Section 504 Evaluation

1 TEAM SUMMARY REPORT

Sources of information considered by the Section 504 Team:

- ☐ Parent Recommendation
- ☐ Educational Evaluation/Performance
- ☐ Teacher Observation/Recommendation
- ☐ Ineligibility For Services Under IDEIA
- ☐ Medical/Professional Report
- ☐ Behavioral Evaluation/Performance
- ☐ Student Work Samples
- ☐ Other _____

Summary of data and evaluation information that was presented

Section 504 Team Determinations:

A. The student has a physical or mental impairment: ☐ YES ☐ NO

- ☐ Allergy _____
- ☐ Asthma
- ☐ Attention Deficit Disorder/ADHD
- ☐ Brain Injury
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Developmental Aphasia
- ☐ Diabetes
- ☐ Dyslexia
- ☐ Emotional Illness
- ☐ Epilepsy
- ☐ Hearing Impairment
- ☐ Heart Disease
- ☐ Minimal Brain Dysfunction
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Orthopedic Impairment
- ☐ Recovering Chemically Dependent
- ☐ Seizures
- ☐ Speech Impairment
- ☐ Visual Impairment
- ☐ Other: _____

List attached sources of documentation:

B. Identify any major life activities that are limited.

- ☐ Bending
- ☐ Breathing
- ☐ Caring For Oneself
- ☐ Communicating
- ☐ Concentrating
- ☐ Eating
- ☐ Hearing
- ☐ Learning
- ☐ Lifting
- ☐ Performing Manual Tasks
- ☐ Reading
- ☐ Seeing
- ☐ Sleeping
- ☐ Speaking
- ☐ Standing
- ☐ Thinking
- ☐ Walking
- ☐ Working
- ☐ Major Bodily Functions _____
- ☐ Other: _____

Section 504 Evaluation

2 Eligibility Determination

Describe the nature of the disability:

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

The term "substantially limits" means that the student is a) unable to perform one or more major life activities that a typical student of approximately the same age can perform OR b) significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to a typical student of approximately the same age. The impairment must be substantial when compared to the typical student of approximately the same age.

Place an "X" on the following scale to indicate the specific degree that the impairment limits the major life activity. Specify information considered by the team that justifies the rating.

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

Specify:

☐ The team's determination (below a '4') indicates that the student does not have a disability that meets eligibility as defined under Section 504.

☐ The team's determination (a '4' or above) indicates that the student has a disability that meets eligibility as defined under Section 504.

- ☐ Section 504 plan is necessary to enable the student to receive a free appropriate public education.
- ☐ Section 504 plan is NOT necessary for the student to receive a free appropriate public education.

Section 504 Evaluation

Section 504 Team:

Name	Position	Signature	Date

Acknowledgment:

I received a copy of the Notice of Section 504 Procedural Safeguards.

☐ I agree with the Section 504 Team's recommendations as stated above.

☐ I disagree with the Section 504 Team's recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Section 504 Evaluation

CHILD'S INFORMATION

NAME: _____

ID NUMBER: _____ GRADE: _____

DATE OF BIRTH: _____ GENDER: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DISTRICT OF RESIDENCE: _____

COUNTY OF RESIDENCE: _____

DISTRICT OF SERVICE: _____

PARENTS'/GUARDIAN'S INFORMATION

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

MEETING INFORMATION

MEETING DATE: _____

MEETING TYPE:

☐ INITIAL SECTION 504 EVALUATION

☐ REVIEW SECTION 504 EVALUATION

SECTION 504 TIMELINES

SECTION 504 EFFECTIVE DATES

REFERRAL DATE: _____

CONSENT DATE: _____

NEXT REVIEW: _____

SECTION 504 STATUS

(check when complete)

☐ 1. TEAM SUMMARY REPORT

☐ 2. ELIGIBILITY DETERMINATION

ADDITIONAL INFORMATION

Section 504

MEETING NOTIFICATION

TO: _____ DATE: _____

_____

_____

FROM: _____

_____

_____

You are invited to attend a meeting to discuss the educational needs of:

NAME: _____ DATE OF BIRTH: _____

PURPOSE FOR MEETING (Check all that apply):

- ☐ To determine if your child is eligible, or continues to be eligible, under Section 504
- ☐ To develop, review and/or revise your child's Section 504 plan
- ☐ To conduct a Manifestation Determination
- ☐ Other _____

THIS CONFERENCE WILL BE SCHEDULED AS A: (Check all that apply)

☐ Face to face meeting ☐ Video conference ☐ Telephone conference/Conference call

DATE: _____ TIME: _____ LOCATION: _____

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:

☐ Regular Education Teacher ☐ Student ☐ District Representative

☐ Other _____

Although it is not required that you attend, we strongly encourage and welcome your participation in the meeting. You are a valuable member of the Section 504 Team. You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the meeting at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact:

CONTACT: _____ PHONE: _____

cut----------cut

Response to Parent Invitation

COMPLETE AND RETURN TO THE CHILD'S SCHOOL

CHILD'S NAME: _____ DATE OF BIRTH: _____

MEETING SCHEDULED DATE: _____ TIME: _____

☐ I **will** attend/participate ☐ I **will not** attend/participate

☐ Another/Others will accompany me (optional)

I would like the location of this meeting changed to: _____

I would like to change the type of meeting to: _____

I would like this meeting rescheduled for the following suggested date and time: _____

☐ A bilingual or sign language interpreter is requested

Desired language/mode of communication _____

PARENT SIGNATURE: _____ DATE: _____

Section 504 Plan

PARENTAL CONSENT

DATE: _____

Student: _____ School: _____

Dear: _____

Your child has been referred to the Section 504 Team to determine whether he/she has a disability that substantially limits one or more major life activities. In order to determine eligibility, the Section 504 Team will be conducting an evaluation of your child to determine the possible need for a Section 504 Plan. Your consent is required for that evaluation. Please indicate your consent below and return the form to the school at your earliest convenience. The evaluation process will not proceed without your consent.

You are invited to provide the Section 504 Team with any information that may be helpful in determining your child's eligibility. Following the evaluation, the Section 504 Team will meet to review the results of the evaluation and determine whether your child is eligible for a Section 504 Plan. You will receive notification of the date and time of that meeting.

NAME: _____ TITLE: _____

ADDRESS: _____ SCHOOL DISTRICT: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

cut----------cut

Consent

Student: _____ School: _____

I have received notice and understand that my child has been referred to the Section 504 Team to determine if he/she has a disability that substantially limits one or more major life activities. I understand that I must give written consent to the Team for my child to be evaluated.

☐ I hereby grant consent for evaluation by the Section 504 Team

☐ I do not grant consent for evaluation by the Section 504 Team. I understand the without my consent, my child cannot be evaluated for Section 504 accommodations.

_____ _____

Signature of Parent/Guardian Date

Please sign and return this portion to your child's school.

Section 504 Plan

1 SECTION 504 PLAN

The student covered under this Plan is a student with a disability. The accommodations, modifications and/or services listed on the plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973.

Describe the nature of the disability:

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

List the accommodations, modifications and/or services:

Accommodation/Modification/Service	Location: (General Classroom or Other)	Individual(s) Responsible

Section 504 Plan

2 STATEWIDE AND DISTRICT WIDE TESTING

Will the child participate in classroom, district wide and state wide assessments with accommodations?

☐ YES ☐ NO

AREA	GRADE	DATE OF TEST	CHILD WILL BE TESTED:	DETAIL OF ACCOMMODATIONS
READING			☐Without Accommodations ☐With Accommodations	
WRITING			☐Without Accommodations ☐With Accommodations	
MATH			☐Without Accommodations ☐With Accommodations	
SCIENCE			☐Without Accommodations ☐With Accommodations	
SOCIAL STUDIES			☐Without Accommodations ☐With Accommodations	
OTHER			☐Without Accommodations ☐With Accommodations	

Section 504 Plan

3 SIGNATURES

Participants:

NAME	TITLE	SIGNATURE	DATE
	Parent		

Signatures:

I received a copy of the Notice of Section 504 Procedural Safeguards.

Parent/Guardian Signature Date

☐ I give permission for this Section 504 Plan to be implemented for my child. My signature indicates consent for the information contained in this plan to be distributed to appropriate staff members.

☐ I do not give permission for this Section 504 Plan to be implemented for my child.

Parent/Guardian Signature Date

Section 504 Plan

CHILD'S INFORMATION

NAME: _____

ID NUMBER: _____ GRADE: _____

DATE OF BIRTH: _____ GENDER: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DISTRICT OF RESIDENCE: _____

COUNTY OF RESIDENCE: _____

DISTRICT OF SERVICE: _____

PARENTS'/GUARDIAN'S INFORMATION

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

MEETING INFORMATION

MEETING DATE: _____

MEETING TYPE:

☐ INITIAL SECTION 504 PLAN

☐ REVIEW SECTION 504 PLAN

SECTION 504 TIMELINES

LAST EVALUATION: _____

NEXT EVALUATION: _____

SECTION 504 EFFECTIVE DATES

START: _____

END: _____

NEXT REVIEW: _____

SECTION 504 STATUS

(check when complete)

☐ 1. SECTION 504 PLAN

☐ 2. TESTING PAGE

☐ 3. SIGNATURE PAGE

ADDITIONAL INFORMATION

Section 504

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

PRIOR WRITTEN NOTICE

Date: _____

This is to notify you of the school district's action regarding _____.

A. Description of the action.

- ☐ Refusal to initiate Section 504 Plan Reevaluation
- ☐ Initial Section 504 Plan Evaluation
- ☐ Manifestation Determination
- ☐ Section 504 Plan Periodic Reevaluation
- ☐ Other (describe action taken) _____
- ☐ Change of Section 504 Plan
- ☐ Section 504 Plan issues/meetings where the parent(s) disagree with the district

B. A description of the action proposed or refused by the school district:

C. An explanation of why the school district proposes or refuses to take the action:

D. A description of other options that the Section 504 team considered and the reasons why those options were rejected:

E. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:

F. A description of other factors that are relevant to the school district's proposal or refusal:

PROVISION OF PROCEDURAL SAFEGUARDS

As a parent of a child with a suspected or identified disability under Section 504, you have procedural safeguards protection under Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008. A copy of the Section 504 Procedural Safeguards is included.

If you have any questions about the action(s) described above or your rights as described in the Procedural Safeguards, please contact:

NAME: _____ TITLE: _____

ADDRESS: _____ SCHOOL DISTRICT: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

NOTICE OF SECTION 504/ADA PROCEDURAL INFORMATION AND RIGHTS

WHAT IS SECTION 504?

Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008 (hereinafter "Section 504"), is Congress' directive to schools receiving any Federal funding to eliminate discrimination based on disability from all aspects of their school operations. It states: "No otherwise qualified individual with a disability shall solely by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Since the School District is a recipient of Federal dollars, its administrators and staff are required to provide eligible disabled students with equal access (both physical and academic) to services, programs, and activities offered by its schools. Section 504 is a civil rights statute and not a special education statute.

HOW CAN I REFER MY CHILD TO DETERMINE 504 ELIGIBILITY?

If you suspect that your child is "disabled" under Section 504/ADA, contact your child's teacher, school counselor, or building principal. You will be asked to complete a referral form and grant consent for a 504 evaluation. After the evaluation is complete, a meeting will be scheduled to determine if your child has a "disability." You have the right to meaningfully participate in the process and provide input, even if you cannot attend the meeting in person.

WHAT CRITERIA ARE USED TO DETERMINE 504 ELIGIBILITY?

A student qualifies for Section 504 protection if s/he is determined to be an individual with a disability as defined by the statute. Specifically, the student must have a physical or mental impairment that substantially limits one or more major life activities, or have a record of such an impairment, or be regarded as having such an impairment. Only those students with an actual impairment, however, are entitled to accommodations/modifications/interventions pursuant to Section 504. Those students with a record of an impairment or who are regarded as having an impairment are entitled to protection from discrimination based upon disability.

Major life activities include, but are not limited to, functions such as (a) caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, learning, and (b) the operation of major bodily functions including the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

WHAT IS THE DIFFERENCE BETWEEN SECTION 504 AND THE IDEIA?

Section 504 prohibits discrimination against students with disabilities and requires school districts to provide students with disabilities regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met. Any necessary accommodations/modifications/interventions must be delineated in a Section 504 Plan.

IDEIA requires districts to provide disabled students (ages 3 through 21) with special education and related services and supplementary aids and services designed to meet their unique needs and prepare them for further education, employment, and independent living. The special education and related services must be delineated in an Individualized Education Program (IEP).

PROCEDURAL INFORMATION AND RIGHTS

Below is a description of the rights granted by Federal law to individuals with disabilities. It is the intent of the District, pursuant to Section 504, to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

You have the right to:

A. have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;

B. have the School District advise you of your rights under Federal law;

C. receive written notice of any decision regarding the identification, evaluation, or educational placement of your child;

D. have your child receive a free appropriate public education (FAPE);

This includes the right to be educated with students who are not disabled to the maximum extent appropriate (i.e. the student's education will be provided in the regular education classroom unless it is demonstrated that education in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily) and to receive regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met.

E. have your child educated in facilities and receive services comparable to those provided students without disabilities;

F. have evaluation and educational placement decisions made based upon a variety of information sources, and by persons who know your child and are knowledgeable about the evaluation data and placement options;

G. have your child transported in a non-discriminatory manner;

If the District refer a student for aids, benefits or services outside the District, adequate transportation will be provided at no greater cost to you than if the aids, benefits, or services were provided within the District.

H. place your child in a private school or alternative educational program;

However, if the District makes a FAPE available to your child and nevertheless you choose to place your child elsewhere, the District is not required to pay for your child's education at the private school or alternative educational program, including any costs associated with related transportation.

I. have your child be given an equal opportunity to participate in nonacademic and extra-curricular activities offered by the District;

J. examine all relevant education records, including, but not limited to, those documents related to decisions regarding your child's identification, evaluation, educational program, and placement;

K. obtain, at your own expense, an independent educational evaluation of your child;

L. obtain copies of education records at a reasonable cost unless the fee would effectively deny you access to the records;

M. a response from the School District to reasonable requests for explanations and interpretations of your child's education records;

N. periodic re-evaluations and an evaluation before any significant change in program/ service modifications;

O. request amendment for your child's education records if there is reasonable cause to believe that information contained in the record(s) is inaccurate, misleading or otherwise in violation of the privacy rights of your child;

If the School District refuses to amend the record(s), you have the right to request a hearing and/or to attach to the record(s) a statement of why you disagree with the information it contains.

P. request mediation or an impartial due-process hearing related to decisions or actions concerning your child's identification, evaluation, and/or educational program or placement;

You and your child may take part in the hearing and have an attorney represent you. Hearing requests must be made to the _____.

Q. receive all information in your native language and mode of communication;

R. file an internal complaint;

S. file a complaint with the U.S. Department of Education's Office for Civil Rights;

T. be represented at any point in the process by an attorney;

U. recover reasonable attorney fees as authorized by law (i.e. if you are successful on your due process claim);

V. be notified of your Section 504 rights (1) when evaluations are conducted, (2) when consent for an evaluation is withheld, (3) when eligibility is determined, (4) when a Section 504 Plan is developed, and (5) before there is significant change in the Plan.

Complaints, including complaints of disability-based harassment and requests for due process hearings, must be put in writing and must identify the specific circumstances or areas of dispute that have given rise to the complaint or requests for a hearing, and offer possible solutions to the dispute. Complaints must be filed with the District Section 504/ADA Compliance Officer. The Board of Education has designated _____ as the District Section 504/ADA Compliance Officer(s). The District Compliance Officer(s) can be reached at the following address/phone number/e-mail:

_____

_____

_____

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Ohio office is:

Office for Civil Rights, Cleveland Office
U.S. Department of Education
600 Superior Avenue East, Suite 750
Cleveland, OH 44114-2611
Telephone: (216) 522-4970
Facsimile: (216) 522-2573
TDD: (216) 522-4944

Section 504

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

SUSPECTED DISABILITY REFERRAL

STATEMENT OF SUSPECTED SECTION 504 DISABILITY

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities. (See below)

A. Check the suspected physical or mental impairments and state any evaluative/data sources supporting the diagnosis.

- ☐ Allergy _____
- ☐ Asthma
- ☐ Attention Deficit Disorder/ADHD
- ☐ Brain Injury
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Developmental Aphasia
- ☐ Diabetes
- ☐ Dyslexia
- ☐ Emotional Illness
- ☐ Epilepsy
- ☐ Hearing Impairment
- ☐ Heart Disease
- ☐ Minimal Brain Dysfunction
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Orthopedic Impairment
- ☐ Recovering Chemically Dependent
- ☐ Seizures
- ☐ Speech Impairment
- ☐ Visual Impairment
- ☐ Other: _____

B. Identify any major life activities that are limited.

- ☐ Bending
- ☐ Breathing
- ☐ Caring For Oneself
- ☐ Communicating
- ☐ Concentrating
- ☐ Eating
- ☐ Hearing
- ☐ Learning
- ☐ Lifting
- ☐ Performing Manual Tasks
- ☐ Reading
- ☐ Seeing
- ☐ Sleeping
- ☐ Speaking
- ☐ Standing
- ☐ Thinking
- ☐ Walking
- ☐ Working
- ☐ Major Bodily Functions _____
- ☐ Other: _____

C. Describe how the major life activities identified above are substantially limited.

D. Provide a summary of all interventions done prior to the child's referral for a Section 504 evaluation:

_____ _____ _____

Signature of Person Making Referral | Relationship to Student | Date

_____ _____

Signature of Person Receiving Referral | Date Received

_____

Title of Person Receiving Referral