

\_\_\_\_\_

- No further evaluation at this time. Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
504 Team Chairperson Signature

\_\_\_\_\_  
Date

# STUDENT RECORD REVIEW

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ # Years in School District \_\_\_\_\_

IEP  yes  no      504 Plan  yes  no      LEP  no  yes language: \_\_\_\_\_

---

- I. Current Concern: (check as apply)
- |  |   |
|--|---|
| <input type="checkbox"/> excessive absences          | <input type="checkbox"/> at risk; potential for dropping out        |
| <input type="checkbox"/> consideration for expulsion | <input type="checkbox"/> consideration for retention                |
| <input type="checkbox"/> physical injury             | <input type="checkbox"/> pattern of not benefiting from instruction |
| <input type="checkbox"/> chronic health condition    | <input type="checkbox"/> pattern of suspensions from school         |
| <input type="checkbox"/> substance abuse             | <input type="checkbox"/> other _____                                |

- II. Attendance: Identify number of days absent at each grade level:  
\_\_\_\_1st\_\_\_\_2nd\_\_\_\_3rd\_\_\_\_4th\_\_\_\_5th\_\_\_\_6th\_\_\_\_7th\_\_\_\_8th\_\_\_\_9th\_\_\_\_10th\_\_\_\_11th\_\_\_\_12th
- Identify any absence patterns: \_\_\_\_\_
- Grades repeated (indicate # of times): \_\_\_\_\_

- III. Attach copies of district wide test results for past three years. Describe any significant changes in scores over time. \_\_\_\_\_

- IV. Attach current and previous year's grades. Discuss any patterns or evident problems: \_\_\_\_\_

- V. Are there any comprehensive educational/psychological evaluations available?  No  Yes  
If yes, were services recommended: \_\_\_\_\_ Describe any services provided: \_\_\_\_\_

- VI. Attach disciplinary actions for current year. Describe any patterns: \_\_\_\_\_
- |                                     |                     |                  |
|-------------------------------------|---------------------|------------------|
|                                     | <u>current year</u> | <u>last year</u> |
| # days in-school alternate program: | _____               | _____            |
| # days suspended:                   | _____               | _____            |

- VII. Discuss student involvement with other agencies (state agencies, medical, counseling, courts) \_\_\_\_\_

- VIII. Have any health factors been identified which may contribute to student's school problems?  
 No  Yes Describe: \_\_\_\_\_

- IX. Are there references to substance abuse?  No  Yes Explain: \_\_\_\_\_

- X. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; 504 Plan; IEP): \_\_\_\_\_

- XI. Anticipated Action at this time: \_\_\_\_\_

Person Conducting this Review: \_\_\_\_\_ Date this Review Completed: \_\_\_\_\_

**PARENT PERMISSION FOR SECTION 504 EVALUATION**

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
PARENT(S) NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

1. Notice:

a. A referral for a 504 evaluation has been initiated in order to determine eligibility and possible accommodation(s) for a suspected physical or mental impairment that substantially limits a major life activity. The reasons for this referral are:

\_\_\_\_\_  
\_\_\_\_\_

b. Options considered and general education intervention procedures previously employed:

\_\_\_\_\_  
\_\_\_\_\_

c. Proposed Assessment/Techniques/Personnel: (specify)

| <u>Assessment Area</u> | <u>Evaluation Technique</u> | <u>Possible Evaluation/<br/>Consultation Personnel</u> |
|------------------------|-----------------------------|--|
| _____                  | _____                       | _____  |
| _____                  | _____                       | _____  |

2. Permission:

The evaluation will be conducted within 50 instructional days of parent permission. A 504 Conference will be held to discuss the evaluation and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box below:

- Permission is given voluntarily to conduct the evaluation process as described.
- Permission is denied.

3. Rights and Options:

I have received a written copy of the Parent/Student Rights under Section 504 of the Rehabilitation Act.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## MEETING INVITATION TO PARENTS

**Dear Parent(s)/Guardian(s):**

This letter is to make you aware of the need to review your child's educational program and/or to meet to consider the existence of a disability based on the definition in Section 504 of the Rehabilitation Act of 1973. We are planning a conference as follows:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

Meeting Location: \_\_\_\_\_ Meeting Date/Time: \_\_\_\_\_

**The purpose of this conference will be:**

- \_\_\_ to review and discuss your child's present educational status.
- \_\_\_ to discuss a referral on your child for possible Section 504 eligibility.
- \_\_\_ to discuss/evaluate/reevaluate your child.
- \_\_\_ to discuss educational/instructional options for your child.
- \_\_\_ to discuss at your request: \_\_\_\_\_
- \_\_\_ other: \_\_\_\_\_

**The following persons have been invited to attend this meeting:**

- |    |        |         |
|----|--------|---------|
| 1. | _____  | _____   |
|    | (Name) | (Title) |
| 2. | _____  | _____   |
|    | (Name) | (Title) |
| 3. | _____  | _____   |
|    | (Name) | (Title) |
| 4. | _____  | _____   |
|    | (Name) | (Title) |

\_\_\_\_\_  
(Signature of Principal or Designee)                      (Date)                      (Telephone No.)

Please complete this portion of this document and return it to your child's school by: \_\_\_\_\_  
(date)

- \_\_\_ I will attend the Section 504 Committee meeting and I acknowledge receipt of the parent(s)/guardian(s) rights.
- \_\_\_ I will not attend the Section 504 Committee meeting. I acknowledge receipt of the parent(s)/guardian(s) rights. Please send a copy of the appropriate records after the meeting.
- \_\_\_ The student will attend the Section 504 Committee meeting.

You are welcome to bring any information, including formal or informal test results, work samples, medical records, etc. to the meeting. Please write the names of additional persons you would like to attend the meeting or any additional persons you would like to bring to the meeting.

1. \_\_\_\_\_ 2. \_\_\_\_\_

# 504 ELIGIBILITY DETERMINATION

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Parent(s): \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

**Eligibility Team Members:** (fill in names and check whether knowledgeable about the...)

| <u>Name of Team Member</u> | <u>child</u> | <u>meaning of evaluation data</u> | <u>accommodations/<br/>placement options</u> |
|----------------------------|--------------|-----------------------------------|--|
| _____                      | _____        | _____                             | _____  |
| _____                      | _____        | _____                             | _____  |
| _____                      | _____        | _____                             | _____  |

**Variety of sources of evaluation information:** (indicate each one used)

- |                              |  |
|------------------------------|--|
| _____ achievement tests      | _____ teacher recommendations/observations |
| _____ adaptive behavior      | _____ student work samples                 |
| _____ medical report         | _____ cognitive assessments                |
| _____ other (specify): _____ |  |

1. Specify the mental or physical impairment: \_\_\_\_\_

2. Check the major life activity that is affected by the impairment:

- |   |                                   |  |                                    |
|---|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> seeing                 | <input type="checkbox"/> hearing  | <input type="checkbox"/> caring for one's self   | <input type="checkbox"/> breathing |
| <input type="checkbox"/> walking                | <input type="checkbox"/> learning | <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> working   |
| <input type="checkbox"/> other (specify): _____ |                                   |  |                                    |

The team must focus on the major life activity as a whole (e.g. learning), not on a particular class (e.g. math) or sub-area (e.g. socialization; study skills).

3. The term "substantially limits" means that the student is:

- a) unable to perform a major life activity that the average student of approximately the same age can perform  
**OR**
- b) significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age. The impairment must be substantial and somewhat unique, rather than commonplace, when compared to the average student of approximately the same age.

Discount from the analysis any sub-par performance due to other factors, such as lack of motivation, and the immediate situation or environment. Similarly, make an educated estimate of the mitigation of medication. Use the average student in the general population as the frame of reference for comparison.

Place an "X" on the following scale to indicate the specific degree that the impairment (in #1) limits the major life activity (in #2): For an "X" at 4.0 or above, fill in specific information evaluated by the team that justifies the rating:

|   |  |               |  |
|---|--|---------------|--|
| 5 |  | Extremely     |  |
| 4 |  | Substantially |  |
| 3 |  | Moderately    |  |
| 2 |  | Mildly        |  |
| 1 |  | Negligibly    |  |

- The team's determination was less than 4.0; the student is not eligible for Section 504 protections. Provide notice to parents of their procedural rights, including an impartial hearing. **OR**
- The team's determination was a "4" or above. The team should determine and list on the 504 Accommodation Plan the specific accommodations that are necessary for the student to have an opportunity commensurate with nondisabled students of approximately the same age in this district.

## CLASSROOM AND FACILITY ACCOMMODATIONS

The intent of Section 504 is to ensure that the qualified student with a disability has access to a free and appropriate public education that is comparable to that education available to students without disabilities. As individual students are identified, the classroom teacher may need specific training in the area of the identified disability (e.g., training from the school nurse on danger signs of an impending asthma attack, training from a physical therapist on correct positioning of a wheelchair-bound student at his/her desk, etc.) The following presents examples of ways in which students with disabilities under Section 504 may be successfully accommodated within the regular education environment.

### I. Communication

- A. Parent/student/teacher communications.  
Examples:
  - develop a daily/weekly journal
  - develop parent/student/school contacts
  - schedule periodic parent/teacher meetings
  - provide parents with duplicate sets of texts
  - provide parents with notice of short and long-term assignments
- B. Staff communications. Examples:
  - identify resource staff
  - schedule building team meetings
  - maintain on-going communication with building principal
  - assign a "services coordinator"
- C. School/community agency communication.  
Examples:  
With parent consent:
  - identify and communicate with appropriate agency personnel
  - assist in agency referrals
  - provide appropriate carryover in the school environment

### II. Organization/Management

- A. Instructional day. Examples:
  - allow student more time to pass in hallways
  - modify class schedule
- B. Classroom organization/structure.  
Examples:
  - adjust placement of student within classroom (e.g., study carrel, proximity to teacher, etc.)
  - increase/decrease opportunity for movement

- determine appropriate classroom
  - reduce external stimuli
  - modification of nonacademic times, e.g., lunchroom, recess
- C. District policies/procedures. Examples:
    - allow increase in number of excused absences for health reasons
    - adjust transportation/parking arrangements
    - approve early dismissal for service agency appointments

### III. Alternative Teaching Strategies

- A. Teaching methods. Examples:
  - adjust testing procedures (e.g., length of time, administer orally, tape record answers)
  - individualize classroom/homework assignments
  - utilize technology (computers, tape recorders, calculators, etc.)
  - provide peer tutor
  - develop/implement academic/behavioral contracts
  - supplement verbal instructions with visual instructions
  - repeat/simplify instructions about in-class and homework assignments
  - provide note-taker
- B. Instructional materials. Examples:
  - utilize legible materials
  - utilize materials that address the student's learning style (e.g., visual, tactile, auditory, etc.)
  - adjust reading level of materials

### IV. Student Precautions

- A. Classroom/building climate for health purposes. Examples:
  - use an air purifier in classroom
  - control temperature
  - accommodate specific allergic reactions
- B. Classroom/building to accommodate equipment needs. Examples:
  - plan for evacuation for wheelchair-bound students
  - schedule classes in accessible areas
- C. Building health/safety procedures.  
Examples:
  - administer medication
  - apply universal precautions
  - accommodate special diets



## SUMMARY OF PERFORMANCE

Date of Report:

|  |                   |                                   |
|--|-------------------|-----------------------------------|
| Student Name:                                  | Date of Birth:    | Graduation/Exit Year:             |
| Address:                                       | Telephone Number: | Guardian (if applicable):         |
| Email Address:                                 | Primary Language: | School/Program (at time of exit): |
| Resident District Number and Home School Name: |                   |                                   |

### **SECTION I: Summary of Academic Achievement and Functional Performance**

When completing this section, summarize the student's current academic achievement and functional performance in each area as it is related to post secondary goals. Include the use of assistive technology, accommodations, and other supplementary aids/services when describing current performance levels.

|  |  |
|--|--|
| <b>Reading</b>   |  |
| <b>Math</b>  |  |
| <b>Written Language</b>  |  |
| <b>Functional Performance</b><br>(e.g. general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment) |  |

# SUMMARY OF PERFORMANCE

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION II: Student Perspective

**This section should be completed by the student or with the assistance of another adult.**

1. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?
  
  
  
  
  
  
  
  
  
  
2. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra curricular activities)?
  
  
  
  
  
  
  
  
  
  
3. Complete the table below by identifying the accommodations and supports that have been tried by teachers or by you to help you succeed in school (pacing, extra time, visual supports, adaptive equipment, physical accommodations, technology, etc.).

| Accommodations/Supports | Effective | Not Effective |
|-------------------------|-----------|---------------|
|                         |           |               |
|                         |           |               |
|                         |           |               |
|                         |           |               |
|                         |           |               |
|                         |           |               |
|                         |           |               |
|                         |           |               |
|                         |           |               |

Information was completed by:      Student      Parent      Other: \_\_\_\_\_

↑ Independently  
↑ With adult assistance

# SUMMARY OF PERFORMANCE

Page 3

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION III: Recommendations to assist the student in meeting Post Secondary Outcomes

When completing this section, identify recommendations and contact information for each transition planning area.

| <b>Area</b>  | <b>Recommendations</b> | <b>Contact information (Name and/or title, phone number, address and/or e-mail of person of agency)</b> |
|--|------------------------|---|
| <b>Post<br/>Secondary<br/>Education /<br/>Training</b> |                        |   |
| <b>Employment</b>                                      |                        |   |
| <b>Living<br/>Arrangements</b>                         |                        |   |
| <b>Community<br/>Participation</b>                     |                        |   |

**Additional Comments/information:**

Document compiled by: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Signature/Title Date