SECTION 504 PROCEDURES CHECKLIST

1. “Child Find” activities are implemented both inside and outside of the school setting. These activities would include:
   a. Providing information to parents/guardians and to staff regarding Section 504 obligations, including examples of disabilities covered under Section 504;
   b. Examining files of incoming students to see if there are existing 504 plans;
   c. Examining files of incoming students/performance of existing students to see if there are red flags suggesting the possibility of a disability (e.g., cumulative days of suspension, repeated school retention, poor school performance/not benefiting from instruction or educational interventions, reports of chronic health problems or serious illness, medical treatments, including psychotropic medications that impact school performance, evaluations for/receipt of special education services where the student was subsequently determined ineligible or services were terminated.)

2. A situation is recognized that calls for consideration of a referral: a disability is suspected. This may result from screening the records of newly enrolled students, from Individuals with Disabilities Education Act (IDEA) activities, or from staff working with existing students who come to suspect that the students in question may have a disability under Section 504. A Section 504 Referral, Form A, is completed.

3. A 504 Committee meeting is scheduled to review the referral and discuss the possible need to evaluate or reevaluate the student. If the parent is not the referral source, the parent is sent a copy of the Section 504 referral. The parent is also invited to the 504 meeting (Meeting Invitation to Parents, Form B), and provided with a copy of Parent/Student Rights, Form C. If not already done as part of child find, staff will complete the Student Record Review, Form D in preparation for the 504 meeting. The building principal (Building 504 Coordinator) serves as the chair and assures that staff attendees will include staff knowledgeable about the student, evaluation data, and program/placement options.

4. At the 504 Committee meeting the team discusses the referral and determines the need for additional evaluation. The team may decide that no additional information is required to make an eligibility decision or that additional evaluation is required. This determination is documented on the bottom portion of the Section 504 Referral Review, Form E. If it is determined that further evaluation is needed, a written evaluation plan is developed and the parent is asked for consent to evaluate (Permission for the Section 504 Evaluation, Form F). If permission is denied, either at the meeting or subsequently contact the District 504 Coordinator (District Coordinator). The Parent/Student Rights form, 504 Referral Review form, and the Parent Permission for Section 504 Evaluation (evaluation plan), if one is developed, are provided to the parent.

5. When the evaluation is completed (within 60 calendar days), the Evaluation Report and a 504 Meeting Invitation to Parents, Form B, are sent to the parent. The Invitation should note that the 504 meeting is scheduled to discuss the evaluation results and to determine 504 eligibility.
6. The 504 meeting must include persons knowledgeable about the student, the evaluation results, and program and service options. At the meeting the 504 Eligibility Determination, Form G, is completed to document the team’s decision. A copy of the 504 Eligibility Determination form is given to the parent, along with Parent/Student Rights, Form C.

7. If the student is determined to be ineligible under Section 504, no 504 Plan will be developed, but the team should consider the development of a general education intervention plan. If the student is eligible under Section 504, the Section 504 Plan, Form H, is developed at the meeting. With parent consent, implementation begins as promptly as possible. The 504 Plan is placed in the 504 file, with all other 504 documentation. A copy is kept in the student’s cumulative folder. Copies of the 504 Eligibility Determination, Form G, and the 504 Plan, Form H, are given to the parent and sent to the District 504 Coordinator.

8. If the parent disputes the 504 Plan (either at the time of its creation or after implementation) and files a written request for due process hearing, “stay put” is triggered, meaning that the student will stay in the status quo as of the time that the hearing was requested and during the pendency of the hearing. Section 504 Procedures and a copy of Parent/Student Rights, Form C, should be given to any parent filing a written hearing request or seeking information on how to file a hearing request. A copy of the hearing request must be immediately sent to the District 504 Coordinator.

9. Progress monitoring of 504 Plan implementation and efficacy will be done on a quarterly basis.

10. Unless otherwise agreed by the 504 committee and the parent, the 504 Committee will convene at least annually to review the 504 Plan. A Meeting Invitation to Parents, Form B, is sent to the parents. The 504 Committee will review progress monitoring data and determine whether the plan continues to be appropriate as is, requires modification, or whether reevaluation is needed to make decisions regarding continuing disability status and/or 504 Plan content. Notes of the 504 Plan Review meeting are kept on Form I. An updated 504 Plan, Form H, is developed as appropriate unless following a reevaluation, a reconvened 504 Committee determines, as documented on the 504 Eligibility Determination, Form G, that the student is no longer eligible. A copy of Parent/Student Rights, Form C, and other forms are given to the parent and also sent to the District 504 Coordinator.

11. A reevaluation is conducted at least every three years, or whenever there is a question of continued eligibility or a significant change in placement. A Meeting Invitation to Parents, Form B, is sent to the parent, and a meeting is held to formulate an evaluation plan. Upon completion of any necessary reevaluation, a 504 Committee meeting is convened, again with Meeting Invitation to Parents, Form B, and the 504 Eligibility Determination, Form G, is completed. A new 504 Plan, Form H, is developed if appropriate. A copy of those forms and Parent/Student Rights, Form C, is given to the parent.

12. When a student with a current 504 Plan graduates, the student will be given a copy of Summary of Performance Upon Completing School, Form J. Copies are placed in the 504 file and sent to the District 504 Coordinator.
SECTION 504 REFERRAL

Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving Federal financial assistance. If you feel the student identified may qualify for civil rights protection under Section 504, please complete the following information and submit the form to the building principal and 504 Coordinator.

Student’s Name____________________ Grade___________ Date____________

School__________________________ Birthdate_______________ Sex □M □F

Parent(s)_________________________ Home Phone___________ Work Phone_____

Name of Person Submitting Referral____________________ Position__________________

Describe the student’s suspected impairment and related needs: __________________________

________________________________________________________________________

referral – form a
Parent Invitation to Section 504 Meeting

Dear Parent(s)/Guardian(s):

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

Student’s Name: ______________________ Date of Birth ____________

School: ____________________________________________

Meeting Location: ______________ Meeting Date/Time: _____________

The purpose of this conference will be:

_____ To review and discuss your child’s present education status/504 Plan.

_____ To discuss a referral on your child for possible Section 504 eligibility.

_____ To discuss the possible need to evaluate/reevaluate your child.

_____ To discuss evaluation results and make a determination regarding 504 eligibility.

_____ To discuss educational/instructional options for your child.

_____ To discuss at your request: _________________________________

_____ Other: ________________________________________________

The following persons have been invited to attend this meeting:

1. ___________________________ (Name) ___________________________ (Title)

2. ___________________________ (Name) ___________________________ (Title)

3. ___________________________ (Name) ___________________________ (Title)

4. ___________________________ (Name) ___________________________ (Title)
Enclosed please find a copy of your rights under Section 504. Please complete the reply form below and return it to the Building 504 Coordinator by: _________________.

(date)

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

__________________________________________  ________________  ______________________
(Building 504 Coordinator)  (Date)  (Telephone No.)

__________________________________________
Student’s Name:___________________________  Date of Birth________________

School: _________________________________

Meeting Location:________________________  Meeting Date/Time:_____________

_____ I will attend the Section 504 Committee meeting and I acknowledge receipt of the parent(s)/guardian(s) rights.

_____ I will not attend the Section 504 Committee meeting. I acknowledge receipt of the parent(s)/guardian(s) rights.

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

_____ The student will attend the Section 504 Committee meeting.

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

1. ________________________________  2. ________________________________

__________________________________________  ________________
Parent Signature  Date

parent invitation – form b
*NOTICE OF RIGHTS FOR DISABLED STUDENTS AND THEIR PARENTS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973*

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

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

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

1. You have a right to be informed about your rights under §504. [34 CFR 104.32]. The public school that you or your child attends must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in this notice, please contact the 504 Coordinator for the school that you or your student is attending. (Building 504 Coordinator).
2. A child who has a physical or mental impairment that substantially limits a major life activity (“eligible child”) has the right to a free appropriate public education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met. [34 CFR 104.33].
3. An eligible child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students.

*Section 504 Policy and Procedures – Attachment A*
4. To the maximum extent appropriate, an eligible child has the right to be educated with children who are not disabled. The eligible child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. [34 CFR 104.34].

5. The eligible child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34].

6. The District must undertake an evaluation of your child prior to determining eligibility under Section 504 and developing his or her appropriate educational placement or program of services under §504, and also before any subsequent significant change in placement. [34 CFR 104.35].

7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR 104.35]. The District will consider information from a variety of sources in making its determinations, including, for example: aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, and parent input, among others. [34 CFR 104.35].

8. Placement 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, children with disabilities should be educated with non-disabled children. [34 CFR 104.35].

9. If your child is eligible for services under §504, he or she has a right to periodic reevaluations to determine if there has been a change in educational need. Generally, a reevaluation will take place at least every three years. [34 CFR 104.36].

10. You have the right to be notified prior to any action (be it a proposal or refusal) regarding the identification, evaluation, or placement of your child. [34 CFR 104.36].

11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identifications, evaluation, and placement of your child under 504). [34 CFR 104.36]

12. You have the right to request an impartial due process hearing if you wish to contest any District action with regard to your child’s identification, evaluation, or placement under 504. [34 CFR 104.36]. You have the right to participate personally at the hearing and to be represented by an attorney, if you wish to hire one.
13. If you wish to request an impartial due process hearing, you must submit a written Request for Hearing to the District 504 Coordinator at the address below.

14. An impartial hearing officer will be appointed. You will be notified in writing of the hearing date, time, and place. Further details about the hearing process are set forth in the District’s 504 procedures. The 504 procedures are available from either the Building or the District Coordinator.

15. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction.

16. If you feel that the District has violated an express term of its §504 policies and procedures, you have the right to present a grievance to the District 504 Coordinator. Further details about the grievance process are set forth in the District’s 504 procedures. The 504 procedures are available from either the Building or District 504 Coordinator.

17. If you feel the District has violated Section 504, you also have a right to file a complaint with the Office for Civil Rights (OCR) of the U.S. Department of Education. The address of the OCR Regional Office that covers Michigan is:

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

Review Date: ______________________

Student Name:______________________ Age:_______ Birth date:__________

Reviewer:_________________________ School:_________________________ Grade:______

IEP   yes   no    504 Plan   yes   no    LEP   yes   no    Native Language:________

I. Current Concern: (check as apply)
   ___ excessive absences        ___ at risk; potential for dropping out
   ___ consideration for expulsion ___ consideration for retention
   ___ physical injury            ___ pattern of not benefiting from instruction
   ___ chronic health condition   ___ pattern of suspensions from school
   ___ substance abuse            ___ other

II. Attendance: Identify number of days absent at each grade level:
   ___ 1st  ___ 2nd  ___ 3rd  ___ 4th  ___ 5th  ___ 6th  ___ 7th  ___ 8th  ___ 9th  ___ 10th  ___ 11th  ___ 12th

   Identify any absence patterns:
   Grades repeated (indicate which grades):
   Factors affecting school attendance:

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

   ______________________________________________________________

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

   ______________________________________________________________

V. List any individual evaluations that have been conducted:
   Type of Evaluation/Evaluator  Date  Recommendations  Action Taken
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

VI. Disciplinary actions for current year and last year:

   # days in-school suspension:  Current Year  Last Year  Any Pattern?
   # days out of school suspension: ______________________  ______________________
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<tr>
<th>Agency</th>
<th>Date</th>
<th>Reason for Involvement</th>
<th>Result of Involvement</th>
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VII. List any identified health factors which may contribute to student’s school problems:

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<tr>
<th>Condition</th>
<th>Diagnosed By</th>
<th>Date</th>
<th>Impact</th>
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Current Medications

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<th>Dosage</th>
<th>Why Taken</th>
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Comprehensive Medical

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<th>When</th>
<th>By Whom</th>
<th>Status</th>
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IX. Are there references to substance abuse?  ____No  ____Yes  Describe:________
X. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title 1; instructional modifications; 504 Plan; IEP):

<table>
<thead>
<tr>
<th>Instructional/Behavioral Intervention</th>
<th>Date Begun/Ended</th>
<th>Impact on target skill/ Behavior</th>
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XI. Anticipated Action at this time: __________________________________________


student record review – form d
SECTION 504 REFERRAL REVIEW

School:__________________________ Date:________

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Birth Date:</th>
<th>Sex:</th>
<th>Grade:</th>
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<tbody>
<tr>
<td>Parent’s Name:</td>
<td>Phone(Home/Work/Cell):</td>
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<tr>
<td>Parent’s Address:</td>
<td>Street</td>
<td>City</td>
<td>State</td>
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Meeting Participants and Attendance

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

__________________________  Parent/Guardian

__________________________  Building 504 Coordinator

__________________________  Student

__________________________  Teacher of Record

__________________________  Other

__________________________  Other

1. Student Record Review – See Form D

2. Parent Input__________________________

3. Staff Input__________________________

4. Student Input__________________________
5. Special Education (IDEA) Status:

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

Section 504:

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the following major life activities when compared to the average student:
  ☐ caring for one’s self  ☐ speaking  ☐ breathing  ☐ standing  ☐ lifting
  ☐ performing manual tasks  ☐ seeing  ☐ learning  ☐ eating  ☐ bending
  ☐ walking  ☐ hearing  ☐ working  ☐ sleeping  ☐ reading
  ☐ communicating  ☐ concentrating  ☐ thinking
  ☐ major bodily functions (list) ____________________________

1. Recommendation of 504 Team:

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

________________________________________________________________________
________________________________________________________________________

Building 504 Coordinator Signature ____________________________ Date ____________

Parent Signature ____________________________ Date ____________

Referral review – form c
PARENT PERMISSION FOR SECTION 504 EVALUATION

Student Name: ___________________________ DOB: ___/___/____ Age: ______

School: _________________________________ Grade: ________________

Parent(s) Name: _______________________ Home/Work Phone: ______________

Address: ____________________________________________________________

1. **Notice:**
   a. A referral for a 504 evaluation has been initiated in order to determine
      eligibility and possible intervention(s) for a suspected disability (a
      physical or mental impairment substantially limiting a major life activity). The reasons for this referral are:

      ______________________________________________________________

      ______________________________________________________________

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

      ______________________________________________________________

      ______________________________________________________________

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

<table>
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<tr>
<th>Assessment Area</th>
<th>Evaluation Technique</th>
<th>Possible Evaluation/ Consultation Personnel</th>
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2. **Permission:**

I understand that the evaluation will be conducted within 60 calendar days of receipt of parent permission, and that a 504 Meeting will be held to discuss evaluation results, eligibility, and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box below:

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

3. **Rights and Options:**

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

Parent/Guardian(s) Signature_________________________ Date______________
504 ELIGIBILITY DETERMINATION

Student’s Name: ________________________ Birth Date: ________ Grade: _______ Date: __________ 

School: ________________________________ Center Coordinator: _______________________

Parent Name: __________________________ Home Phone: ______________ Work Phone: __________ 

Parent Address ______________________________________________________________________

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

<table>
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<tr>
<th>Name of Team Member</th>
<th>Child</th>
<th>Meaning of evaluation data</th>
<th>Accommodations/ Placement options</th>
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Variety of sources of evaluation information: (indicate each area where information reported and reviewed)

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

1. Specify the mental or physical impairment:

2. Check the major life activity that is affected by the impairment:
   - seeing
   - hearing
   - caring for one’s self
   - breathing
   - walking
   - learning
   - performing manual tasks
   - working
   - speaking
   - bending
   - lifting
   - other (circle, as appropriate: eating, sleeping, reading, concentrating, thinking, communicating)
   - operations of major bodily functions (circle, as appropriate: immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, or reproductive functions)

3. Determine the impact of the impairment on the major life activity:
   a. The team must focus on the major life activity as a whole (e.g., learning), not on a particular class (e.g., math) or sub-area (e.g., socialization; study skills).
   b. The term “substantially limits” means that the student is restricted as to the conditions, compared to the average student in the general population. The restriction is material/important.
c. Do not consider the ameliorative effects of mitigating measures such as medication, medical supplies, equipment, or appliances, low vision devices (excluding ordinary eyeglasses or contact lenses), prosthetics, hearing aids and cochlear implants, mobility devices, oxygen therapy equipment and supplies, assistive technology, reasonable accommodations or auxiliary aids and services, or learned behavioral or adaptive neurological modifications.

d. Discount from the analysis any sub-par performance due to factors other than an impairment, such as lack of motivation, the immediate situation or environment, lack of appropriate instruction.

e. For episodic impairments or impairments that go into remission, determine substantial limitation when the impairment is in the active state.

4. After an analysis of impact per #3, place an “X” on the following scale to indicate the degree that the impairment (in #1) limits the major life activity (in #2): For an “X” at 4.0 or above, fill in the specific information evaluated by the team that justifies the rating:

5……….Extremely

4……….Substantially

3……….Moderately

2……….Mildly

1……….Negligibly

☐ The team’s determination was less than 4.0. The student is not eligible for Section 504 nondiscrimination protections. Consider a general education intervention plan. Provide notice to parents of their procedural rights, including an impartial hearing.

☐ The team’s determination was a “4” or above. The student is eligible for Section 504 nondiscrimination protections. The team should consider the need for a 504 Plan (i.e., what, if any, specific interventions are necessary for the student to have an opportunity commensurate with nondisabled students of approximately the same age in the facility’s educational program.)
SECTION 504 PLAN

Student’s Name: ___________________________ Birth Date: _______ Grade: _______ Date: _______

School: ___________________________ Building 504 Coordinator: ___________________________

Parent Name: ___________________________ Home Phone: _______ Work Phone: _______

Parent Address: ___________________________

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

<table>
<thead>
<tr>
<th>Name of Team Member</th>
<th>Child</th>
<th>Meaning of evaluation data</th>
<th>Accommodations/Placement options</th>
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1. Describe the nature of the concern: ___________________________
   _____________________________________________________________________
   _____________________________________________________________________

2. Summary of evaluation information: ___________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

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

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

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

**District Commitment:** The District will implement the recommended plan.

Date of Implementation: __________________________

Building 504 Coordinator __________________________ Date __________________________

**Parent:**

_____ I have been informed of my due process rights and procedural safeguards (Form C) and have received a copy of the Section 504 Policy and Procedures.

_____ I agree with the 504 Plan.

_____ I disagree with the 504 Plan but will allow implementation.

The reasons for my disagreement are: ________________________________________________

_____ I disagree with the 504 Plan and would like information on how to request a due process hearing.

The reasons for my disagreement are: ________________________________________________

Parent/Guardian Signature __________________________ Date __________________________

Copy: Student’s Cumulative File

Plan – form h
SECTION 504 PLAN REVIEW

Student’s Name: __________________________ Birth Date: _______ Grade: ______ Date: _______

School: __________________________ Building 504 Coordinator: ___________________________

Parent Name: __________________________ Home Phone: _______ Work Phone: __________

Parent Address: ________________________________________________________________

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

<table>
<thead>
<tr>
<th>Name of Team Member</th>
<th>Child</th>
<th>Meaning of evaluation data</th>
<th>Accommodations/ Placement options</th>
</tr>
</thead>
<tbody>
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</table>

Review of performance in affected major life activity: __________________________________________

_____________________________________________________________________________________

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

______ Yes (sign the commitment statement below)

______ No/Unsure (The team should develop a revised 504 Plan on a new Form H, or consider a reevaluation if additional information is needed prior to determining the need for any revisions.)

Commitment Signatures

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

__________________________

Date of Implementation: __________________________

________________________________________  __________________________

Building 504 Coordinator     Date
Parent:

______ I have been informed of my due process rights and procedural safeguards and have received a copy of the Section 504 Policy and Procedures.

______ I agree with the determination and recommendations of this committee.

______ I disagree with the determination and recommendations of this committee but will allow implementation. 
The reasons for my disagreement are: _____________________________________________
____________________________________________________________________________
____________________________________________________________________________

______ I disagree with the determination and recommendations of this committee and would like information on how to request a due process hearing. 
The reasons for my disagreement are: _____________________________________________
____________________________________________________________________________
____________________________________________________________________________

_______________________________________  _________ ___________________
Parent/Guardian Signature                                Date

Copy: Student’s Cumulative File

plan review – form i
SUMMARY OF PERFORMANCE UPON COMPLETION OF SCHOOL

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

Student Name: ___________________________________________ Date: __________________
High School Program: _____________________________
Impairment identified in 504 Plan __________________ Date of Initial Eligibility: __________________
Date of Last Evaluation: ___________________

Past Testing Results (Standard Scores)

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Year Administered:</th>
<th>Standard Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Scale IQ or General Ability Index</td>
<td></td>
<td></td>
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<tr>
<td>Verbal Comprehension</td>
<td></td>
<td></td>
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<tr>
<td>Perpetual Reasoning</td>
<td></td>
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<tr>
<td>Working Memory</td>
<td></td>
<td></td>
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<tr>
<td>Processing Speed</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Year Given:</th>
<th>Standard Score</th>
<th>Grade Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Reading</td>
<td></td>
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<tr>
<td>Reading Comp.</td>
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<tr>
<td>Basic Writing</td>
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<tr>
<td>Written Expression</td>
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<tr>
<td>Basic Math</td>
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<tr>
<td>Math Reasoning</td>
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</tbody>
</table>

Other Assessment Information:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Current Academic Achievement and Functional Performance:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Recommendations for Assisting Student to Meet Postsecondary Goals:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

summary of performance – form j