

Appendix B Sample Forms for Section 504

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Information for Parents Regarding

- **Section 504 of the Rehabilitation Act Of 1973**
- **Family Educational Rights and Privacy Act (FERPA)**

Section 504 is federal law that prohibits discrimination against persons with a disability in any program that receives federal financial assistance. The law defines a person with a disability as anyone who

Has a mental or physical impairment that substantially limits one or more major life activities (major life activities include activities such as caring for one's self, walking, seeing, speaking, learning, breathing, sleeping, standing, lifting, reading, concentrating, thinking, communicating, working, helping, eating, bending, operation of a bodily function).

In order to fulfill its obligations under Section 504, the school district recognizes its responsibility to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability will knowingly be permitted in any of the programs and practices in the school system.

The school district has specific responsibilities under the law, which includes the responsibility to identify and evaluate students suspected of having a disability. If the student is determined to be identified under Section 504 an accommodation plan will be developed on order to provide the student with equal access to education.

If the parent or guardian disagrees with the determination made by the professional staff of the school under Section, he/she has a right to file a grievance or request a hearing with an impartial hearing officer provided by the district.

The federal Family Educational Rights and Privacy Act (FERPA) also specifies rights related to educational records. This Act gives the parent or guardian the right to the following:

- Inspect and review his/her child's educational records.
- Make copies of these records.
- Receive a list of all individuals having access to those records.
- Ask for an explanation of any item in the records.
- Ask for an amendment to any report on the grounds that it is inaccurate, misleading, or violates the child's rights.
- Request a hearing on the issue if the school refuses to make the amendment.

If you have questions, please feel free to contact:

District Section 504 Coordinator

Phone

Form B-1

Section 504 Referral Packet

Student _____ Grade _____ Date _____

School _____ Teacher _____

Name/Signature of Referring Teacher _____

Name of Parent/Guardian _____

Fill out sections A-D for all students. Fill out section E only if behavior is an area of concern.

A. Mark **only** areas of concern below that **significantly affect** the student's classroom experiences. Rate your concern as **(H)** High or **(S)** Some. If you are not sure, **do not** mark it.

_____ physical attributes

_____ attention span

_____ attendance

_____ memory skills

_____ activity level

_____ ability to follow directions

_____ oral comprehension

_____ listening skills

_____ language development

_____ response to questions

_____ language fluency

_____ ability to focus on task

_____ problem-solving ability

_____ frustration threshold

_____ vocabulary

_____ self-expression

_____ organizational skills

_____ self-discipline

_____ easily confused

_____ gross motor skills/coordination

_____ social/interpersonal skills

_____ fine motor skills

_____ self-awareness

_____ disorientation

_____ over-aggression

_____ passive/nonresponsive

_____ low self-esteem

_____ lack of responsibility

_____ academic progress (list skills/areas of concern)

_____ medical/health (manifestations/areas of concern) Note: Vision and/or hearing concerns should be screened and resolved prior to continuing the Section 504 process and documented here.

_____ behavior (observations/areas of concern) _____

_____ emotional/social (specify and describe) _____

_____ OTHER (specify and describe) _____

B. Add any other information you can to help the team better understand your concerns. Also describe the student's **strengths.** _____

C. PRIOR ACTIONS TAKEN TO ADDRESS THE CONCERN

1. Of the areas listed below, which have you changed in some way in an attempt to address the concern? Check the area(s) and describe how you differentiated or provided an intervention.

Differentiated Instruction: How core content has been presented to provide a different avenue for student to acquire content and/or ideas

Student Products: Changing the assignment or project to adjust to student skill, readiness, or learning preference

Physical Environment: Changes to the classroom arrangement and learning environment

2. Below is a partial list of possible **Tier 1** interventions and/or accommodations. Check any that have been used prior to this point to address the concern. Add other specific interventions/accommodations that have been tried.

- | | |
|--|---|
| <input type="checkbox"/> tiered assignments | <input type="checkbox"/> memory drills |
| <input type="checkbox"/> previewing; rephrasing | <input type="checkbox"/> anchor activities |
| <input type="checkbox"/> using graphic organizers | <input type="checkbox"/> computer-assisted instruction |
| <input type="checkbox"/> posting charts; labeling | <input type="checkbox"/> manipulatives for math, other subjects |
| <input type="checkbox"/> learning contract | <input type="checkbox"/> study buddy |
| <input type="checkbox"/> giving visual/verbal clues | <input type="checkbox"/> reading buddy |
| <input type="checkbox"/> peer tutoring/coaching | <input type="checkbox"/> varying level of questioning |
| <input type="checkbox"/> use of alternative materials | <input type="checkbox"/> ESL (English as a Second Language) |
| <input type="checkbox"/> cooperative learning | <input type="checkbox"/> study buddy |
| <input type="checkbox"/> use of frequent praise | <input type="checkbox"/> Title I reading |
| <input type="checkbox"/> use of corrective feedback | <input type="checkbox"/> Bilingual Education |
| <input type="checkbox"/> small-group instruction | <input type="checkbox"/> guided practice/extra practice |
| <input type="checkbox"/> use of flexible grouping | <input type="checkbox"/> reteaching of certain concepts |
| <input type="checkbox"/> acknowledging correct responses | <input type="checkbox"/> linking relevance to students' lives |

- dividing tasks into smaller portions
- providing task choices
- incorporating cultural differences
- providing bilingual signs/labels
- using student interest profile
- academic improvement plan (AIP)
- giving opportunities for success
- giving opportunities for leadership
- promoting family involvement
- building on student's strengths
- tutoring
- other _____
- other _____
- other _____

3. How many rounds of universal interventions have been implemented at Tier 1 and what was their duration in weeks? If none, note why.

Rounds of Interventions

- 0 Why _____
- 1 Duration: _____ weeks
- 2 Duration: _____ weeks
- 3 Duration: _____ weeks

D. ATTACHMENTS

If the student is having **academic difficulties**, please attach a sample(s) of the student's work, standards-based or short-cycle assessment, and/or other progress monitoring data results reflect your specific concern(s).

- sample(s) attached N/A

If there is a **medical concern**, please attach any known relevant information or history.

- information attached N/A

If there is a **behavioral concern**, please attach any disciplinary action taken or other documentation and fill out section **E: Teacher Input for Addressing Problem Behaviors**.

- documentation attached teacher input completed (section E) N/A

E. Teacher Input for Addressing Problem Behaviors

(Teacher fills out this section if student is being referred to the SAT for behavioral concerns.

If behavior is not an issue, there is no need to complete this section.

1. Describe the behavior(s) of concern. Use measurable terms. *Example: Rather than “Lisa picks fights,” describe the actions and frequency: “Lisa demonstrates aggressive behavior toward other children at least 2-3 times a day, often more. She shows her aggression by such actions as pushing, grabbing materials from others, and by using verbal commands and name-calling.”*

2. When is the behavior most and least likely to occur? Mark each as **M** (More Likely), **L** (Less Likely), or **U** (Unlikely).

_____ On a particular day or days of the week, such as Fridays?

If so, which? _____

_____ At a particular time or times of the day, such as lunch or transitions?

If so, when? _____

_____ During certain types of activities or tasks, such as math or independent work?

If so, when? _____

_____ When interacting with certain people—individuals or groups?

If so, who? _____

_____ Under specific environmental conditions, such as in crowds or outdoor recess?

If so, what? _____

_____ When physically tired, hungry, or sick?

If so, which? _____

3. What do you think the student gains or avoids by demonstrating the behavior?

Get attention? _____ What kind? From whom? _____

Avoid attention? _____ What kind? From whom? _____

Get control? _____ Of what? _____

Avoid embarrassment? _____ Regarding what? _____

Get relief? _____ From what? _____

Avoid task? _____ Which? _____

OTHER? _____

4. Describe the specific expectations you have for the student that are not being met.

5. How have you conveyed your expectations to the student? _____

6. Do you think the student **can't** (is unable to) or **won't** (is unwilling to) demonstrate the appropriate/desired behavior? Why? _____

7. What appropriate/acceptable behavior(s) could the student use as a substitute for the behavior regarded as unacceptable? _____

8. What have you already tried to change about the situations in which the behavior occurs?

modified tasks/assignments to align better with student's skills

changed the student's schedule or order of activities

changed the curriculum for this student

provided extra assistance

changed the student's physical environment (seating, room arrangement, grouping...)

other _____

other _____

9. What techniques have you already tried to help the student meet behavioral expectations?

- | | |
|---|--|
| <input type="checkbox"/> posted rules for the whole class | <input type="checkbox"/> denied desired items/activities |
| <input type="checkbox"/> immediate feedback | <input type="checkbox"/> notes/phone calls to parents |
| <input type="checkbox"/> teacher-student contract | <input type="checkbox"/> loss of privileges |
| <input type="checkbox"/> met with parents | <input type="checkbox"/> reprimands |
| <input type="checkbox"/> reward system | <input type="checkbox"/> warnings about transitions |
| <input type="checkbox"/> ignored the behavior | <input type="checkbox"/> decrease task difficulty |
| <input type="checkbox"/> hand or other signals | <input type="checkbox"/> detention/suspension |
| <input type="checkbox"/> offered options/choices | <input type="checkbox"/> referral to office |
| <input type="checkbox"/> consistency of enforcement | <input type="checkbox"/> referral to school counselor |
| <input type="checkbox"/> modified discipline plan | <input type="checkbox"/> truancy corrective action plan |
| <input type="checkbox"/> other _____ | |
| <input type="checkbox"/> other _____ | |

NOTE: For in-depth analysis and guidance regarding behavior issues, see the New Mexico Public Education Department’s publication *Addressing Student Behavior: A Guide for Educators*.



Invitation to Parents for Initial Section 504 Meeting

Student _____ Date _____

School _____

Dear Parent or Guardian:

This letter is to inform you that the Student Assistance Team (SAT)/Section 504 Team at the school has concerns about your child's academic and/or behavioral progress. Prior to this time, the SAT may have developed and implemented academic and/or behavioral interventions/accommodations with your child. They include the following:

Intervention/Accommodation	Duration	Effectiveness
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

After evaluating the SAT Intervention Plan and/or your child's current performance, we believe that additional information is necessary to fully determine your child's educational needs and whether he/she might be eligible for accommodations in the general classroom under Section 504—a federal law that provides accommodations to identified students. We would like to meet with you to discuss a possible evaluation under Section 504 in order to ensure that your child is afforded an appropriate education.

We have scheduled a meeting on _____ at _____.

This meeting will be held at _____.

It would be helpful if you could fill out the attached parent input form and bring it to the meeting or send it to your child's teacher if you cannot attend. If you have any questions, cannot attend, or if this meeting time is not convenient for you, please call me at _____. We will discuss your questions or arrange a mutually convenient meeting time. A description of your rights under Section 504 is attached.

Sincerely,

School Section 504 Representative
Form B-3



Attachment: Section 504 Parent Rights, Parent Input Form

Section 504 Parent Rights Notice

School _____ Date _____

The intent of this notice is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

If your child is identified for Section 504 accommodations/services, you have the right to the following:

1. Have your child take part in and receive benefits from public education programs without discrimination based on a disability.
2. Receive written notice with respect to identification, evaluation, or placement of your child.
3. Have your child receive a free appropriate public education. This includes the right to be educated with other students without disabilities to the maximum extent appropriate.
4. Have your child educated in facilities and receive services comparable to those provided to students without disabilities.
5. Have evaluation, educational, and placement decisions made based upon a variety of information sources and by individuals who know your child, the evaluation data, and placement options.
6. If eligible, have your child receive accommodations under Section 504 of the Rehabilitation Act of 1973.
7. Give your child an equal opportunity to participate in nonacademic and extracurricular activities offered by the school.
8. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
9. Obtain copies of educational records at a reasonable fee or no cost if the fee would effectively deny you access to the records.
10. Receive a response from the school to reasonable requests for explanations and interpretations of your child's records.
11. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the school refuses this request, it shall notify you within a reasonable time and advise you of the right to a hearing.
12. Request mediation or an impartial due process hearing related to decisions regarding your child's identification, evaluation, educational program, or placement. You and your child may take part in the hearing and have an attorney represent you.
13. File a local grievance or complaint to the Office for Civil Rights in Denver, Colorado. The office is part of the U.S. Department of Education. The regional office is located at 1244 Speer Boulevard, Suite 310, Denver, Colorado, 80204-3582. The person at the school who is responsible for Section 504 compliance is

School Section 504 Representative
Form B-4

Telephone Number

Section 504 Meeting Parent Input

Student Name: _____ Date: _____

School: _____ Grade: _____

Father's Name: _____

Mother's Name: _____

Who has legal authority to make educational decisions for this child? _____

With whom does this student live? _____

Please answer any questions that you think might be helpful to the 504 Team.

What are some of your child's strengths? _____

What does your child do when not in school? _____

Please describe your child's behavior at home _____

What activities does the family do together? _____

Have any family members had learning problems? _____

Have there been any important changes within the family during the last 3 years? _____

Do you feel your child is experiencing problems in school? _____

When were you first aware of this problem? _____

What do you think is causing the problem? _____

Form B-5, page 1 of 2

What time does your child go to bed at night? _____

Does your child usually eat breakfast? _____

What methods of discipline are used with your child at home? _____

What is your child's reaction to discipline? _____

Has your child mentioned any problems with school? If so, how does he/she feel about the problem? _____

Health History

Were there any problems before, during, or immediately after birth? _____

Please describe any serious illnesses, accidents, or hospitalizations. _____

Does your child appear to have any physical health problems, including allergies? _____

Is your child receiving service(s) from another agency? _____

Is your child currently taking medications? If so, please list. _____

Are there any known side affects from the medication? _____

Please tell us anything else that you think would be helpful in planning for your child's success at school.

Section 504 Consent to Evaluate

Student Name _____

School _____ Date _____

Following a discussion with school personnel acquainted with my child, I authorize the use of school educational diagnosis for my child to determine possible identification for Section 504 accommodations/services. The school is requesting your consent to conduct the following evaluation procedures:

Evaluation Procedures	Person Responsible
_____	_____
_____	_____
_____	_____
_____	_____

I understand that following the evaluation, I will be given the opportunity to meet with appropriate school staff to review the evaluation results and plan next steps for my child's education.

I give written consent to have my child evaluated.

Signed

Parent Name (printed)

Date

Copies: Parents
Student file

Form B-6

Notice of Section 504 Meeting to Review Evaluation Results

Date sent/mailed: _____

Student's name: _____

School: _____ Grade: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Dear _____,

This letter is to inform you that the Section 504 Team at your child's school would like to meet with you to discuss the results of an evaluation under Section 504. Your insights and contributions will be quite helpful to us in effecting the best decisions possible. If you have not already done so, please fill out and return the Parent Input Form.

Meeting Date: _____ Meeting Time: _____

Location: _____

Please call me at _____ if you have any questions or need to arrange an alternative date.

Sincerely,

School Section 504 Representative

Copies: Parents
Student file

Attachment: Parent Input Form

Form B-7



Section 504 Identification Determination Summary

Student's name:		
School:		Grade:
Parent's Name:		
Address:		
Home Phone:		Work Phone:
Student Referred by:		Date of Referral: Date of Meeting:
The Section 504 Team reviewed and carefully considered the following data that was gathered from the following sources, including the Referral Document. (Please check all that apply.)		
<input type="checkbox"/>	Grade reports	<input type="checkbox"/> Teacher/Administrator input
<input type="checkbox"/>	Disciplinary records/referrals	<input type="checkbox"/> Student work portfolio
<input type="checkbox"/>	Standardized Tests/Other Assessments	<input type="checkbox"/> School Health Information
<input type="checkbox"/>	Medical Evaluations/diagnoses from parents	<input type="checkbox"/> Other:
<input type="checkbox"/>	Parent input	<input type="checkbox"/> Other:
YES	NO	Based on the evaluation data gathered from a variety of sources, the Section 504 Team answered the following questions to determine Section 504 identification:
		1. Does the student have a physical or mental impairment? If so, please describe the impairment.
		2. Does the physical or mental impairment affect one or more major life activities? If so, which major life activity or activities is/are affected?
		3. Does the physical or mental impairment substantially limit a major life activity?
		4. Does the student need Section 504 accommodations?
<i>If all four questions were answered "Yes," the student is identified for accommodations under Section 504, and the Section 504 Accommodation Plan should be developed. If any answer is "No," the student is not identified.</i>		
The Section 504 Team's analysis of the identification criteria as applied to the evaluation data indicates that:		
<input type="checkbox"/>	The student is not identified for services under Section 504 and will continue to receive general education and any available regular education resources and programs.	
<input type="checkbox"/>	The student is identified under Section 504 and will receive an Accommodation Plan, which governs the provision of 504 services to the student.	
<input type="checkbox"/>	The student remains identified under Section 504 and will receive an updated Accommodation Plan, which governs the provision of 504 services to the student. (Annual and 3-year evaluations only)	
<input type="checkbox"/>	The student is no longer identified for Section 504 and is exited from the program. The student will now receive general education without Section 504 services.	
<input type="checkbox"/>	Other:	

Signatures and Printed Names	Position	Agree	Disagree
	Person knowledgeable of the child		
	Person knowledgeable of the evaluation results		
	Person knowledgeable of placement options		
	Other:		
	Other:		

If you disagree with the school team's decision, please contact the School's Section 504 Representative and consult the Parents Rights Notice for other options.

Name

Phone

Copies: Parent
Student file

Section 504 Accommodation Plan



Student _____ Grade _____ Date _____
School _____ Teacher _____

YES NO The student has a mental or physical impairment that **substantially limits** one or more of his/her major life activities.

YES NO The impairment **substantially affects** the student's overall performance at school in

- | | | | |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> concentrating | <input type="checkbox"/> caring for oneself |
| <input type="checkbox"/> breathing | <input type="checkbox"/> walking | <input type="checkbox"/> speaking | <input type="checkbox"/> communicating |
| <input type="checkbox"/> eating | <input type="checkbox"/> learning | <input type="checkbox"/> working | <input type="checkbox"/> sleeping |
| <input type="checkbox"/> operation of a bodily function | <input type="checkbox"/> thinking | <input type="checkbox"/> lifting | |
| <input type="checkbox"/> helping | <input type="checkbox"/> bending | <input type="checkbox"/> standing | <input type="checkbox"/> other |

To be identified for a 504 Accommodation Plan, both answers above must be YES.

Is this student is eligible to receive a 504 Accommodation Plan? _____

Below describe what evaluation data was used.

Also describe this student's circumstances and its educational impact in more detail (that is, document the basis for the 504 Plan):

The case manager for this Section 504 Plan will be:

Name: _____

Title: _____

Phone: _____



Date of Meeting & Initial Plan _____

Annual Review scheduled for _____

List each need in order of priority and describe the specific accommodation.
If there are more than two accommodations, reproduce additional copies of this page.

Specific Need	Accommodations that Address the Need
	Special Materials or Training Needed—Who, How, and When?
	Who Will Implement the Accommodations?
	Criteria for Evaluating Success
Specific Need	Accommodations that Address the Need
	Special Materials or Training Needed—Who, How, and When?
	Who Will Implement the Accommodations?
	Criteria for Evaluating Success

Section 504 Plan Team

Signature: _____ Title: _____ Date: _____
Signature: _____ Title: _____ Date: _____

PARENT/GUARDIAN:

I/We, _____, as this student’s parent(s)/guardian(s),

give

do not give

permission for my/our child to receive the accommodations described.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Copies: Parent, Student file
Form B-9, Page 3 of 3

Notification of Section 504 Evaluation and Identification Results (in absence of parent participation)

Date Sent/Mailed: _____
Student's Name: _____
School: _____ Grade: _____
Parent's Name: _____
Address: _____
Home Phone: _____ Work Phone: _____

Dear _____,

This letter is to inform you that the Section 504 Team had a meeting on _____. After careful review of relevant evaluation data, the Section 504 Team made the following decisions regarding you child's placement:

- General education without Section 504 services
- Placement in general education with Section 504 services. A copy of the Section 504 Accommodation Plan is enclosed
- Will continue Section 504 services. A copy of the Accommodation Plan is enclosed
- Exit from Section 504
- Referral for a full initial evaluation for consideration for special education services.
- Other: _____

A copy of the Section 504 Identification Determination Summary is enclosed. If you have any questions concerning this decision, please call me at _____.

Sincerely,

School Section 504 Representative

Attachments: Section 504 Identification Determination Summary
Section 504 Accommodations Plan, if applicable

Copies: Parents
Student file

Form B-10

Section 504 Plan Review

Student _____ Date _____

Case Manager _____

Purpose of meeting: It is necessary to periodically review the student's progress under Section 504 services and make recommendations to continue, modify, or terminate the program(s) (504 plan should be reviewed once each year.)

Discussion of progress _____

Recommendation

- Continue present services with no changes.
- Modify the present Accommodation Plan (see new plan attached).
- Conduct additional evaluations.
- Exit from Section 504 services based upon the following evaluation results/rationale.

Discussion of recommendations:

The following members of the Section 504 Team participated in this review:

Signature(s)

Parent /Guardian

Parent/Guardian

Signature: _____ Title: _____ Date: _____

Copies: Parent
Student file

Section 504 Grievance Form

Student Name: _____
School: _____
Parent Name(s): _____
Address: _____

Phone(s): _____

1. Summary of Grievance—What is the problem? What are the facts?

2. How can the problem be solved?

3. Who have you spoken to or met with at the school to address this situation?
What was the result of this contact? _____

4. Please describe any corrective action you wish to see taken with regard to
this grievance.

Please attach any additional information or documentation you wish the district to consider. You also have the right to file a complaint with the regional office of the U. S. Department of Education's Office for Civil Rights (OCR) at <http://www2.ed.gov/about/offices/list/ocr/index.html> without going through the district's grievance procedures

Signature of Parent Date

Received by:

Signature of Section 504 Coordinator Date

Copies: Parent
Student file
District 504 Coordinator file
Form B-12