

Initial as completed
____ 2 Copies sent to parent
____ 1 Copy signed and returned
____ Notice of Rights Included

Notice and Consent for Initial Section 504 Evaluation

Date sent/mailed: _____

Student's Name: _____ Campus: _____ Grade: _____

Parent(s): _____ Address: _____

Home phone: _____ Work phone: _____

Section 504 of the Rehabilitation Act of 1973 is a broad based civil rights law administered by the Office of Civil Rights which protects the rights of individuals. The purpose of the Act is to prohibit discrimination and to assure that all students have equal educational opportunities and benefits.

We have carefully reviewed your child's school records and information from teachers. To fully meet your child's educational needs and to determine whether he/she might be eligible for assistance in the regular classroom under Section 504, it is necessary to obtain additional information. We are requesting that you consent to an evaluation under §504 for the following reasons:

The District will conduct an evaluation which consists of collecting and reviewing information from a variety of sources, including aptitude and achievement tests, 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. This is *not* a Special Education referral.

Please call _____ (504 campus coordinator) at _____ if you have questions.

School Staff person

Telephone Number

As the parent/legal guardian of the above referenced student, having received notice of my §504 parent rights, I hereby consent to an evaluation under Section 504.

Parent/Guardian signature

Parent/Guardian printed name

Notice of Section 504 Committee Meeting

Date: _____

Student's Last Name

Student's First Name

ID#

School

Dear Mr./Mrs./Ms. _____,

This letter is to inform you that the Section 504 Committee wishes to arrange a meeting to discuss your child's educational needs. We have scheduled a meeting:

Date: _____ Time: _____ Place: _____ Room: _____

The purpose of this meeting is to:

_____ Determine eligibility under Section 504 guidelines

_____ Review progress

_____ Discuss a significant change in placement or expulsion

Please call me at _____ if you have any questions.

Sincerely,

Campus 504 Coordinator

Section 504 Evaluation

(Page 1 of 2)

Date: _____

Student Name _____ School _____ Date _____

Student referred by _____ Date of referral _____

Procedural Checklist: All must be checked before the evaluation may occur.

Verify that the parent has consented to §504 evaluation.

Verify that the parent has received Notice of Parent Rights under §504.

Verify that the parent has been informed [in writing by phone in person] of the date, time, and place of this evaluation meeting.

Verify Membership of the Section 504 Committee, which must include persons with knowledge of each of the following three areas: (1) the student, (2) the meaning of the evaluation data, (3) the placement options.

List Committee Members and check area of knowledge (attach an additional page if necessary to list all members)

NAME	POSITION	KNOWLEDGE OF
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options

The committee reviewed and carefully considered the following data which was gathered from a variety of sources, including the Referral Document. [Please check each that applies.]

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Grade reports | <input type="checkbox"/> Disciplinary records | <input type="checkbox"/> Standardized/Other tests | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Parent input | <input type="checkbox"/> Teacher/Admin input | <input type="checkbox"/> RtI recommendations | <input type="checkbox"/> Student work |
| <input type="checkbox"/> Medical evaluations/diagnoses from parents | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | |

SECTION 504 EVALUATION

(page 2 of 2)

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

Based on the evaluation data gathered from a variety of sources, the Section 504 committee answered the following questions to determine Section 504 eligibility:

(YES) (NO) (1) Does the student have a physical or mental impairment? If so, please describe the impairment. Note: This is an education determination only, and not a medical diagnosis for purposes of treatment. _____

(YES) (NO) (2) Does the physical or mental impairment affect one or more major life activities? If so, which major life activity or activity is/are affected? _____

(YES) (NO) (3) Does the physical or mental impairment substantially limit a major life activity? That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner, or duration under which the average student of the same age/grade level in the general population can perform that same major life activity? If yes, describe the substantial limitation.

(YES) (NO) (4) Does the student need Section 504 services in order for his/her educational need to be met as adequately as those of non-disabled peers? (Note: if the student's needs are so extreme as to require special education and related services, a referral to special education should be considered.)

If all four questions are answered "Yes", the student is eligible for a free, appropriate public education under §504, and the Accommodation Plan should be developed. If any answer is "No", the student is not eligible.

The 504 Committee's analysis of the eligibility criteria is applied to the evaluation data which indicates that:

___ The student is not eligible for services under Section 504, and will continue to receive regular education and any available regular education resources and programs.

___ The student is eligible under Section 504, and will receive an Accommodation Plan which governs the provision of 504 services to the student.

___ The student remains eligible under Section 504, and will receive an updated Accommodation Plan which governs the provision of 504 services to the student. (Annual and 3-yr evaluations only)

___ 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.

___ Other _____

If you disagree with the Committee's decision, please contact the 504 Coordinator at _____ to discuss your concerns, or consult your Notice of Parents Rights under §504 for other options.

Procedural Safeguards: Verify that a copy of this complete evaluation was provided to the parent [___by mail ___in person.]

NOTICE OF SECTION 504 EVALUATION RESULTS

Date _____

Student's Name

ID #

School

Dear Mr./Mrs./Ms. _____

Parent/Guardian/Adult Student

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

- ___ Regular education without Section 504 services
- ___ Placement in regular education with Section 504 services. A copy of the Accommodation Plan is enclosed
- ___ Continue Section 504 services. A copy of the Accommodation Plan is enclosed [This option is only available following the annual or 3-year evaluations]
- ___ Exit from Section 504 as your child no longer meets eligibility criteria. [This option is only available following the annual or 3-year evaluation.]
- ___ Referral to Special Education
- ___ Other _____

A copy of the 504 Committee's evaluation is enclosed.

If you have any questions concerning this decision, please call me at _____. I will be glad to answer any questions that you may have.

Sincerely,

Section 504 Coordinator

- Encl. (1) Completed Evaluation
(2) Student Accommodation Plan (if eligible)
(3) Manifestation Determination Form (if discipline evaluation conducted)

SECTION 504 EVALUATION & MANIFESTATION DETERMINATION

Procedural Checklist: Both must be checked before the evaluation/manifestation determination may occur.

Verify that the parent has been informed [in writing by phone in person] of the date, time, and place of this Evaluation/manifestation determination meeting.

Verify Membership of the Section 504 Committee, which must include persons with knowledge of each of the following three areas: (1) the student, (2) the meaning of the evaluation data, (3) the placement options.

Date: _____

Student's Name	ID #	Campus
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List Committee members and check area of knowledge (attach an additional page if necessary to list all members)

NAME	POSITION	KNOWLEDGE OF
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options

The Committee reviewed and carefully considered the following data which was gathered from a variety of sources. [Please check each that applies, or attach copies of the data.]

- | | |
|--|--|
| <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 and Other Tests | <input type="checkbox"/> Campus Student Support Team suggestions |
| <input type="checkbox"/> School Health Information | <input type="checkbox"/> Witness statements |
| <input type="checkbox"/> Medical evaluations/diagnoses from parent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent Input | <input type="checkbox"/> Other _____ |

Behavior subject to disciplinary action: _____

List each of the student's 504-qualifying disabilities: _____

The 504 Committee has reviewed relevant information, including evaluation and diagnostic results, observations of the child, the current accommodation plan and other relevant information supplied by the parents. Based on this review, the 504 Committee has made the following determinations:

1. In relationship to the behavior subject to discipline, the accommodation plan and the student's placement were appropriate, and the 504 services, supplementary aids and services and behavior intervention strategies were provided consistent with the accommodation plan.

AGREE

DISAGREE

2. The child's disability(ies) listed above did not impair the ability to understand the impact and consequences of the behavior subject to discipline.

AGREE

DISAGREE

3. The child's disability(ies) listed above did not impair the ability of the child to control the behavior subject to discipline.

AGREE

DISAGREE

NOTE: IF ANY OF THE THREE DETERMINATIONS ARE ANSWERED "NO" THE BEHAVIOR MUST BE CONSIDERED TO BE A MANIFESTATION OF THE STUDENT'S DISABILITY. IN THAT EVENT, THE STUDENT CANNOT BE EXPELLED OR PLACED IN THE DISTRICT'S AEP BEYOND 10 SCHOOL DAYS.

Committee Notes: