

504

Section

A Parent and Teacher Guide to Section 504: Frequently Asked Questions

Section 504 is part of a federal civil rights law known as the Rehabilitation Act of 1973. This law specifically prohibits discrimination against students with disabilities and guarantees them a free and appropriate public education (FAPE). Discrimination, as defined in Section 504, is the failure to provide students with disabilities the same opportunity to benefit from education programs, services, or activities as provided to their nondisabled peers. Therefore, schools cannot exclude students with disabilities from facilities, programs, benefits, activities, or services that are provided to students without disabilities. Schools must make sure that all students receive equal access to educational opportunities. Students with disabilities receiving exceptional student education (ESE) services, as defined by the Individuals with Disabilities Education Act (IDEA), are protected under Section 504, but not all Section 504 students are eligible for ESE.

Questions and Answers

1. How does the Rehabilitation Act of 1973 define a “person with disabilities”?

The Rehabilitation Act of 1973 defines a person with disabilities as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having an impairment. Major life activities as defined in the Rehabilitation Act of 1973 include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Learning does not have to be the major life activity affected in order for an individual to be eligible for protections and services under Section 504.

2. How are students identified as having a disability?

A parent, teacher, or other member of the school staff may raise a concern about a student's unique need for special help. Parents, teachers, and other staff members will meet to discuss all relevant information about the student. The parents' participation in this meeting is critical and helps to establish an accurate picture of the student's needs. At the meeting, the team will consider whether the student has a disability that substantially limits a major life activity. (See definitions in question #1.) If the team needs more information, they will request the parent's consent to evaluate the student. If the team determines that the student does have a disability, they will then identify what types of support, or *accommodations* are appropriate to meet the student's needs. The accommodations will be described in a document referred to as the Section 504 accommodation plan.

3. What is included in a Section 504 accommodation plan?

A Section 504 plan describes the accommodations that the school will provide to support the student's education. The team that determined the student's eligibility for Section 504 and identified the needed accommodations will write the accommodation plan. While Section 504 does not require a written plan, it does require documentation of evaluations and accommodations. It is very useful to have a written plan to provide clarity and direction to the individuals delivering services or making accommodations.

While there is no time limit specified for an accommodation plan, a yearly review is recommended. Section 504 accommodation plans may be updated at any time to reflect changes and recommendations by the team.

4. What is the role of parents?

Parents are their child's first and most important teachers, as well as their advocates. If a parent believes his or her child has a (disability or is having problems in school, the child's teacher should be contacted to discuss these concerns. Building a strong parent/school relationship begins with effective communication. Parents play a key role by providing important information to schools about their child's needs, particularly for students with disabilities. As an added benefit, this involvement demonstrates the importance the parent places on education.

5. What is the role of teachers?

Classroom teachers need to be flexible in their teaching techniques and expectations for students with disabilities. In order for students with disabilities to be successful in school, teachers may need to modify the classroom environment, adjust their teaching strategies, or make other accommodations. In addition to making classroom modifications, other tasks include assessment of student progress and effective communication with parents. Teachers are required under Section 504 to make necessary accommodations as specified in the Section 504 accommodation plan.

6. What should parents or teachers do if they become dissatisfied with the plan?

Ongoing communication between parents and teachers will help avoid disagreements related to the student's accommodation plan. When parents' or teachers' concerns are not addressed to their satisfaction, they should contact the school principal or the designated staff member responsible for Section 504. If the plan is not appropriate, it should be revised following the same procedures used to develop the original plan. Because situations change and students' needs change, flexibility in this process will help everyone meet the students' needs.

7. What procedural safeguards are provided by Section 504?

Procedural safeguards are rules that tell what procedures schools (and parents) must use in making decisions about services for students with disabilities. School principals should have the procedural safeguards information available for parents upon request. Under Section 504, parents have the right

- to receive notice regarding the identification, evaluation, and placement of their child
- to receive prior notice when the school is changing or discontinuing services for their child to review their child's records
- to participate in an impartial hearing and review process with or without representation by counsel.

In addition, school districts must provide public notification of the following:

- policies of nondiscrimination
- grievance procedures
- the contact information for the district coordinator of Section 504 compliance.

8. Are students with disabilities disciplined differently than are their nondisabled peers?

While all students are expected to follow classroom and school rules, a student with a disability may need a specialized behavior plan or accommodations to support his or her appropriate behavior during all school activities. Students with disabilities are not exempt from consequences for violations of the code of student conduct. In cases of severe violations of the district's code of student conduct, disciplinary interventions are frequently based on approved school board policies and require specific consequences. However, if it is determined that the behavior was a manifestation of the student's disability, the consequence outlined in the student code of conduct may be deemed inappropriate and consideration should be given to revising the student's individual behavior plan. Revisions may include strategies and supports that will reduce the likelihood of inappropriate behavior occurs in

the future and encourage more socially acceptable behaviors within the school setting. Students who are eligible under IDEA cannot be denied FAPE as a result of discipline. Although Section 504 does not specifically address discipline, best practice would suggest that districts use the policies and procedures outlined in the IDEA when making decisions about disciplinary consequences for a student eligible for a Section 504 accommodation plan.

9. What are the major differences between IDEA and Section 504?

Both IDEA and Section 504 guarantee students with disabilities access to a free and appropriate public education. However, there are major differences between them, specifically in the criteria used to determine eligibility and the definition of a free and appropriate public education. IDEA provides more specific categories of disabilities, including mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, and specific learning disabilities. For a student to receive exceptional student education services under IDEA, the student's educational performance must be adversely affected by the disability and he or she must be in need of special education services (i.e., specialized instruction). Students with a disability who meet specific IDEA requirements are also protected under Section 504. Finally, IDEA applies only to individuals from birth through age 21.

Section 504 is not limited to specific disability categories and does not require evidence that the disability adversely affects the student's educational performance, however the definition states that in order to be eligible for an accommodation plan, the student must "have a physical or mental impairment which substantially limits one or more major life activities." Major life activities under Section 504, include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Students ineligible for services provided under IDEA may be eligible for accommodations under Section 504. Finally, Section 504 covers individuals of all ages.

10. Whom do I contact for information on Section 504?

Parents and teachers may contact the school principal; the school district's Section 504 coordinator; the Florida Department of Education's Student Support Services office at (850) 245-7851; or the U.S. Department of Education's Office for Civil Rights at (404) 974-9406 or email OCR.Alland@usdoj.gov.



**Notice of Rights for Disabled Students and their Parents
Under §504 of the Rehabilitation Act of 1973**

The Rehabilitation Act of 1973, commonly known in the schools as “Section 504,” is a federal law passed by the United States Congress with the purpose of prohibiting discrimination against disabled persons who may participate in, or receive benefits from, programs receiving federal financial assistance. In the public schools specifically, §504 applies to ensure that eligible disabled students are provided with educational benefits and opportunities equal to those provided to non-disabled students.

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, 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 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 them under §504. The federal regulations that implement §504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR) and entitle eligible student and their parents, to the following rights:

1. You have a right to be informed about your rights under §504. [34 CFR 104.32] The School District 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, contact appropriate staff persons at the District’s §504 Office and they will assist you in understanding your rights.
2. Under §504, your child has the right to an appropriate 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. Your child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under §504. [34 CFR 104.33].
4. To the maximum extent appropriate, your child has the right to be educated with children who are not disabled. Your 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. Your child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34].
6. The School District must undertake an evaluation of your child prior to determining his or her appropriate educational placement or program of services under §504, and also before every 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

appropriately 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, parent observations, and scores on TAKS tests, and mitigating measures, among others. [34 CFR 104.35].

8. Placement decisions 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, disabled children 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 evaluations to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years. [34 CFR 104.35].

10. You have the right to be notified by the District prior to any action 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 an impartial due process hearing if you wish to contest any action of the District 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 contest an action taken by the §504 Committee by means of an impartial due process hearing, you must submit a Notice of Appeal or a Request for Hearing to the District's §504 Coordinator at:

**Student Services 1-386-647-4630
1740 Ohio Avenue South Live Oak, FL 32064**

A date will be set for the hearing and an impartial hearing officer will be appointed. You will then be notified in writing of the hearing date, time, and place.

14. 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 (normally, your closest federal district court).

15. You also have a right to present a grievance or complaint to the District's §504 Coordinator (or designee), who will investigate the situation, take into account the nature of the complaint and all necessary factors, and respond appropriately to you within a reasonable time.

16. You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers this school district is:

Director, Office for Civil Rights
61 Forsyth St. S.W., Suite 19T70, Atlanta, GA 30303-8927, Tel. 404-974-9406

**Aviso a Padres de Estudiantes Incapacitados de sus Derechos Legales
bajo la Sección 504 del Decreto de Rehabilitación de 1973**

El Decreto de Rehabilitación de 1973, conocido generalmente como la “Sección 504,” es una ley federal legislada por el Congreso de los Estados Unidos. El propósito de esta ley es de prohibir discriminación contra estudiantes incapacitados y asegurar que tengan oportunidades y beneficios educativos tan adecuados como los de estudiantes sin incapacidades.

Bajo la Sección 504, un estudiante es considerado incapacitado si padece de un impedimento o condición física o mental que limita substancialmente una de sus actividades vitales, como la de aprender, caminar, ver, oír, hablar, respirar, trabajar y desempeñar tareas manuales. La ley también protege a estudiantes que han tenido un impedimento o condición física o mental substancial en el pasado, o que son considerados incapacitados aunque realmente no lo son. Estudiantes pueden ser considerados incapacitados bajo la Sección 504 y pueden recibir asistencia educativa bajo esa ley aunque no reciban educación especial.

El propósito de este Aviso es de explicarle los derechos legales garantizados bajo la Sección 504 a estudiantes incapacitados y a sus padres. Los reglamentos federales que dan efecto a la Sección 504 (los cuales se encuentran en el Título 34, Parte 104 del Código Federal de Reglamentos, o CFR) otorgan a los padres de familia y a estudiantes incapacitados los siguientes derechos:

1. Usted tiene derecho a ser informado de sus derechos bajo la Sección 504. [34 CFR 104.32]. El distrito escolar debe darle información escrita sobre sus derechos (este Aviso precisamente sirve para informarle de sus derechos). Si necesita que le expliquen o clarifiquen cualquier de los siguientes derechos, los dirigentes apropiados del distrito escolar le ayudarán a resolver sus preguntas.
2. Bajo la Sección 504, su hijo/a tiene derecho a una educación apropiada diseñada para satisfacer sus necesidades educativas individuales tan adecuadamente como las de estudiantes sin incapacidades. [34 CFR 104.33].
3. Su hijo/a tiene derecho a servicios educativos gratuitos, con la excepción de gastos que normalmente se les cobran también a estudiantes sin incapacidades (o a sus padres). Compañías de seguros, y otras terceras personas similares, no son libres de sus obligaciones normales para proporcionar o pagar por servicios para un estudiante considerado incapacitado bajo la Sección 504. [34 CFR 104.33]. El recibir asistencia educativa bajo la Sección 504 no disminuye su derecho a recibir otra asistencia pública o privada de cualquier tipo.
4. Su hijo/a tiene derecho a ser colocado en el ambiente educativo que permita máximo contacto y relaciones con estudiantes sin incapacidades. [34 CFR 104.34]. A menos que sus necesidades educativas no puedan ser satisfechas ahí, su hijo/a será colocado en clases regulares.
5. Su hijo/a tiene derecho a equipo, clases, edificios, servicios y actividades comparables a las que son proporcionadas a estudiantes sin incapacidades. [34 CFR 104.34].
6. Su hijo/a tiene derecho a una evaluación antes de determinar una colocación educativa o programa de asistencia bajo la Sección 504, y también antes de cualquier cambio importante en colocación subsecuente. [34 CFR 104.35].
7. Procedimientos utilizados para administrar pruebas y otras evaluaciones educativas deben cumplir con los requisitos de la Sección 504 en cuanto a la validez de las pruebas, su forma de administración, y las áreas necesarias de evaluación. [34 CFR 104.35]. El distrito considerará apropiadamente información de diversas fuentes y orígenes, incluyendo, por ejemplo: pruebas de aptitudes y aprovechamiento,

recomendaciones de maestros, reportes de condición física, antecedentes sociales y culturales, análisis de comportamiento adaptado, reportes médicos, calificaciones, reportes de progreso, observaciones de los padres, anécdotas de maestros, calificaciones en los exámenes estatales, y medidas aliviantes, entre otras. [34 CFR 104.35].

8. Las decisiones de colocación educativa deben realizarse por un grupo de personas (llamado el comité 504) que conocen la situación de su hijo/a, el significado de los resultados de las evaluaciones, las opciones de colocación, y la obligación legal de asegurar el ambiente educativo que permita el máximo contacto con estudiantes no incapacitados. [34 CFR 104.35].

9. Si es considerado incapacitado bajo la Sección 504, su hijo/a tendrá derecho a que se le den nuevas pruebas y evaluaciones a ciertos tiempos, para determinar si sus necesidades educativas han cambiado. Generalmente evaluaciones educativas se pondrán al corriente para cada niño incapacitado por lo menos cada tres años. [34 CFR 104.35.]

10. Usted tiene derecho a que el distrito escolar le avise antes de tomar cualquier acción en relación a la identificación, evaluación o colocación educativa de su hijo/a. [34 CFR 104.36].

11. Usted tiene derecho a examinar archivos y documentos relacionados a la educación de su hijo/a (normalmente archivos y documentos con relación a la identificación, evaluación o colocación educativa de su hijo/a). [34 CFR 104.36].

12. Usted tiene derecho a una audiencia imparcial si no esta de acuerdo con las acciones del distrito en relación a la identificación, evaluación, o colocación educativa de su hijo/a. Usted tiene la oportunidad de participar personalmente en tal audiencia y de ser representada por un abogado, si desea contratarlo. [34 CFR 104.36].

13. Si desea protestar o disputar las acciones del Comité 504 del distrito a través de una audiencia imparcial, debe presentar un Aviso de Apelación escrito ante el Coordinador 504 del distrito, en la siguiente dirección. Se fijará una fecha para una audiencia ante un oficial imparcial, y serán notificados por escrito de la fecha, hora, y lugar de la audiencia.

**Student Services 1-386-647-4630
1740 Ohio Avenue South Live Oak, FL 32064**

14. Si usted está en desacuerdo con la decisión final del oficial imparcial de audiencia, tiene derecho a apelar esa decisión a una corte de jurisdicción adecuada; normalmente, la corte federal local. [34 CFR 104.36].

15. También tiene el derecho de presentar una queja local al Coordinador de §504 del Distrito Escolar (o su dirigente), quien investigará la situación, considerará los temas de la queja y todo factor necesario, y responderá apropiadamente a usted en un plazo de tiempo razonable.

16. Usted también tiene el derecho a presentar una queja ante la Oficina de Derechos Civiles de el Departamento de Educación de los Estados Unidos. La dirección de la Oficina Regional a la cual pertenece a este distrito es:

Director, Office for Civil Rights
61 Forsyth St. S.W., Suite 19T70, Atlanta, GA 30303-8927, Tel. 404-974-9406

Initial as completed

Form 3, page 1 of 1

_____ 2 Copies sent to parent
 _____ 1 Copy signed & returned
 _____ Notice of Rights Included

Notice and Consent for Initial Section 504 Evaluation

Date Sent/Mailed:	Student's Name:	
District/School:	Grade:	Student ID #:
Parents:		
Address:		
Home Phone:	Work Phone:	

We have carefully reviewed your child's school records and information from teachers. Additional information is necessary to determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504. We ask that you consent to an evaluation under §504 for the following reasons _____

In many cases, the §504 evaluation may simply consist of the Section 504 Committee reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores, and other data, in order to determine if your child qualifies for accommodations in the regular classroom. For students who have been involved in the early intervention process, the 504 evaluation will include a review of the classroom assistance and interventions provided, the results of those efforts, and any other data generated by that process. In addition to reviewing the data described above, the district desires to conduct the following assessments: _____

Please review the enclosed document entitled "Notice of Parent Rights," which informs you of your rights under Section 504. If you CONSENT to the evaluation, please check the "consent" statement, sign and return one copy of this letter. If you REFUSE consent, please check the "refuse consent" statement, sign and return one copy of this letter. Keep the other copy of this letter and the Notice of Parent Rights for future reference.

Please call _____ (Coordinator) at _____ if you have any questions.

School Staff person

Telephone Number

As the parent/legal guardian of the above referenced student, I have received notice of my Section 504 parent rights, and I understand that this is *not* an offer of a Special Education evaluation.

___ I hereby CONSENT to an evaluation under Section 504.

___ I hereby REFUSE consent to an evaluation under Section 504.

Parent/Guardian signature

Parent/Guardian printed name

Date

Section 504 Referral

(Attach extra pages as necessary)

Student:	Student ID #:	Date of Birth:
Grade:	Referral Date:	School/District:
Referred by:	Position/Relation to Student:	
Reason for Referral (attach additional pages if necessary):		

Attendance

Is this student enrolled in school?		Yes		If No, explain.
This student has been absent_____days out of_____school days this school year. Reason(s):				
This student was absent_____days out of_____school days last school year. Reason(s):				
List schools previously attended:				

Student Grade Reports

[illegible]

Discipline Information (Attach copies of any behavioral plan or contract)			
Identify the behaviors exhibited by the student (check all that apply)			
Poor attention and concentration		Shifts from one uncompleted task to another	
Often loses things necessary for tasks		Interrupts or intrudes on others	
Excessively high/low activity level		Difficulty working with peers	
Difficulty following directions		Difficulty remaining seated	
Fidgets, squirms or seems restless		Confrontational/assaultive	
Dress code violations		Leaves class without permission	
Brings inappropriate items to school		Other	
In response to these behaviors, what behavior management techniques have been attempted?			
Results of these techniques:			
Has this student been suspended, expelled or removed to an alternative placement during the previous or current school year?		No	Yes (see below)
If yes, explain and attach copies of <i>all</i> disciplinary referrals (including those that resulted in discipline other than suspension, or expulsion). Report totaling removal days.			

Early Intervention & Alternative Programs (attach relevant plans or other documentation)					
What types of efforts have been attempted to meet the student's needs? (check all that apply)					
Alternative Learning Setting		Title I		Summer School	Mentoring
ESL/Bilingual Ed. Program		Tutoring		FSA remediation	
Other:					
If the student received assistance from the schools' problem solving team, please attach plans created for the student and data gathered on student's response.					
List services or programs considered and rejected for this student? Why?					
Has the student ever been special education eligible?	No	Yes, please attach dismissal report			
Has the student ever been referred to special education?	No	Yes, please attach eligibility report			

Mitigating Measures (Identify any mitigating measures currently in use by the student or provided for the student's benefit. Check all that apply, describe measure(s) in use)	
	Medication:
	Medical supplies, equipment, or appliances:
	Low-vision devices (which do not include ordinary eyeglasses or contact lenses):
	Prosthetics including limbs and devices:
	Hearing aids and cochlear implants or other implantable hearing devices:
	Mobility devices:
	Oxygen therapy equipment and supplies:
	Assistive technology:
	Reasonable accommodations (includes early intervention, RTI, differentiated instruction and informal help from teachers):
	Auxiliary aids or services (includes health plans, emergency plans):
	Learned behavioral or adaptive neurological modifications (including dyslexia and remedial instruction):
	Other:

Evaluation Data from State Assessment (FSA/EOC)									
FSA Latest Administration School Year:			Previous School Year:			EOC School Year:			
Subject	Level	Scale Score	Subject	Level	Scale Score	Subject	Pass? (Y/N)	Level	
Reading			Reading						
Mathematics			Mathematics						
Science			Science						

Over time, this student's test scores: (check the appropriate box)			
have become better each year	have stayed about the same each year	have become worse each year	
dropped suddenly in grade	data not available		
Compared to the mean of the district/school/classroom, this student's test scores: (circle comparison group and check the appropriate box)			
improved each year	stayed about the same each year	worsened each year	Other:

Health Information Person conducting screening:			
Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability (example, medical reports, psychological reports, ADD/ADHD diagnostic information, etc.)			
Does student exhibit any signs of health or medical problems?	No	Yes. If yes, attach observations.	
Is there a need for further assessment of referral of a medical problem?	No	Yes (see below)	
If further assessment is necessary, please describe what new data is necessary.			
Is student receiving any medication at school?	No	Yes, list medications	
Does the student require adaptive equipment or facility adaptation?	No	Yes, attach list of needs	
Does the student have a physical or mental impairment that is episodic?	No	Yes	
If yes, please describe the condition, when and how often it is active, and its impact on the student when it is active.			
Does the student have a physical or mental impairment that is in remission?	No	Yes	
If yes, please describe the condition, when it was active, at what point it went into remission, and its impact on the student when it was active.			

Vision		Type of screening:	Date of screening
<i>(Vision examination must have been administered within a year from the date of referral)</i>			
Visual acuity before correction:	Right _____	Left _____	
Visual acuity with correction:	Right _____	Left _____	
Interpretation of results:			
Does student exhibit any signs of health or medical problems?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes. If yes, attach observations.
Is there a need for further assessment of a medical problem?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes (see below)
If further assessment is necessary, please describe what new data is necessary.			
As a result of the screening, is there any indication of a need for further assessment or adjustment?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes, please explain.
Has any follow-up treatment been recommended?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes, please explain.

Hearing	Date of most recent screening:	Type of screening:
Results:		
Interpretation of results:		
As a result of the screening, is there any indication of a need for further assessment or adjustment?	<input type="checkbox"/>	No <input type="checkbox"/> Yes. If yes, explain.
Has any follow-up treatment been recommended?	<input type="checkbox"/>	No <input type="checkbox"/> Yes, please explain.

Teacher Input for Section 504 Evaluation

Student Name:	Student ID #:	Grade:
Teacher's Name:	Subject Matter:	Date:

Instructional Rating : Rate the concerns you have about this student. For each skill, mark: 1= Poor 2=Below Average 3=Average 4=Above Average 5=Superior N=Not observed													
	1	2	3	4	5	N		1	2	3	4	5	N
Reading Skills							Tests						
Math Skills							Follows oral directions						
Written Expression							Follows written directions						
Spelling							Organizational skills						
Classroom work							Interaction with staff						
Homework													

Behavioral Rating Rate this student's behavior in relation to other students of the same AGE. For each behavior, mark: 1= Poor 2=Below Average 3=Average 4=Above Average 5=Superior N=Not observed							
	1	2	3	4	5	N	
Generally cooperates or complies with teacher requests.							
Adapts to new situations without getting upset.							
Accepts responsibility for own actions.							
Makes and keeps friends at school.							
Works cooperatively with others.							
Has an even, usually happy, disposition.							
Appropriate attention and concentration							
Compliance with teacher directives							
Brings necessary materials to class							
Fidgets, squirms or seems restless							
Completes tasks on time							
Stays on task, is easily redirected							
Remains seated							
Takes turns, waits for turn							

What have you done differently in your classroom to meet this student's educational/behavioral needs?
What were the results of these efforts?

Parent Input for Section 504 Evaluation

The information requested will greatly assist the §504 Committee in evaluation of your child. If you have additional information that you want the Committee to consider (and that is not requested here) please feel free to attach additional pages. Disregard any question that makes you uncomfortable. If you would prefer to provide this information by phone, please contact _____ at _____.

Student Name:	Date of Birth:
Address:	Phone:
School:	Grade:

General Information			
Mother's Name:			
Occupation:		Level of Education	
Father's Name			
Occupation:		Level of Education	
With whom does the child live?		Relationship to child:	
Other Children in the Home (attach additional page if necessary)			
Name	Age	Relationship	
Other Adults in the student's Home		Relationship to student	
Compared to other children in the family, this child's development was: (check one)			
Slower	<input type="checkbox"/>	About the same	<input type="checkbox"/>
Faster	<input type="checkbox"/>		
At what age, in months, was the student able to do the following:			
Sat without support	<input type="text"/>	Crawled	<input type="text"/>
Used spoon fairly well	<input type="text"/>	First word	<input type="text"/>
		Walked without support	<input type="text"/>
		Reasonably well-toilet trained	<input type="text"/>

The Student's Friends & Activities			
Does the student prefer to play/socialize with	<input type="text"/>	Girls	<input type="text"/>
Does the student have friends his/her own age?	<input type="text"/>	Boys	<input type="text"/>
Does the student have friends who are younger than the student?	<input type="text"/>	No preference	<input type="text"/>
Does the student have friends who are older than the student?	<input type="text"/>	Yes	No
		Yes	No
		Yes	No

The Student at Home					
Please check each item available for the student's use at home:					
Computer		Books		Tape recorder	
Video games		Television		Educational toys	
				CD player	
				Radio	
What kinds of activities does your family do together? (Read, play games, camp, etc.)					
Have there been any important changes within the family during the last three years (For example, changes, moves, births, deaths, serious illnesses, separations, divorce)					
With whom in the family is the student particularly close?					
Has the student ever been separated from the family due to family problem, health reasons, etc? If yes, please explain.					
How did the student react to the separation?					
Describe the student's behavior at home with peers, siblings, neighbors, and parents. (For example, is the student generally well-behaved? Social? Affectionate? Withdrawn?					
What methods of discipline are used with this student at home? (For example, spanking, extra chores, early bedtimes, taking away of privileges; is he/she given rewards for good behavior?)					
How does the student react to discipline?					
Who usually disciplines the student at home?					
The primary language in the home is:					
How long has the student lived in the United States?					
What time does the student go to bed at night?			Does the student eat breakfast?		
What does the student do when not in school? (Please list the student's common indoor and outdoor activities.)					
Does your student have a part-time job after school or on weekends? If yes, please provide the average number of hours worked per week.					

The Student at School			
Has your student talked to you about difficulties or problems at school? Please explain:			
Do you think your student is having difficulties in school?		Yes	No
If you think your student is having difficulties, please explain your concerns.			

What do you think is causing the student's difficulties at school?

When did you first notice the difficulties?

If you have discussed these concerns with the school, please indicate when and with whom you shared your concerns:

If your student qualifies for Section 504, what services or accommodations do you think are necessary so that the student can participate and benefit from school?

Mark with (x)

Childhood & Medical History

Has your student ever had the following?	Never	Began at age?	Ended at age?	Still has problem
Frequent fevers				
Frequent earaches				
Frequent vomiting				
Thumbsucking				
Nightmares				
Sleepwalking				
Head banging				
Rocking of body				
Teeth grinding				
Bedwetting				
Fingernail biting				
Temper tantrums				
Run away from home				
Lost consciousness				
Convulsions				

Current Medical Treatment & Medication

Doctor's reports, letters and diagnoses can be very helpful to the 504 Committee. Please attach the student's medical records so that the Committee can have a more complete picture of your child. If you would prefer, you may give the District written consent to seek those records from your doctors directly.

Please notify _____ (504 Coordinator) at _____ to get the necessary form.

Please identify any medical problem for which your student is currently receiving medical care:

Does your student appear to have any other physical health problems for which the student is not currently receiving medical care?

Please list all medications currently taken by your student (over the counter and prescription).

Please describe any side effects the student experiences from these medications.

Please identify any medication(s) taken by your student for over 1 year:

Please describe any hospital stays by your student, including the date, reason for the stay, the duration, and the result of treatment.

Does your child have a medical condition or illness with symptoms that are sometimes more serious than other times? If yes, please answer the following questions:

What is the name of the condition or illness?

When and how often is the condition or illness a problem for your child?

How does the condition or illness affect your child when the symptoms are most serious?

Did your child used to have a serious medical condition or illness that has gone away? If yes, please answer the following questions:

What is the name of the condition or illness that your child used to have?

When did your child suffer from the condition or illness?

How did the condition or illness affect your child when the symptoms were most serious?

Is the condition or illness likely to return?

Is there any other information about your student or family that you would like the Section 504 Committee to consider when evaluating your student for Section 504 eligibility? If so, please provide it here.

Signature of Parent

Date

Signature and Position of person assisting (*if any*)

Date

Notice of Section 504 Meeting

Date: _____

Student's Name	ID #	School
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Dear Mr./Mrs./Ms. _____
Parent/Guardian/Surrogate/Adult Student

This letter is to inform you that the Section 504 Committee is planning a meeting to discuss your child's educational needs. We have scheduled a meeting at (time)_____, on (date)_____, at (location)_____. While parents are not required members of Section 504 Committees, we would very much appreciate your input. Your insights and contributions will be quite helpful to us in effecting the best decisions possible.

The meeting is scheduled for the following reason[s]:

- ___ Initial evaluation for eligibility
- ___ Annual Review (no Periodic Re-Evaluation is due)
- ___ Periodic Re-Evaluation (every three years)
- ___ Manifestation Determination (prior to disciplinary removal constituting a change in placement)
- ___ Other: _____

Following the meeting, we will notify you of the Section 504 Committee's decision in writing. Please call me at _____ if you have any questions.

Sincerely,

Section 504 Coordinator

Section 504 Initial Evaluation & Periodic Re-Evaluation

Student:	Student ID #:	Date of Birth:
Grade:	School/District:	Previous School/District:
Today's Date:	(Check one): Initial Evaluation	Periodic Re-Evaluation
For Initial Evaluation Only: Referred by:		Date of Referral:

§504 Committee Membership:

By regulation, the Section 504 Committee is a group of knowledgeable people. Within the group, each required type of knowledge must be present. List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.

Name	Position/Title	This member has knowledge of
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options

Procedural Checklist:

For the §504 Initial Evaluation, complete Questions 1-5. If this is a Re-Evaluation, there is no requirement for parental consent (mark Question 1 "N/A", and complete the other four questions). Please verify by checkmark that each requirement is completed before proceeding.

1. Verify that the parent consented to §504 <i>initial</i> evaluation, Form 3 (<i>Does not apply to re-evaluations</i>)					
2. Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas.					
3. Verify the Student's dominant language: _____ Dominant language of the home: _____					
4. Verify that the parent received Notice of Parent Rights under §504					
5. Verify <i>how</i> the parent was informed of the date, time, and place for this evaluation (check one)					
In writing	By Phone	In Person	Other:		

Evaluation Data Considered from a Variety of Sources

The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]

Parent input	Student work portfolio
Grade reports	Special education records (specify)
Standardized Tests and Other Tests	Disciplinary records/referrals
Early Intervention data	Mitigating measures
Teacher/Administrator Input	Other
School Health Information	Other
Medical evaluations/diagnoses	Other

NOTE: If information from a conversation or other data in unwritten form was considered, please document that oral data relied upon by attaching written notes summarizing the conversation or data.)

Section 504 Eligibility Determination

As directed by Congress in the ADAAA, the Section 504 Committee understands that the definition of disability “shall be construed in favor of broad coverage of individuals under this Act, to the maximum extent permitted by the terms of this Act.”

1. Does the student have a physical or mental impairment? If so, please identify the impairment(s) in the box below. <i>Notes (1) This is an educational determination only, and not a medical diagnosis for purposes of treatment. (2) Impairments that are episodic, in remission or mitigated should also be listed.</i>	Eligibility Question #1		
If you answered “yes” to Question 1, identify the impairment(s) here.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

2. Does the physical or mental impairment affect one or more major life activities (including major bodily functions)? If so, identify the major life activity or major bodily function by checking the appropriate box or boxes. <i>Note: For an impairment that is episodic, in remission, or mitigated, identify the activity or function affected when the disability was present or active.</i>	Eligibility Question #2		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

Major Life Activities include, but are not limited to:

Caring for oneself		Eating		Lifting		Learning		Communicating	
Performing manual tasks		Sleeping		Bending		Reading		Working	
Seeing		Walking		Speaking		Concentrating		Other:	
Hearing		Standing		Breathing		Thinking		Other:	

Major Bodily Functions include, but are not limited to:

Functions of the immune system		Bowel function		Brain function		Endocrine function	
Normal cell growth		Bladder function		Respiratory function		Digestive function	
Reproductive function		Neurological function		Circulatory function		Other:	

3. Does the physical or mental impairment <u>substantially limit</u> a major life activity? <i>Notes: (1) “Substantially limits” does not mean “significantly restricted.” (2) The ADAAA requires that when making this determination, the Committee should not consider the ameliorative (helpful or positive) effects of mitigating measures (except for ordinary eyeglasses or contact lenses). (3) The fact that the impairment is episodic (the impact of the impairment is sometimes substantially limiting, but not always), or in remission, does not preclude eligibility if the impairment would substantially limit a major life activity when active.</i>	Eligibility Question #3		
If Eligibility Question 3 is answered “no,” explain why the student is not substantially limited and describe how the committee addressed the positive impact of mitigating measures (what measures are used by/for the student, and what was their impact?):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

<p>Section 504 Accommodation Plan & Placement (completed only if each of the three preceding questions were answered “Yes.”).</p> <p>Does the student need Section 504 services in order for his/her educational needs to be met as adequately as those of non-disabled peers? <i>Notes: (1) If the student’s needs are so extreme as to require special education and related services, a referral to special education should be considered. (2) If the student’s impairment is in remission, or the student’s needs are currently addressed by mitigating measures, the student is not in need of a Section 504 accommodation plan.</i></p> <p>If the Plan and Placement question is answered “no,” explain why the student does not need a Section 504 Accommodation Plan:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Plan & Placement Question</th> </tr> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Yes</td> <td style="width: 50%; text-align: center; padding: 5px;">No</td> </tr> </table>	Plan & Placement Question		Yes	No
Plan & Placement Question					
Yes	No				

<p>Analyzing the Results of the Committee’s Answers</p> <p>1. If all four questions are answered “YES”, the student is eligible for both the nondiscrimination and FAPE (Section 504 accommodation plan) protections of Section 504. The Section 504 Committee will create a Section 504 Services plan for this student.</p> <p>2. If only the first three questions are answered “YES”, the student is eligible for the nondiscrimination protections of Section 504, together with manifestation determination, procedural safeguards, and periodic Re-Evaluation or more often as needed. The Section 504 Committee will not create a Section 504 accommodation plan at this time as the student’s needs are currently being met as adequately as his nondisabled peers. Should such a need develop, the §504 Committee shall re-convene and develop an appropriate Section 504 accommodation plan at that time.</p> <p>3. If any of the first three answers is “NO”, the student is not eligible for Section 504 nondiscrimination protection and is not eligible for a Section 504 accommodation plan.</p>	
<p>Section 504 Committee’s Decision</p> <p>The Section 504 Committee’s analysis of the eligibility criteria as applied to the evaluation data indicates that at this time (check the appropriate box or boxes):</p>	
<p>Not §504 Eligible. The student is not eligible under Section 504.</p>	<input type="checkbox"/>
<p>§504 Eligible + Plan. The student is eligible under Section 504, and will receive a Section 504 accommodation plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504.</p>	<input type="checkbox"/>
<p>§504 Eligible + No Plan (In Remission). The student is eligible under Section 504, but will not require a Section 504 accommodation plan because the physical or mental impairment is in remission, and there is no current need for services. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. Should need for a plan develop, the Section 504 Committee shall reconvene and develop an appropriate Section 504 accommodation plan.</p>	<input type="checkbox"/>
<p>§504 Eligible + No Plan (Mitigating Measures). The student is eligible under Section 504, but will not require a Section 504 accommodation plan because the student’s needs are met as adequately as his nondisabled peers due to the positive effect of mitigating measures currently in use. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. Should need for a plan develop, the Section 504 Committee shall reconvene and develop an appropriate Section 504 accommodation plan.</p>	<input type="checkbox"/>
<p>Continued §504 Eligibility. The student remains eligible under Section 504, and will receive an updated Section 504 accommodation plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. (For use with Re-Evaluations).</p>	<input type="checkbox"/>

Section 504 Committee's Decision (continued)	
Dismissal from §504. The student is no longer eligible for Section 504 and is exited from the program. The student will now receive regular education without Section 504 services. The student will receive the nondiscrimination protections of Section 504 as a student with a record of an impairment, together with procedural safeguards, but will not receive manifestation determination, or periodic Re-Evaluation.	
IDEA Eligible & §504 Dismissal. The student has been determined special education eligible by a Committee/IEP team. Consequently, the student is no longer served through a Section 504 Committee and is exited from the program. The student will receive a free appropriate education through the Committee/IEP team, together with the nondiscrimination protections and procedural safeguards of Section 504.	
Other (please describe)	

Additional notes or explanations by the Committee:

Section 504 Student Accommodation Plan

Date:

Student Name:	Date of Birth:
Student ID:	Phone:
School:	Grade:

Type of meeting generating initial plan or changes to 504 plan

	Initial Evaluation
	Annual Review
	Failure or Discipline Review
	Three Year Reevaluation
	Other:

Indicate the duration of this plan if impairment is temporary (less than 6 months)

Beginning Date:
Ending Date:
Describe the Temporary Disability:

Certificate of Plan Distribution (Please indicate date distributed to parent and each person responsible for plan implementation, or N/A as appropriate)			
---	--	--	--

Date	Person Responsible	Date	Person Responsible
	Parent/Adult Student		Administrator
	English/Language Arts teacher		Counselor
	Math teacher		Other:
	Science teacher		Other:
	Social Studies teacher		Other:
	PE teacher		Other:
	Fine Arts teacher		Other:
	Vocational teacher		Other:

Signature of 504 Coordinator or other person verifying delivery of plan:

Matching of Need and Accommodations. Please use the following tool to ensure that each of the student's needs identified in the evaluation are addressed in the accommodation plan. (Attach additional pages where necessary).

Each student need identified by the evaluation	Accommodation(s) designed to address the need
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	

Section 504 Behavior Intervention Plan

[This form should be used when the §504 team determines that regular discipline is inappropriate]

Student Name:		Student ID:	
School:			
Date of Plan:			
Please list below each behavior, reinforcement, consequence and person responsible for administering the reinforcement or consequence. Appropriate intervention is based on assessment data, discipline history, social history, parent reports and other data.			
Behaviors targeted for intervention:			
Please select or add the appropriate behavior interventions for this student. Please use the notes and information page to explain choices and to ensure compliance.			
<input type="checkbox"/>	Clearly defined limits	<input type="checkbox"/>	Journal of daily behaviors
<input type="checkbox"/>	Frequent reminder of rules	<input type="checkbox"/>	Reinforce appropriate behavior
<input type="checkbox"/>	Reduce distracting stimuli	<input type="checkbox"/>	Supervised unstructured time
<input type="checkbox"/>	Consistent routine	<input type="checkbox"/>	Behavioral contract (attach)
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Proximity seating
<input type="checkbox"/>		<input type="checkbox"/>	Cooling off period
<input type="checkbox"/>		<input type="checkbox"/>	Peer intervention
<input type="checkbox"/>		<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Other
Communicate behavioral progress or status with parents through (check one):			
<input type="checkbox"/>	Weekly tracking form	<input type="checkbox"/>	Notes home
<input type="checkbox"/>	Daily tracking form	<input type="checkbox"/>	Email
<input type="checkbox"/>		<input type="checkbox"/>	Phone call
<input type="checkbox"/>		<input type="checkbox"/>	Parent conference
When a communication other than a tracking form is chosen, describe the frequency of required contact here (when particular behaviors occur, every two weeks, etc).			
When a targeted behavior occurs, the following occurs:			
Targeted Behavior	Reward for desired behavior	Consequence for undesired behavior	Person responsible for Reward or consequence

Section 504 Accommodation Plan Additional Notes and Information Page

While checklist forms are convenient, they can also lead to confusion. Please use this page to ensure that the decisions of the Section 504 Committee are clear to school personnel and anyone else who has responsibility to implement the Plan or supervise its implementation. For example, where extended time for assignments is checked, indicate the amount of extended time to be provided (by number of minutes or by percentage, for example). Where other testing accommodation is checked, provide detail as to how the test should be adapted or the student's testing experience is to be accommodated.

This page should also be used to explain or provide detail for any other area where the Accommodation Plan is unclear or subject to confusion.

Notice of Section 504 Evaluation Results

Date _____

Dear Parent/Guardian/Adult Student,

This letter is to inform you that the Section 504 Committee had a meeting on _____ to discuss your student _____ (student's name). A copy of the evaluation form is attached. After careful review of relevant evaluation data indicated on page 1, the Section 504 Committee analyzed the data to answer the Section 504 eligibility questions on page 2. While the evaluation document provides more detail on the Committee's decision, by way of summary, the Committee determined that _____ (provide brief summary of decision)

A copy of the §504 Committee's evaluation is enclosed. If your student was determined §504-eligible, and in need of Section 504 accommodation plan, a copy of your student's §504 accommodation plan is also attached.

If you have any questions concerning this decision, please call me at _____.

I will be more than happy to discuss any questions that you may have.

Sincerely,

Section 504 Coordinator

Encl. (1) Completed Initial Evaluation or Re-Evaluation

(2) Section 504 accommodation plan (if Section 504-eligible, and in need of a Plan)