

SECTION 504 REFERRAL

(Completed by Referring Teacher/Staff)

Name of Student _____ ID# _____ SS# _____ DOB _____

Sex _____ Grade _____ Campus _____ Name of Parent or Guardian _____

Current Address _____ City, State, Zip _____ Home telephone _____ Work Telephone _____

Person Initiating Referral _____ Position/Relation _____ Date _____

Reason for Referral: () Academic () Emotional/Behavioral () Physical
 () Temporary Handicapping Condition (Specify) _____

Has the student been tested by Special Education and/or by an outside agency: _____ Yes _____ No

If Yes, please complete the following:

Agency/School District Findings	Assessment Date

I. Information From Classroom Teacher (Academic and Emotional/Behavioral Referrals ONLY)

A Primary Language of Instruction: _____ English _____ Spanish _____ Both _____ Other

B Home Language Survey: Date: _____

C What language is spoken at home? _____ English _____ Spanish _____ Both _____ Other

D LPAC Recommendation: _____ LEP _____ Non-LEP

NOTE: Be prepared to discuss alternative programs and services tried.

II. Attachments: Check all required items as you include them from the current **Student Profile**.

A Academic Data:

_____ Student's work

B Academic History

_____ PCR

C Behavioral Data: (if applicable)

_____ Copies of any disciplinary actions taken and/or nurse practitioner's consults

D Testing Data:

_____ TAKS Results

_____ Other

E Attendance

Is student currently enrolled in school? _____ Yes _____ No

This student has been absent _____ days out of _____ school days this year to date.

Reason: _____

Compared to last year, this year this student has been absent ___ more ___ less ___ about the same.

F RtI

_____ Tier I Forms _____ Tier II Forms _____ Tier III Forms

III. Alternative Programs (Note all alternative programs tried with this student.)

A Which programs were tried with this student?

_____ ESL/Bilingual _____ Alternative Learning Setting

_____ Dyslexia _____ Summer School

_____ Gifted and Talented _____ Tutoring

_____ Interventions (specify) _____ Other: _____

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504 BEHAVIOR CHECKLIST

(completed by referring teacher)

Referring Teacher: _____

Date Completed: _____

ACADEMIC:

Strengths: _____

Does/Is this student:

- Not complete work
- Earn low grades
- Have poor attendance
- Tardy frequently
- Have gaps in skills
- Do poor quality work
- Work too slowly
- Have poor study skills
- Need one-on-one help
- Below grade level
- Poorly organized
- Have difficulty understanding and following directions
- Have poor listening skills
- Poorly motivated
- Not turn in homework
- An underachiever (according to test scores)
- Not bring necessary material to class
- Not ask for assistance when needed
- have past academic records that indicate inconsistency in academic growth
- Exhibit erratic or inconsistent performance

PHYSICAL:

Strengths: _____

Does/Is this student have/having a problem with:

- Vision
- Hearing
- Coordination
- Chronic illness
- Over-use of clinic

SPEECH-LANGUAGE:

Strengths: _____

Does this student:

- Speak very little
- Not use correct sounds
- Have unintelligible speech
- Have poor comprehension (___ directions ___ classwork)
- Have limited vocabulary
- Give irrelevant responses
- Use poor grammar
- Use poor sentence structure
- Stutter (___ repeating ___ blocking)
- Have unusual voice quality
- Have a suspected hearing problem

SOCIAL:

Strengths: _____

Does/Is this student:

- Painfully shy
- Withdrawn
- Show little emotion
- Listless
- Easily influenced by peers
- Overly dependent on adults
- Over protected
- Have little or no respect for adults
- Complain about siblings
- Complain about other students
- Complain about parents / guardians
- Have few or no friends
- Avoid participation with others

BEHAVIOR:

Strengths: _____

Does/Is this student:

- Fight
- Hurt others
- Blame others
- Belligerent
- Aggressive
- Get noisy
- Have temper tantrums
- Lack respect
- Act defiantly
- Not listen
- Cry often
- Tease
- Argue
- Irritable or impatient
- Demands excessive attention
- Continually make excuses about behavior
- Disobey school or safety rules when not aware that he/she is being observed
- Have difficulty working cooperatively with others on class activities
- Aggressive with peers
- Feel superior
- Behave aggressively or antagonistically when not aware that he/she is being observed
- Provoke others
- Deny or blame others for his/her behavior
- With one/two friends exclude others
- Demand to be the "Leader"
- Have an inappropriate level of social awareness

NOTICE OF RIGHTS FOR DISABLED STUDENTS AND THEIR PARENTS UNDER §504 OF THE REHABILITATION ACT OF 1973

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

Under §504, a student is considered "disabled" if he or she suffers from a physical or mental impairment that substantially limits one or more of their major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. Section 504 also applies to students with a record of having a substantially-limiting impairment, or who are regarded as being disabled even if they are truly not disabled. Students can be considered disabled, and can receive services under §504, even if they do not qualify for, or receive, special education services.

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

1. You have a right to be informed about your rights under §504. [34 CFR 104.33] The School District must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in this Notice contact appropriate staff persons at the District's §504 Office and they will assist you in understanding your rights.
2. Under §504, your child has the right to an appropriate education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met [34 CFR 104.33].
3. Your child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under §504. [34 CFR 104.33].

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4. To the maximum extent appropriate, your child has the right to be educated with children who are not disabled. Your child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. [34 CFR 104.34]
5. Your child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34]
6. The School District must undertake an evaluation of your child prior to determining his or her appropriate educational placement or program of services under §504, and also before every subsequent significant change in placement. [34 CFR 104.35]
7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR 104.35]. The District will consider information from a variety of sources in making its determinations, including, for example: aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, parent observations, and scores on TAKS tests, among others. [34 CFR 104.35].
8. Placement decisions regarding your child must be made by a group of persons (a §504 committee) knowledgeable about your child, the meaning of the evaluation data, possible placement options, and the requirement that to the maximum extent appropriate, disabled children should be educated with non-disabled children. [34 CFR 104.35].
9. If your child is eligible for services under §504, he or she has a right to periodic evaluations to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years. [34 CFR 104.35].
10. You have the right to be notified by the District prior to any action regarding the identification, evaluation, or placement of your child. [34 CFR, 104.36]
11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identification, evaluation, and placement of your child under §504.) [34 CFR, 104.36].

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

**San Antonio ISD Section 504 Coordinator
Curriculum & Instruction
406 Barrera Street
San Antonio, Texas 78210**

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

14. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction (normally, your closest federal district court).
15. With respect to other issues surrounding your child's education that do not specifically involve identification, evaluation, or placement, you have a right to present a grievance or complaint to the District's §504 Coordinator (or their designee), who will then investigate the situation, taking into account the nature of the complaint and all necessary factors, in an effort to arrive at a fair and speedy resolution.
16. You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers Texas is:

**The Dallas Regional Office / Region VI Department of Education
1999 Bryan Street, Suite 1620
Dallas, Texas 75201
Tel. (214) 661-9600**

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**Rehabilitation Act of 1973
Dyslexia or Section 504 Receipt of Rights**

Name of Student _____ ID# _____

Date of Birth _____ School _____

This is to verify that I have received a copy of the Section 504 "Parent and Student Rights" which informs me of my rights throughout the child-centered educational process. These rights have been explained to me by:

Name Date

I understand that my rights include the right to receive:

- (1) this and all other written notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in Braille as appropriate, and
- (2) answers from school personnel to additional questions I have.

My signature indicates that I have received the rights and understand them.

Signature of Parent, Legal Guardian, Surrogate Parent or Adult Student Date Signed