

Section 504 Manual

Section 504 Manual
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IONIA COUNTY ISD

SECTION 504 PROCEDURES

(Forms are identified in bold type)

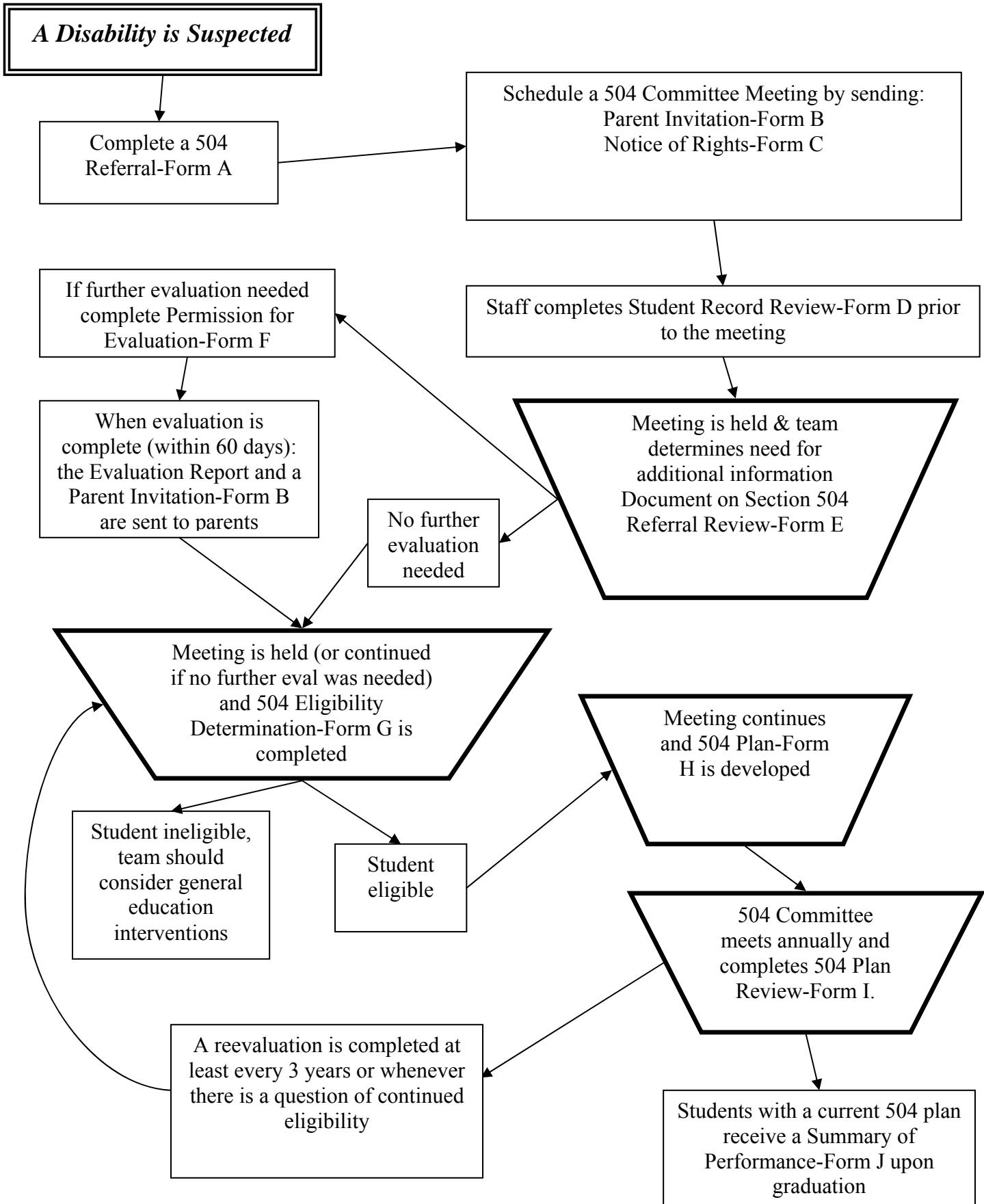
1. “Child Find” activities are implemented both inside and outside of the school setting. These activities would include:
 - a. Providing information to parents/guardians and to staff regarding Section 504 obligations, including examples of disabilities covered under Section 504
 - b. Examining files of incoming students to see if there are existing 504 plans
 - c. Examining files of incoming students/performance of existing students to see if there are red flags suggesting the possibility of a disability (e.g., cumulative days of suspension, repeated school retention, poor school performance/not benefitting from instruction or educational interventions, reports of chronic health problems or serious illness, medical treatments, including psychotropic medications that impact school performance, evaluations for/receipt of special education services where the student was subsequently determined ineligible or services were terminated)
2. A situation is recognized that calls for consideration of a referral: a disability is suspected. This may result from screening the records of newly enrolled students, from IDEA activities, or from staff working with existing students who come to suspect that the students in question may have a disability under Section 504. A **Section 504 Referral-Form A** is completed.
3. A 504 Committee (must include Building 504 coordinator) meeting is scheduled to review the referral and discuss the possible need to evaluate or reevaluate the student. If the parent is not the referral source, the parent is sent a copy of the Section 504 Referral. The parent is also invited to the 504 meeting (**Parent Invitation to 504 Meeting – Form B**), and provided with a copy of **Notice of Rights under Section 504-Form C**. If not already done as part of child find, staff will complete the **Student Record Review-Form D** in preparation for the 504 meeting. The building 504 coordinator serves as the chair and assures that staff attendees will include staff knowledgeable about the student, evaluation data, and program/placement options.
4. At the 504 committee meeting the team discusses the referral and determines the need for additional evaluation. The team may decide that no additional information is required to make an eligibility decision. This determination is documented on the bottom portion of the **Section 504 Referral Review -Form E**. If it is determined that further evaluation is needed, a written evaluation plan is developed and the parent is asked for consent to evaluate (**Permission for Section 504 Evaluation – Form F**). *If permission is denied, either at the meeting or subsequently, contact the District 504 coordinator.* The **Notice of Rights, 504**

Referral Review, and **Parent Permission for Section 504 Evaluation** (if one is developed) are provided to the parent.

5. When the evaluation is completed (within 60 calendar days), the Evaluation Report and a **Parent Invitation to 504 Meeting-Form B**, are sent to the parent. The invitation should note that the 504 meeting is scheduled to discuss the evaluation results and to determine 504 eligibility.
6. The 504 meeting must include persons knowledgeable about the student, the evaluation results, and program and service options. At the meeting the **504 Eligibility Determination-Form G** is completed to document the team's decision. A copy of the **504 Eligibility Determination** form is given to the parent along with a **Notice of Rights**.
7. If the student is determined to be ineligible under Section 504, no 504 Plan will be developed, but the team should consider the development of a general education intervention plan. If the student is eligible under Section 504, the **Section 504 Plan-Form H**, is developed at the meeting. With parent consent, implementation begins as promptly as possible. The **504 Plan** is placed in the 504 file, with all other 504 documentation. A copy is kept in the student's cumulative folder. Copies of the **504 Eligibility Determination** and the **504 Plan** are given to the parent and sent to the District 504 Coordinator.
8. Progress monitoring of **504 Plan** implementation and efficacy will be done on a quarterly basis.
9. Unless otherwise agreed upon by the 504 Committee and the parent, the 504 Committee will convene at least annually to review the 504 Plan. A **Parent Invitation to 504 Meeting-Form B** is sent to the parents. The 504 Committee will review progress monitoring data and determine whether the plan continues to be appropriate as is, requires modification, or whether reevaluation is needed to make decisions regarding continuing disability status and/or 504 Plan content. Notes are taken on the **Section 504 Plan Review-Form I**. An updated **504 Plan-Form H** is developed as appropriate.
10. A reevaluation is conducted at least every three years, or whenever there is a question of continued eligibility or a significant change in placement. A **Parent Invitation to 504 Meeting-Form B** is sent to the parent, and a meeting is held to formulate an evaluation plan. Upon completion of any necessary reevaluation, a 504 Committee meeting is convened, again with a **Parent Invitation to 504 Meeting-Form B**. At this meeting the **504 Eligibility Determination-Form G** is completed. If the 504 Committee determines continued eligibility, a new **504 Plan-Form H** is developed. A copy of those forms and a **Notice of Rights-Form C** are given to the parents. If the 504 Committee determines, as documented on the **504 Eligibility Determination-Form G**, that the student is no longer eligible then a copy of the **Notice of Rights-Form C** and other forms are given to the parent and also sent to the District 504 Coordinator.

11. When a student with a current 504 Plan graduates, the student will be given a copy of **Summary of Performance-Form J**. Copies are placed in the 504 file and sent to the District 504 Coordinator.
12. If the parent disputes the **504 Plan** (either at the time of its creation or after implementation) and files a written request for due process hearing, “stay put” is triggered, meaning that the student will stay in the status quo as of the time that the hearing was requested and during the pendency of the hearing. Section 504 Procedures and a copy of the **Notice of Rights-Form C** should be given to any parent filing a written hearing request or seeking information on how to file a hearing request. A copy of the hearing request must be immediately sent to the District 504 Coordinator.
13. The local district superintendent will be the first level appeal for parents, seeking a due process hearing. Parents still having a dispute may appeal to the ICISD Superintendent or the Assistant Superintendent/Special Education.

SECTION 504 FLOWCHART



SECTION 504 REFERRAL

Section 504 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 504, please complete the following information and submit the form to the Building 504 Coordinator.

Student's Name: _____ Grade: _____ Date: _____

School: _____ DOB: _____ Sex: M F

Parents: _____ Phone: _____

Name of Person Submitting Referral: _____

Describe the student's suspected impairment and related needs: _____

PARENT INVITATION TO SECTION 504 MEETING

Dear Parent/Guardian:

This letter is to make you aware of the need to consider whether your child, due to a possible disability, is entitled to certain protections under Section 504 of the Rehabilitation Act of 1973, and/or of the need to review your child's educational program. We are planning a conference as follows:

Student Name: _____ DOB: _____

Meeting Location: _____ Meeting Date: _____ Meeting Time: _____

The purpose of this conference will be:

- review/discuss present educational status/504 Plan
- discuss a referral for possible 504 eligibility
- discuss the possible need to evaluate/reevaluate your child
- discuss evaluation results/determine 504 eligibility

The following persons have been invited to attend this meeting:

_____	_____
_____	_____
_____	_____
_____	_____

Enclosed please find a copy of your rights under Section 504. Please complete the reply form below and return it to the Building 504 Coordinator by : _____. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Building 504 Coordinator	Date	Telephone Number
--------------------------	------	------------------

Student's Name: _____ DOB: _____

I will attend the Section 504 meeting and I acknowledge receipt of the parent/guardian rights.

I will not attend the Section 504 meeting. I acknowledge receipt of the parent/guardian rights.

Please send a copy of the appropriate records after the 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. _____

Parent Signature	Date
------------------	------

NOTICE OF RIGHTS FOR DISABLED STUDENTS AND THEIR PARENTS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973

The Rehabilitation Act of 1973, commonly known as “Section 504” (§504) is a federal law passed by the United States Congress with the purpose of prohibiting discrimination against persons with disabilities who may participate in, or receive benefits from, programs receiving federal financial assistance. In the school setting §504 applies to ensure that eligible students with disabilities are provided with educational benefits and opportunities equal to those provided to non-disabled students. You are receiving this document because you are either an adult student or the parent of a minor student who has or is suspected of having a disability under §504.

Under §504, a student is considered “disabled” if he or she suffers from a physical or mental impairment that substantially limits one or more of their major life activities, such as learning, walking, seeing, hearing, breathing, working, caring for oneself, eating, sleeping, standing, lifting, bending, speaking, reading, concentrating, thinking, communicating, and performing manual tasks. Section 504 also applies to students with a record of having a substantially limiting impairment, or who are regarded as being disabled even if they are truly not disabled. Students can be considered disabled, and can receive accommodations and/or services under §504, even if they do not qualify for, or receive, special education services.

The purpose of this Notice is to inform parents and students of the rights granted to them under §504. The federal regulations that implement §504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR). They include the following rights:

1. You have a right to be informed about your rights under §504. [34 CFR 104.32] The public school that you or your child attends must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in this notice, please contact the 504 Coordinator for the school that you or your student is attending (Building 504 Coordinator).
2. A child who has a physical or mental impairment that substantially limits a major life activity (“eligible child”) has the right to a free appropriate public education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met.[34 CFR 104.33]
3. An eligible child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students.
4. To the maximum extent appropriate, an eligible child has the right to be educated with children who are not disabled. The eligible child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. [34 CFR 104.34]
5. The eligible child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34]
6. The District must undertake an evaluation of your child prior to determining eligibility under Section 504 and developing his or her appropriate educational placement, program, or services under 504, and also before any subsequent significant change in placement. [34 CFR 104.35]
7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR 104.35]. The District will consider information from a variety of sources in making its determinations, including, for example: aptitude and achievement tests, teacher recommendations, reports of physical condition, social and

- cultural background, adaptive behavior, health records, report cards, progress notes, and parent input, among others. [34 CFR 104.35]
8. Placement decision regarding your child must be made by a group of persons (a 504 Committee) knowledgeable about your child, the meaning of the evaluation data, possible placement options, and the requirement that to the maximum extent appropriate, children with disabilities should be educated with non-disabled children. [34 CFR 104.35]
 9. If your child is eligible for services under §504, he or she has a right to periodic reevaluations to determine if there has been a change in educational need. Generally, a reevaluation will take place at least every three years. [34 CFR 104.35]
 10. You have the right to be notified prior to any action (be it a proposal or refusal) regarding the identification, evaluation, or placement of your child. [34 CFR 104.36]
 11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identification, evaluation, and placement of your child under 504). [34 CFR 104.36]
 12. You have the right to request an impartial due process hearing if you wish to contest any District action with regard to your child's identification, evaluation, or placement under 504. [34 CFR 104.36]. You have the right to participate personally at the hearing, and to be represented by an attorney, if you wish to hire one.
 13. If you wish to request an impartial due process hearing, you must submit a written Request for Hearing to the District 504 Coordinator at the address below:
-
14. An impartial hearing officer will be appointed. You will be notified in writing of the hearing date, time, and place. Further details about the hearing process are set forth in the District's 504 procedures. The 504 procedures are available from either the Building or the District Coordinator.
 15. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction.
 16. If you feel that the District has violated an express term of its §504 policies and procedures, you have the right to present a grievance to the District 504 Coordinator. Further details about the grievance process are set forth in the District's 504 procedures. The 504 procedures are available from either the Building or the District 504 Coordinator.
 17. If you feel the District has violated Section 504, you also have a right to file a complaint with the Office for Civil Rights (OCR) of the U.S. Department of Education. The address of the OCR Regional office that covers Michigan is:

Office for Civil Rights
Cleveland
U.S. Department of Education
600 Superior Avenue East
Suite 750
Cleveland, OH 44114

Building 504 Coordinator

(Name)

(Address)

(City, State, Zip)

STUDENT RECORD REVIEW

Student's Name: _____ DOB: _____ Grade: _____ Sex: M F

Reviewer: _____ Review Date: _____

Current IEP? Yes No Current 504 Plan? Yes No LEP? Yes No

I. Current Concern: (check all that 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 benefitting 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 which grades): _____

Factors affecting school attendance: _____

III. Describe any significant changes in academic achievement scores over the past three years:

IV. Describe any patterns or evident problems in grades over the past three years:

V. List any individual evaluations that have been conducted:

<u>Type of Evaluation</u>	<u>Date</u>	<u>Recommendations</u>	<u>Action Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. Disciplinary actions for current year and last year: _____

	<u>Current Year</u>	<u>Last Year</u>	<u>Any Pattern?</u>
# days in school suspension	_____	_____	_____
# days out of school suspension	_____	_____	_____

VII. List student involvement with other agencies (state agencies, medical, counseling, courts):

<u>Agency</u>	<u>Date</u>	<u>Reason for Involvement</u>	<u>Result</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. List any identified health factors which may contribute to student's school problems:

<u>Condition</u>	<u>Diagnosed By</u>	<u>Date</u>	<u>Impact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Current Medications</u>	<u>Dosage</u>	<u>Reason Prescribed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Comprehensive Medical</u>	<u>When</u>	<u>By Whom</u>	<u>Status</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IX. Are there references to substance abuse? ____ No ____ Yes Describe: _____

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

<u>Instructional/Behavioral Intervention</u>	<u>Dates Begun/Ended</u>	<u>Impact on Target Skill/Behavior</u>
--	--------------------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____

XI. Anticipated action at this time : _____

SECTION 504 REFERRAL REVIEW

School: _____

Date: _____

Student's Name: _____	DOB: _____	Grade: _____	Sex: M F
Parent's Name: _____	Phone Number: _____		
Parent's Address: _____	Street	City	State Zip

Meeting Participants and Attendance

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

Parent/Guardian

Parent/Guardian

Building 504 Coordinator

Teacher

Student

Other

Other

Other

1. Student Record Review – See Form D

2. Parent Input: _____

3. Staff Input: _____

4. Student Input: _____

5. Special Education Status:

- There is no current reason to suspect a disability under IDEA. No referral to special education is necessary.
- The student has been evaluated by the IEP Team but found ineligible for IDEA services. (Date: _____)
- The student received IDEA services in the past, but was found no longer eligible when reevaluated. (Date: _____) Please check services that were provided:
 - Resource Room Self-contained Class Occupational Therapy
 - SSW Services Special school setting Physical Therapy
 - Speech/Language Other: _____

6. 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 oneself Speaking Breathing Standing
- Performing manual tasks Lifting Seeing Learning
- Concentrating Walking Hearing Working
- Sleeping Bending Reading Thinking
- Communicating Eating
- Major bodily functions (list): _____

7. Recommendation of 504 Team:

- The student should be evaluated for possible Section 504 eligibility. Evaluation Assignments: See Form F, Parent Permission for Section 504 Evaluation.
 - The student should be evaluated for possible IDEA eligibility.
 - No further evaluation needed at this time. Explain: _____
- _____

Parent/Guardian Signature

Date

Building 504 Coordinator Signature

Date

PARENT PERMISSION FOR SECTION 504 EVALUATION

Student's Name: _____	DOB: _____	Grade: _____	Sex: M F
Parent's Name: _____	Phone Number: _____		
Parent's Address: _____	Street	City	State Zip

1. Notice:

- a. A referral for a 504 evaluation has been initiated in order to determine eligibility and possible intervention for a suspected disability (a physical or mental impairment substantially limiting 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:

<u>Assessment Area</u>	<u>Evaluation Technique</u>	<u>Personnel</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Permission:

I understand that the evaluation will be conducted within 60 calendar days of receipt of parent permission, and that a 504 meeting will be held to discuss evaluation results, eligibility, 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 Notice of Rights under Section 504 of the Rehabilitation Act of 1973.

Parent/Guardian's Signature: _____ Date: _____

504 ELIGIBILITY DETERMINATION

Student's Name: _____ DOB: _____ Grade: _____ Date: _____

School: _____ Building 504 Coordinator: _____

Parent's Name: _____ Phone Number: _____

Parent's Address: _____
Street City State Zip

504 Team Members: (fill in names and check areas of knowledge):

Name of Team Member	Child	Meaning of Eval. Data	Accommodations or Placement Options
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sources of evaluation information: (indicate each area where information reported and reviewed)

_____ medical report	_____ achievement tests	_____ adaptive behavior
_____ teacher recommendations	_____ teacher observations	_____ student work samples
_____ cognitive assessments	_____ other: _____	

1. Specify the mental or physical impairment: _____

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

<input type="checkbox"/> Caring for oneself	<input type="checkbox"/> Speaking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Standing
<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Lifting	<input type="checkbox"/> Seeing	<input type="checkbox"/> Learning
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Working
<input type="checkbox"/> Sleeping	<input type="checkbox"/> Bending	<input type="checkbox"/> Reading	<input type="checkbox"/> Thinking
<input type="checkbox"/> Communicating	<input type="checkbox"/> Eating		

Operations of major bodily functions (circle, as appropriate: immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, or reproductive functions)

3. Determine the impact of the impairment on the major life activity:
 - a. 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)
 - b. The term “substantially limits” means that the student is restricted as to the conditions, manner, or duration under which a particular major life activity can be performed as compared to the average student in the general population. The restriction is material/important.
 - c. Do not consider the ameliorative effects of mitigating measures such as medication, medical supplies, equipment, or appliances, low vision devices (excluding ordinary eyeglasses or contact lenses), prosthetics, hearing aids and cochlear implants, mobility devices, oxygen therapy

equipment and supplies, assistive technology, reasonable accommodations or auxiliary aids and services, or learned behavioral or adaptive neurological modifications.

- d. Discount from the analysis any sub-par performance due to factors other than an impairment, such as lack of motivation, the immediate situation or environment, lack of appropriate instruction.
- e. For episodic impairments or impairments that go into remission, determine substantial limitation when the impairment is in the active state.

4. After an analysis of impact per #3 , place an “X” on the following scale to indicate the 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 nondiscrimination protections. Consider a general education intervention plan. Provide notice to parents of their procedural rights, including an impartial hearing.
- OR**
- The team’s determination was a 4.0 or above. The student is eligible for Section 504 nondiscrimination protections. The team should consider the need for a 504 Plan (i.e., what, if any, specific interventions are necessary for the student to have an opportunity commensurate with nondisabled students of approximately the same age in the facility’s educational program).

District Commitment

Building 504 Coordinator

Date

Parent:

- _____ I have been informed of my due process rights and procedural safeguards.
- _____ I agree with the eligibility determination.
- _____ I disagree with the eligibility determination, but will not seek a due process hearing.
- _____ I disagree with the eligibility determination and would like information on how to request a due process hearing.

Parent/Guardian Signature

Date

SECTION 504 PLAN

Student's Name: _____ DOB: _____ Grade: _____ Date: _____

School: _____ Building 504 Coordinator: _____

Parent's Name: _____ Phone Number: _____

Parent's Address: _____
Street City State Zip

504 Team Members: (fill in names and check areas of knowledge):

Name of Team Member	Child	Meaning of Eval. Data	Accommodations or Placement Options

1. Describe the nature of the concern: _____

2. Summary of evaluation information: _____

3. Student _____ is disabled under 504
 _____ is not disabled under 504

4. If disabled under 504, state how the disability substantially limits a major life activity: _____

5. Accommodation (s) [actions or services to meet the educational needs of the student]:
 _____ Required (proceed to item 6)
 _____ Not required (do not proceed to item 6, but provide explanation why not required):

SECTION 504 PLAN REVIEW

Student's Name: _____ DOB: _____ Grade: _____ Date: _____

School: _____ Building 504 Coordinator: _____

Parent's Name: _____ Phone Number: _____

Parent's Address: _____

Street City State Zip

504 Team Members: (fill in names and check areas of knowledge):

Name of Team Member	Child	Meaning of Eval. Data	Accommodations or Placement Options

Review of performance in affected major life activity: _____

Does the existing 504 Plan still meet the student's educational needs?

- _____ Yes (sign the commitment statement below)
- _____ No/Unsure (The Team should develop a revised 504 Plan on a new Form H, or consider a reevaluation if additional information is needed prior to determining the need for any revisions.)

District Commitment: The District will continue to implement the 504 Plan developed on _____.

Signature of Building 504 Coordinator Date

Parent:

- _____ I have been informed of my due process rights and procedural safeguards and have received a copy of the Section 504 Policy and Procedures.
- _____ I agree with the determination and recommendations of this committee.
- _____ I disagree with the determination and recommendations of this committee but will allow implementation. The reasons for my disagreement are: _____
- _____ I disagree with the determination and recommendations of this committee and would like information on how to request a due process hearing. The reasons for my disagreement are: _____

Parent/Guardian Signature Date

SUMMARY OF PERFORMANCE UPON COMPLETION OF SCHOOL

(This is a summary of academic and functional performance provided for a student who had a 504 Plan and has graduated. This summary includes recommendations for assisting the student to meet postsecondary goals).

Student's Name: _____ Date: _____

Impairment Identified in 504 Plan: _____ High School Program: _____

Date of Initial Eligibility: _____ Date of Last Evaluation: _____

Past Testing Results (Only the applicable areas will be completed)

Name of Test	Type of Test (Cognitive, achievement, etc.)	Year Administered	Standard Scores	Other Scores

Other Assessment Information: _____

Current Academic Achievement and Functional Performance: _____

Recommendations for Assisting Students to Meet Postsecondary Goals: _____

SECTION 504 ACCOMMODATION CHECKLIST

Checklist is optional, accommodations can also be documented on 504 Plan – Form H

Student Name: _____ Date: _____

Check appropriate accommodations for student:

Classroom Settings

- _____ Student should sit in _____ of room
- _____ Provide organized work space area with minimal distractions
- _____ Directions to be read to the student with a demonstrated sample or check for comprehension
- _____ Student permitted to use marker when reading
- _____ Extending time needed for _____
- _____ Reduce the number of weekly spelling words. Suggested number: _____
- _____ Reduce assignments or give alternative assignments. Subjects: _____
- _____ Allow counters/manipulatives/calculator for math computation
- _____ Provide assistance for copying from board or book to paper
- _____ Provide xerox copies instead of requiring copying
- _____ Provide large spaced paper for writing
- _____ Frequently acknowledge effort put forth
- _____ Implement behavior contract/reward system
- _____ Taped books (textbooks) will be provided
- _____ Accompany oral assignments with written instructions or visual clues
- _____ Allow student to use a computer for lengthy written work
- _____ Provide peer tutor/volunteer to help with: _____
- _____ Scheduling concerns: _____
- _____ Other: _____

Evaluations

- _____ Provide a reader for tests
- _____ Allow oral response/teacher recorded answers on tests
- _____ Allow extended testing time
- _____ Student not to be penalized for misspellings or poor penmanship on written work
- _____ Grade on effort/individual ability in addition to test scores
- _____ Reduce number of test items for student
- _____ Reduce number of test items per page
- _____ Grade unsatisfactory v. satisfactory
- _____ Other: _____

Accessibility Accommodations: _____

Accommodations for Extracurricular Activities/Programs: _____

Medication: _____

SECTION 504 ACCOMMODATION CHECKLIST

Checklist is optional, accommodations can also be documented on 504 Plan – Form H

Student Name: _____ Date: _____

Check appropriate accommodations for student:

- | | |
|---------------------------------------|---|
| _____ provide a quiet place to work | _____ end of day check for homework, etc. |
| _____ allow extra time for processing | _____ get copies of notes from teacher/student |
| _____ use a variety of assessments | _____ have student repeat directions |
| _____ grade according to growth | _____ assess on most important concepts/outcomes |
| _____ books on tape | _____ can use calculator, grids, other math manipulatives |
| _____ reduce work load | _____ provide frequent breaks or opportunities to move |
| _____ grade based on work completed | _____ progress reports (specify how often): _____ |
| _____ use of assignment book | _____ other: _____ |
| _____ other: _____ | _____ other: _____ |

SECTION 504 ACCOMMODATION CHECKLIST

Checklist is optional, accommodations can also be documented on 504 Plan – Form H

Student Name: _____

Date: _____

Check appropriate accommodations for student:

Accommodations for the Presentation of the Material

- | | |
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| <input type="checkbox"/> Break assignment into segments of shorter tasks | <input type="checkbox"/> Provide teacher notes prior to lecture |
| <input type="checkbox"/> Relate the information to student's prior knowledge | <input type="checkbox"/> Reduce # of concepts introduced at once |
| <input type="checkbox"/> Provide student overview of lesson beforehand | <input type="checkbox"/> Space practice & drill sessions over time |
| <input type="checkbox"/> Monitor level of language used to communicate | <input type="checkbox"/> Review prior lesson before moving on |
| <input type="checkbox"/> Schedule frequent comprehension checks with student | <input type="checkbox"/> Highlight important concepts in text |
| <input type="checkbox"/> Monitor rate of material presentation | <input type="checkbox"/> Give additional presentations of material |
| <input type="checkbox"/> Allow ample "wait-time" for student response | <input type="checkbox"/> Provide additional guided practice |
| <input type="checkbox"/> Credit for oral participation in class | <input type="checkbox"/> Assign tasks at the appropriate level |
| <input type="checkbox"/> Clear & concise directions for homework | <input type="checkbox"/> Use visual aids with lectures |
| <input type="checkbox"/> Perform task-analysis on complex assignments | <input type="checkbox"/> Assign "study buddy" to distractible students |
| <input type="checkbox"/> Individual or small group help in the classroom | <input type="checkbox"/> Pair students for reading assignments |
| <input type="checkbox"/> Give one direction at a time | <input type="checkbox"/> Make directions short & specific |
| <input type="checkbox"/> Provide written directions (on board or at seat) | <input type="checkbox"/> Ask the student to repeat oral directions |
| <input type="checkbox"/> Allow another student to repeat directions to student | <input type="checkbox"/> Make sure student has begun an assignment |
| <input type="checkbox"/> Allow time for student to review another's notes | <input type="checkbox"/> Allow student to correct own work |
| <input type="checkbox"/> Tape record lectures and assignments | <input type="checkbox"/> Decrease loud talking/other distractions |
| <input type="checkbox"/> Provide frequent student/teacher contact | <input type="checkbox"/> Develop "off task" signal for student |
| <input type="checkbox"/> Set a classroom routine | <input type="checkbox"/> Prepare students for changes in advance |
| <input type="checkbox"/> Keep classroom rules for behavior simple and clear | <input type="checkbox"/> Use modeling |
| <input type="checkbox"/> Use self-cuing strategies | <input type="checkbox"/> Use assertive discipline strategies |
| <input type="checkbox"/> Use cooperative discipline techniques | <input type="checkbox"/> Actively reinforce desired classroom behavior |
| <input type="checkbox"/> Adaptation of testing procedures: | <input type="checkbox"/> Allow student to obtain information using: |
| <input type="checkbox"/> Permit added time | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Provide re-tests | <input type="checkbox"/> Projects |
| <input type="checkbox"/> Give tests orally | <input type="checkbox"/> Calculators |
| <input type="checkbox"/> Tape record tests | <input type="checkbox"/> Tape recorders |
| <input type="checkbox"/> "Quiet zone" for test taking | <input type="checkbox"/> Interviews/oral reports |

Environmental Accommodations

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| <input type="checkbox"/> Use study carrels | <input type="checkbox"/> Use proximity seating |
| <input type="checkbox"/> Seat student in low distraction area | <input type="checkbox"/> Change desk/seat configurations |
| <input type="checkbox"/> Let student select place that is best to study | <input type="checkbox"/> Class size reduction |
| <input type="checkbox"/> Help keep student's space free of unnecessary materials | <input type="checkbox"/> Use checklists to keep student organized |
| <input type="checkbox"/> Time out strategy | <input type="checkbox"/> Change of class/instruction |
| <input type="checkbox"/> Reduce visual stimuli in classroom | <input type="checkbox"/> Work in a quiet classroom during recess |
| <input type="checkbox"/> Quiet area for test taking | <input type="checkbox"/> Reduce amount of physical activity |
| <input type="checkbox"/> Provide opportunity for movement | <input type="checkbox"/> Schedule classes in accessible areas |
| <input type="checkbox"/> Provide parking accommodations | <input type="checkbox"/> Improve climate control |
| <input type="checkbox"/> Use air purifiers | <input type="checkbox"/> Remove possible allergens |
| <input type="checkbox"/> Provide field trip/playground accommodations | |

Accommodations for Time Demands

- Increase amount of time allowed to complete work
- Reduce length of tests
- Space short work periods with breaks
- Alternate quiet and active times
- Give student a specific task to perform within specific limits
- Adjust student schedule
- Reduce amount of work
- Teach time management skills
- Set a routine for the student
- Adjust length of the school day

Accommodations for Materials

- Avoid large amounts of written work
- Set realistic & mutual expectations of neatness
- Avoid speed and accuracy pressures
- Reduce amount of copying required from board/text
- Keep written assignments free of extraneous information
- Give written directions to supplement verbal directions
- Large print materials
- Allow student choice of cursive/manuscript
- Let student give oral or typed responses
- Provide student with copy of lecture notes
- Highlight information to be learned
- Be sure worksheets are clearly legible
- Divide worksheets to focus attention

Organizational Accommodations

- Establish daily routine and attempt to maintain it
- Develop a reward contract with the student
- Write expected date of completion in corner of work
- Provide file folders, notebooks, trays for organization
- Set aside time for cleaning lockers, desks, etc.
- Teach decision making/prioritizing skills
- Write daily assignments on board/hand out paper copy
- Have parents initial planner
- Set hourly, daily, weekly, monthly goals with student
- Make clear rules & consistently enforce
- Provide notebook with organized sections
- Teach goal-setting skills
- Teach time-management skills
- Have spot-checks of class for organization
- Develop weekly/daily journal
- Allow use of index card for place keeping
- Teach book format
- Help student monitor assignments

Accommodations for Student Support

- Provide language interpreter
- Request outside agency intervention: _____
- Provide teacher aide/adult volunteer
- Assign “buddy” to student for passing time
- Allow for early dismissal for appointments
- Allow for increased allowed absences for health reasons
- Schedule additional parent-teacher conferences
- Monitor administration of medication
- Provide counseling services
- Schedule regular time with school counselor
- Provide textbooks for use at home
- Accommodate for special diet
- Provide peer tutoring
- Identify and provide resource staff