

Marion C. Early R-V School District



504 Manual

Procedures and Forms

**Adopted by the Board of Education
October 2010**

Marion C. Early School District 504 PROCEDURES MANUAL

Section 504 of the Rehabilitation Act of 1973 is a federal law that prohibits discrimination against persons with disabilities in any program or activity that receives federal financial assistance from the United States Department of Education. The Marion C. Early School District is a recipient of federal financial assistance from the United States Department of Education and, therefore, is covered by Section 504.

Which students are covered?

Under 504, a person with a disability is defined as an individual who:

1. Has a mental or physical impairment that substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

Students who satisfy the first definition above are entitled to a free appropriate public education ("FAPE") in the least restrictive environment. FAPE, under Section 504, is defined as the provision of regular or special education and related services that are designed to meet the individual educational needs of the disabled student as adequately as the needs of nondisabled students.

Students who satisfy only the second and third definitions are not entitled to FAPE, but are entitled to be free from discrimination.

Mental or physical impairments are broadly defined and include any physiological disorder or condition or any mental or psychological disorder, whether formally diagnosed or not. **However, an impairment, alone, is insufficient to qualify a student as Section 504 disabled. In addition, a medical diagnosis or the fact that a student takes medication is not controlling in determining whether that student has a 504 disability. The Office for Civil Rights, which is charged with the responsibility to enforce 504, has stated that finding a student 504 eligible solely on the basis of a diagnosis generally violates Section 504.**

A student's eligibility under Section 504 is not determined by a doctor or psychologist but by a multidisciplinary team convened by the District. That team must include persons who are knowledgeable about the student, the evaluation data to be considered, the placement options and Section 504 requirements.

Major life activities, as defined by Section 504 and the 2008 ADAAA, include – but are not limited to – activities such as walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, bending, standing, learning, thinking, concentrating, reading, eating, sleeping, communicating and performing manual tasks. Pursuant to the 2008 ADAAA, major life activities also include the operation of a major bodily function, including, but not limited to, the immune system, normal cell growth, digestive functions,

bowel functions, bladder functions, neurological functions, brain functions, the respiratory system, the reproductive system, the circulatory system and the endocrine system.

An impairment that substantially limits one major life activity does not need to limit other major life activities for the student to be considered disabled.

To be disabled under Section 504, the student's mental or physical impairment must **substantially limit** one or more major life activities. Minor or moderate limitations are not sufficient for a student to be eligible under 504. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

Substantial limitation is not defined in Section 504 or the 2008 ADAAA. In the 2008 ADAAA, Congress stated that the phrase "substantially limits" must be interpreted consistently with the findings and purposes of the 2008 Amendments. However, pursuant to the 2008 ADAAA, substantial limitation means less than "significantly restricted." The determination of whether an impairment substantially limits a major life activity must be made without regard to the ameliorative¹ effects of mitigating measures² such as the following: medication; medical supplies, equipment, or appliances; low-vision devices (which do not include ordinary eye-glasses or contact lenses); prosthetics, including limbs and devices; hearing aids and cochlear implants or other implantable hearing devices; mobility devices; oxygen therapy equipment and supplies; the use of assistive technology; reasonable accommodations; auxiliary aids or services;³ learned behavioral or adaptive neurological modifications; the acquisition or modification of equipment or devices; and other similar services and actions. The ameliorative effects of ordinary eyeglasses or contact lenses can be considered in determining whether an impairment substantially limits a major life activity.

In determining whether a student's impairment substantially limits a major life activity, the District must conduct an evaluation and, based on that evaluation, compare the student to his or her average peer in the population. Students, therefore, are measured by reference to the performance of children at the same age or grade level. Under Section 504, the student is not compared to his or her own potential.

When determining eligibility under Section 504, the District also is required to determine if environmental, cultural, or economic disadvantage are the primary reason for any limitations that the student may exhibit.

Temporary impairments may be covered by 504 if the impairment is substantially limiting and if it is of sufficient duration. A transitory and minor impairment, however, is not a disability. A transitory impairment is one with an actual or expected duration of six months or less. The District can voluntarily accommodate a student's transitory and minor impairment without violating the "regarded as" definition of disability.

¹ Ameliorative is defined as "to make or become better, more bearable, or more satisfactory; improve; meliorate."

² A mitigating measure is a device or practice that a person uses to correct for or reduce the effects of the mental or physical impairment.

³ Auxiliary aids and services include (a) qualifying interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments; and (b) qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual impairments.

Child Find and Evaluation:

School districts that receive federal financial assistance have the affirmative responsibility to annually undertake to locate and identify all students with disabilities located in the District's jurisdiction. The District will satisfy this obligation, known as "child find," by :

1. Publishing in newspaper annually.
2. Posting notices at the school and on website.
3. Enrollment forms for incoming kindergarten students and transfer students include a section for disability/difficulties.
4. Preschool and Kindergarten screenings
5. Handbook notices

Students who are suspected of having a 504 disability can be referred for evaluation by Certified Teachers, Parents/Guardians, and Administrators. A copy of the 504 referral form can be obtained from the 504 District Coordinator or the 504 Building Casemanagers.

Before identifying a student as 504 disabled, the District is required to conduct an initial or preplacement evaluation of that student to determine if he/she has a mental or physical impairment that substantially limits a major life activity before taking any action with respect to the initial placement of the student under 504. That evaluation can consist of a review of existing data, observation, a request for medical, psychological and/or other outside information with proper authorization and/or formal assessment.

A formal medical or psychological diagnosis, standing alone, is insufficient to qualify a student as 504 disabled. Any outside information obtained from the student's outside diagnosing or treating medical or psychological professionals must be considered by the members of the multidisciplinary team convened to consider eligibility. However, outside information from medical professionals is not determinative in deciding whether a student is disabled.

The District is required to establish standards and procedures for the evaluation and placement of students who, because of disability, need or are believed to need services pursuant to 504. This section of the procedures manual describes those standards and procedures. As part of these standards and procedures, the District ensures that (1) tests and other evaluation materials have been validated for the specific purpose for which they are used and will be administered by trained personnel in conformance with the instructions provided by their producer; (2) tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient; and (3) tests are selected and administered so as best to ensure that, when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure).

As part of the District's standards and procedures, the District also ensures that, in interpreting evaluation data, the student's multidisciplinary team will (1) draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior and (2) establish procedures to ensure that information obtained from all such sources is documented and carefully considered.

If the District's multidisciplinary team believes that a current medical or psychological assessment or evaluation of the student is necessary to determine the existence of an impairment or as part of the evaluation to determine 504 eligibility, that assessment must be provided at no cost to the parent.

If the multidisciplinary team determines that a formalized initial assessment is necessary to determine whether the student has a 504 disability, informed and written parental consent must be obtained. No consent is necessary to conduct a review of existing data or to conduct school-based or other observations.

The parent of a student who is seeking 504 eligibility must provide written consent for evaluation with assessment if the student's multidisciplinary team has determined that such assessments are necessary to determine if the student has a disability. If the parent refuses to provide such consent, the student will not be considered to be disabled and will remain a regular education student. The District has the right to use the due process procedures identified in the 504 procedural safeguards if the parent refuses to consent to a 504 evaluation, but the District is not required to do so.

As part of the District's initial/preplacement evaluation, the student's parent and/or legal guardian may be asked to provide a written release or authorization to obtain further information from diagnosing or treating physicians, psychologists or other professionals. If the District's multidisciplinary team concludes that such information is a necessary part of the initial/preplacement evaluation and the parent refuses to provide the requested written authorization to obtain it, the District will treat such refusal as a refusal to consent to the initial/preplacement evaluation. In that event, the student will not be considered to be disabled and will remain a regular education student. The District has the right to use the due process procedures identified in the 504 procedural safeguards if the parent refuses to consent to a 504 evaluation, but the District is not required to do so.

A District is not required to evaluate or identify a student as 504 disabled simply at a parent's request if the District does not have reason to suspect that the student has a 504 disability. If a parent initiates a 504 referral and/or requests a 504 evaluation and the District refuses that request because it has no reason to suspect a disability, the District will provide the parent with a written notice of refusal and a copy of the District's 504 procedural safeguards. There is no automatic obligation to evaluate students for 504 eligibility after a determination that a student is not eligible under the Individuals with Disabilities Education Act.

Students deemed eligible under 504 must also be periodically reevaluated and a reevaluation is required prior to any significant change in placement. OCR has stated that a significant change in placement occurs when, for a period of more than 10 days, there is

a significant change in the type or amount of regular education or special education or related aids or services provided to a disabled student, such as adding or eliminating a program or service or where there is a substantial increase or decrease in the amount of time a program or service is provided.

Reevaluations can consist of a review of existing data, observation, a request for medical, psychological or other outside information with proper authorization and/or a formal assessment. Parents must be notified by the District of an intent to reevaluate under 504, but parental consent is not necessary for periodic reevaluations. The District must reevaluate students before any significant change of placement including, but not limited to, the proposed discontinuation of a student's eligibility under Section 504, graduation with a regular diploma, or a disciplinary change of placement. That reevaluation can consist of a review of existing data, observation, a request for medical, psychological or other outside information with proper authorization and/or a formal assessment.

Section 504 does not provide for independent educational evaluations. However, in interpreting data and making placement decisions, the District will consider any independent or outside evaluations presented by the student's parent or guardian.

Provision of FAPE and Educational Placement:

After a multidisciplinary team determines that a student is 504 disabled, a multidisciplinary team that may be the same or a different group of persons will convene, within a reasonable time, to develop an individualized 504 Non-Discrimination Plan for the student in order to provide FAPE. The multidisciplinary team will include persons knowledgeable about the student, the evaluation data and the placement options. In general, a reasonable time is considered to be within 30 days of the date that a team first determines that the student has a 504 disability. The student's parents are not required participants in that process, but the District will extend an invitation to the parent to participate and will attempt to schedule such meetings at a mutually convenient time. The team can meet without the parent's participation.

In making placement decisions, the multidisciplinary team will (1) draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; (2) ensure that information obtained from all such sources is documented and carefully considered, (3) ensure that the placement decision is made by a group of persons, including persons knowledgeable about the student, the meaning of the evaluation data, and the placement options, and (4) ensure that the placement decision is one in which the student will be educated with students who are not disabled to the maximum extent appropriate to the needs of the disabled student. In making placement decisions for an individual student, the team will place the disabled student in the regular educational environment unless the team concludes that the education of the student in the regular education environment with the use of supplementary aids and services cannot be achieved satisfactorily.

If the team places a student in a setting other than the regular educational environment, the team will take into account the proximity of the alternate setting to the student's home.

In making a placement decision for an individual student, a multidisciplinary team may place the disabled student or refer the student for aids, benefits, or services other than those operated or provided for by the District. If the team decides the student needs such aids, benefits or services, the District will ensure that the 504 requirements outlined in this manual are met with respect to the student so placed or referred.

If the team places a disabled student or refers a disabled student for aids, benefits, or services not operated or provided for by the District, the team will ensure that adequate transportation to and from the aid, benefits, or services is provided at no greater cost than would be incurred by the person or his or her parents or guardian if the student were placed in the aid, benefits, or services operated by the District.

If a student's multidisciplinary team determines that a public or private residential placement is necessary to provide the student with a FAPE because of that student's disability, the placement, including non-medical care and room and board, shall be provided at no cost to the student or his or her parents or guardian.

Placement of Disabled Students by Parents: If the District has made available, in conformance with the 504 regulations and this procedures manual, a free appropriate public education to a disabled student and the student's parents or guardian choose to place the person in a private school, the District is not required to pay for the student's education in the private school. Disagreements between a parent or guardian and the District regarding whether the District has made FAPE available or otherwise regarding the question of financial responsibility are subject to the due process procedures outlined in the District's 504 procedural safeguards.

Extracurricular and Nonacademic Activities and Services: The District ensures that it will take steps to provide non-academic and extracurricular services and activities in such a manner as is necessary to afford disabled students an equal opportunity for participation in such services and activities. To avoid discrimination on the basis of disability, the District must make reasonable modifications to its policies, practices or procedures when the modifications are necessary to allow for such equal opportunity unless the District can demonstrate that making the modifications would fundamentally alter the nature of the service, program or activity.

In general, the obligation to provide FAPE does not extend to extracurricular and nonacademic services unless a student's multidisciplinary team determines, as part of the team process, that the individual student requires participation in those activities or services to receive FAPE.

Nonacademic and extracurricular services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the District, referrals to agencies which provide assistance to disabled students, and employment of student, including both employment by the District and assistance in making available outside employment.

If a student's multidisciplinary team decides that a student requires participation in a particular extracurricular or nonacademic activity to receive FAPE, that determination must be documented in the student's individualized 504 Non-Discrimination Plan. If a student's multidisciplinary team decides that the student does not need participation in extracurricular and nonacademic activities and services to receive FAPE, the team may still engage in discussion regarding a disabled student's right to have an equal opportunity to participate in extracurricular and nonacademic activities and may choose to document any supports or services the student will need for such participation in the student's 504 Non-Discrimination Plan, even though those supports or services will not constitute part of the offer of FAPE to that student.

Summer School: For disabled students who do not qualify for extended school year services pursuant to the IDEA or Section 504, the District will ensure that qualified students with disabilities will have an equal opportunity to participate in the District's summer school programs, if offered.

For a particular student, the District may need to provide reasonable accommodations and modifications to the District's summer programs to give students with disabilities access unless those accommodations and modifications would fundamentally alter the nature of the summer programs.

Prior to the beginning of summer school, the District ensures that information regarding the educational needs of students with disabilities is provided to the relevant building administrator(s), summer school teacher(s), and/or other relevant summer school staff. The District further ensures that persons knowledgeable about the students' disabilities will determine whether qualified students with disabilities who plan to attend the District's summer school program need program modifications or accommodations in order to have an equal opportunity to participate in and benefit from the summer school programs.

Discipline of Section 504 Disabled Students:

Under Section 504, a disciplinary removal from a student's placement for more than 10 consecutive days constitutes a change of placement and requires that certain procedures be followed. When a student is suspended, out of school, for more than 10 consecutive days or when a student's short-term removals constitute a pattern of exclusion as currently defined by the Individuals with Disabilities Education Act ("IDEA"), the District will, within 10 days of the date of the decision to change the student's placement, convene a multidisciplinary team to determine if the student's act of misconduct is related to or a manifestation of his or her disability. The multidisciplinary team will apply the IDEA manifestation standard that is in place at that time. The parent will be invited to attend but is not a required participant.

If the team concludes that the student's misconduct is related to his or her disability, the District will not impose a long-term suspension or removal (over 10 school days) and/or will not impose additional days of suspension or removal beyond the time when a pattern is or was created.

If the team concludes that the student's misconduct is unrelated to his or her disability, the District's administrators will determine the appropriate discipline including, but not limited to, a long-term suspension or expulsion, based on the District's Code of Conduct. During the period of disciplinary removal, the District will not provide any educational services to the student unless it provides such services to its regular education students in similar circumstances.

A student is not considered to be disabled if he or she is currently engaged in the illegal use of drugs when the District is acting on the basis of that use. Therefore, when a student who has been determined to be 504 disabled is being disciplined for the current illegal use of drugs (including alcohol), that student will lose his or her 504 protection and will be disciplined as if he or she was a regular education student and no manifestation determination will be held.

For purposes of summer school discipline, the District may need to make program modifications or accommodations to its summer school discipline policy or practices to ensure that qualified disabled students have an equal opportunity to participate in such programs. Where the student's enrollment in summer school is voluntary and not part of the student's educational placement, suspension or dismissal from the program is not considered a change of placement and does not require a manifestation determination.

504 PROCEDURES

1. Students may be referred by Teachers, Administrators, and Parents/guardians. The District will accept verbal or written referrals.

Parent Referrals:

2. Within 5 days of a parent/guardian verbal or written referral, the District will provide a copy of "Parent Section 504 Referral Form" (Form A) to the parent/guardian for completion. In addition to Form A, the District will also send to the parent a copy of "Parent Referral Response Letter" (Form B) and the Section 504 procedural safeguards.
3. Within 5 days of the parent/guardian's completion of Form A, the District will administratively decide whether, based on completed Form A and other available existing information, there is reason to suspect that the student may have a 504 disability.
4. If the District administratively determines that there is no reason to suspect that the student may have a 504 disability and that an initial/preplacement evaluation is not warranted, the District will provide the parent/legal guardian with a Notice of Action (Form D) refusing the requested evaluation as well as an additional copy of the 504 procedural safeguards.
5. If the District administratively determines that there is reason to suspect that the student may have a 504 disability and that an initial/preplacement evaluation is warranted, please proceed to paragraph 11 below.

6. If the District administratively determines that there is reason to suspect that the student may have an IDEA disability, the 504 casemanager, building counselor, will provide the relevant information to the District's Special Education Administrator or other relevant personnel.

Staff Referrals:

7. If a District employee or contracted personnel is the referring party, the District will, within 5 days, provide a copy of the "Staff Section 504 Referral Form" (Form C) to the staff member for completion within 5 days.
8. Within 5 days of the staff member's completion of Form C, the District will administratively determine whether, based on Form C and other available existing information, there is reason to suspect that the student may have a 504 disability.
9. If the District administratively determines that there is no reason to suspect that the student may have a 504 disability, the District will document that decision on Form C and inform the staff member of that decision, but no further action will be necessary. The District can utilize general education interventions to address any needs that the student may have.
10. If the District administratively determines that there is reason to suspect that the student may have a 504 disability and that an initial/preplacement evaluation is warranted, please proceed to paragraph 11 below.

Post-Referral Procedures When Disability is Suspected:

11. If a parent or staff referral results in an administrative determination that there is reason to suspect a 504 disability, the District will convene a multidisciplinary team within 30 days of that administrative determination to conduct a Review of Existing Data on the student. The multidisciplinary team for a particular student should be comprised of persons knowledgeable about the student and the existing data such as: the building 504 casemanager, the student's teacher(s), the school nurse, the building counselor and/or others. The parents are not mandatory participants, but should be invited to the meeting. Form E (Notification of 504 Meeting) should be used to invite the parent and other participants.
12. At this meeting, the team should review all existing relevant data and information, including data and information provided by the parent, and determine whether the existing data is sufficient to support the existence of a 504 disability and/or whether an evaluation is needed. The team should complete Form F to document the review of existing data process and the team conclusions.
13. If the team determines that existing data alone is sufficient to support the existence of a 504 disability and to make relevant programming decisions, the team should complete Form G "504 Eligibility Determination Form." A copy of Forms F and G should be provided to the parent along with a second copy of the District's 504 procedural safeguards within 7 days of the completion of the meeting. The District

also should provide the parent or guardian with a Notice of Action (Form D) describing the team's decisions.

14. If, after the review of existing data, the team determines that existing data demonstrates that the student (1) does not have a 504 disability or (2) is suspected of having an IDEA disability, the team should complete Form G "504 Eligibility Determination Form." The District also should provide the parent or guardian with a Notice of Action (Form D) describing the team's decisions. Completed copies of those Forms D, F and G should be provided to the parents, along with a copy of the 504 procedural safeguards, within a reasonable time after the meeting, but in no event more than 7 days after the meeting.
15. If the team determines that additional information including, but not limited to, formal assessment or observation is necessary to determine whether the student has a 504 disability or appropriate programming, the team should indicate on Form F ("Review of Existing Data/Evaluation Plan Form") what additional information or assessments are needed for the student's initial/preplacement evaluation.
16. After the team decides that an initial/preplacement evaluation is necessary, the District should provide the parent/guardian with a copy of completed Form F ("Review of Existing Data/Evaluation Plan"), a Notice of Action proposing an initial/preplacement evaluation and Form H seeking the parent/guardian's informed written consent to the initial/preplacement evaluation.
17. The District will complete the initial/preplacement evaluation and convene the team to determine whether the student has a 504 disability eligibility within 60 days of receiving the parent's written consent to evaluate. At that meeting, the team will review and consider all existing data information, including data and information received from the parent and from the initial evaluation, and will, on the basis of that data and information, determine whether the student has a mental or physical impairment that substantially limits a major life activity. The team will complete Form G (Eligibility Determination Documentation) to document the results of the team's decision. The District will provide the parent or guardian with completed copies of those forms within a reasonable time after the meeting, but in no event more than 7 days after the meeting. The District also should provide the parent or guardian with a Notice of Action (Form D) documenting the team's decisions.

Provision of FAPE Procedures:

18. If the student is determined to have a 504 disability, within 30 days of that decision, the District will convene a 504 multidisciplinary team to prepare an individualized 504 Non-Discrimination Plan for the student. The multidisciplinary team for a particular student should be comprised of persons knowledgeable about the student, the evaluation data and the placement options. The team may include such persons as the building 504 casemanager, the student's teacher(s), the school nurse, the building counselor and/or others. The parents are not mandatory participants, but should be invited to the meeting. If appropriate, the student may

also be invited. Form E (Notification of 504 Meeting) should be used to invite the parent and other participants.

19. At the meeting, the team should review Form I ("504 Non-Discrimination Plan) and determine what, if any, programs, aids, services, supports, interventions, or accommodations the student needs to receive a FAPE. For a particular student, the team may also need to consider whether the student requires related services to receive FAPE. If so, those related services, including the frequency and duration, should also be written into the Plan. The team should determine which District employee is responsible for monitoring implementation of the Plan.

Transportation may need to be considered, particularly if the team places the student in a program not operated by the District. In those situations, the District must ensure that adequate transportation to and from those services is provided at no greater cost than would be incurred by parents or guardian if the student was placed in the District's programs.

20. If the parent/guardian makes a request from the team that the team or District refuses with respect to the provision of FAPE, the District should provide the parent/guardian with a Notice of Action (Form D) refusing the request and providing the reason for that refusal. The District should provide any relevant Notices of Action proposed or refused resulting from the 504 Plan meeting to the parent/guardian within a reasonable time, but in no event more than 5 days after the meeting.
21. Copies of or access to the completed 504 Non-Discrimination Plan (Form I) should be provided to all teachers and/or staff with implementation responsibilities. The District should also provide a copy of the plan to the parent within a reasonable time, but in no event more than 5 days after the meeting. The case manager is responsible for informing each staff member of his or her implementation responsibilities.
22. In general, the multidisciplinary team should anticipate at least an annual review of each individual student's accommodation plan although an annual review is not required. The team can meet more frequently if necessary to review and, if necessary, revise the Plan. The designated case manager is responsible for convening the team when necessary and/or appropriate and for responding to staff or parent requests to convene.
23. Each 504 student will have a designated case manager who will have the responsibility to ensure the completion of all necessary paperwork and who will serve as the primary contact person with the parent and student. The case manager also will be responsible to convene the team whenever necessary, to extend invitations to the parent to attend such meetings, and to determine when a reevaluation is necessary.
24. Students with disabilities are entitled to an equal opportunity to participate in nonacademic and extracurricular services. However, the Office of Civil Rights has stated that such opportunities are not included within the definition of FAPE but

instead are included with the law's discrimination prohibition. Since the 504 Non-Discrimination Plan is written to address FAPE issues, the team does not need to include within the Plan any accommodations that the student will need for this equal opportunity to participate. Parents and eligible students should be informed that those nondiscrimination issues may be addressed with the District's Section 504 Coordinator.

Transfer Procedures:

25. **Out-of-District transfers:** Students with an existing 504 plan who transfer to the Marion C. Early School District from another school district. Within 2 days of enrollment, the District will request records from the sending school district, including copies of any 504 evaluations, eligibility determinations and accommodation plans. The building 504 casemanager, upon receipt of such records, will determine whether to accept the evaluation and 504 status and accommodation plan and will follow the procedures outlined in and complete Form J (504 Transfer Documentation Form) to document all decisions relating to transfers. If the building 504 coordinator determines that the eligibility determination might be incorrect, the coordinator will convene a 504 multidisciplinary team to discuss a reevaluation of the student. If the building 504 coordinator determines that the accommodation plan needs to be reviewed, the coordinator also will reconvene a 504 multidisciplinary team for that student. The parents will be invited to attend any such meetings, but are not required participants.
26. **Building-to-Building Transfers:** Before the end of each school year, each building 504 coordinator is responsible to contact the 504 building coordinators of other buildings and to discuss those students with 504 disabilities who will be transferring within the District and to determine whether a reevaluation is necessary and/ or whether the student's 504 Plan plan needs to be revised to address the changing educational environment. If so, the student's multidisciplinary team should be convened to address reevaluation and/or a revised Pan. The parents will be invited to any such meetings, but are not required participants.

Removal of Eligibility:

27. When a student's team suspects that a 504 disabled student may no longer have a mental or physical impairment that substantially limits a major life activity, the case manager is responsible for convening the team to discuss a review of existing data/reevaluation to determine if the student continues to be disabled and entitled to FAPE. The parent will be invited to such meetings but is not a required participant. If the team concludes, after a review of existing data or reevaluation with assessment, that the student no longer is disabled, the team will prepare an evaluation and eligibility report that reflects that decision and will provide the parent with a properly completed Notice of Action (Form D) and a copy of the 504 procedural safeguards.

Reevaluation Procedures:

28. Section 504 requires “periodic reevaluations” of students and also requires a reevaluation prior to any significant change of placement. A significant change of placement may occur when a student receives a long-term suspension or removal, when a student is subject to a series of short-term suspensions that, together, create a pattern of exclusion, when removal of a student’s status as a disabled is being proposed, or when a student graduates with a regular diploma.
29. When a reevaluation is necessary, the multidisciplinary team will convene to discuss and complete Form F (Review of Existing Data/Evaluation Plan). The team should then follow the procedures specified in paragraphs 11 through 17 above relating to initial or preplacement evaluations.
30. Parent written consent is **not** required for periodic or other reevaluations.

Discipline Procedures:

31. In general, most 504 students should be expected to follow the District’s disciplinary policies, rules, regulations and procedures and this should be noted by the team, when applicable, in the student’s 504 Non-Discrimination Plan. When determining whether a student has a 504 disability, the multidisciplinary team should consider whether the impairment that is substantially limiting has a direct and substantial impact on a student’s behavior and, if so, the team may consider conducting a functional behavioral assessment as part of the student’s evaluation. If the team concludes that the substantially limiting impairment has a direct and substantial relationship to the student’s behavior, the team should address that related behavior in the 504 Plan and should consider whether a behavior plan is necessary for the student to receive FAPE.
32. For suspensions of greater than 10 consecutive days or those cumulative short-term suspensions that constitute a pattern of exclusion as defined by the most current version of the IDEA, the team will convene to conduct a manifestation determination within 10 days of the date of the decision to change the student’s placement through a disciplinary removal. The parent will be invited to participate but is not a required participant. The team should follow the procedures outlined in and complete Form K (504 Discipline/Manifestation Form).
33. If the team determines that there is no relationship between the disability and the behavior, the student will be treated the same as nondisabled students and can be suspended or expelled according to the District’s Code of Conduct and the level of the offense. No services will be required or provided in this situation unless the District provides such services to its nondisabled students in the same or similar circumstances.
34. If the team determines that there is a relationship between the disability and the behavior, the student can be suspended for up through 10 consecutive days with no educational services or for any days that are less than a pattern of exclusion. If deemed necessary, the team may need to convene to determine if a change of educational placement may be needed or if the student should be referred under IDEA.

35. A student who is otherwise eligible under 504 but is currently engaged in the illegal use of drugs or alcohol and who is being discipline for such use will lose his or her protection as an eligible student and will not be entitled to a manifestation determination and will be disciplined as if he or she were a nondisabled student.

PARENT REFERRAL FOR SECTION 504 INITIAL EVALUATION

| STUDENT INFORMATION | |
|-----------------------|----------------|
| Name of Student: | Date of Birth: |
| School Attending: | Grade: |
| Parent/Guardian Name: | |
| Address: | |
| Phone Number: | Email: |

| REASON FOR REFERRAL |
|----------------------------------------------------------------------------------|
| Provide all reasons that you have for referring your child for a 504 evaluation: |

| MEDICAL INFORMATION <i>Note: A medical diagnosis is not required to support the existence of a 504 disability.</i> | | |
|--------------------------------------------------------------------------------------------------------------------|---------------|-------|
| Does the student have any medical conditions or diagnoses: | | |
| Diagnosis: | Diagnosed By: | Date: |
| | | |

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is the student on any medication(s)? (Please list) |
| Describe the impact of the medication(s) on the student? |
| Does the student wear glasses, contacts or other corrective lenses? |
| Does the student wear an assistive hearing device? |
| Does the student utilize any other mitigating measures that positively impact the student educationally? A mitigating measure is something that helps to improve the impact of the impairment. If yes, please list and describe the impact of each mitigating measure. |

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| EDUCATIONAL INFORMATION |
| List all schools attended and the dates of attendance at each: |
| Has the student ever been home schooled? If Yes, please provide dates: |
| Has the student participated in any on-line or virtual instructional programs: If Yes, please provide name of programs and dates of attendance: |

Has the student ever been on an IEP, 504 or other educational support plan? If yes, please describe:

Is the student considered to be bilingual or is English the student's second language?

List any alternative programs in which the student has participated at this or other school districts and the dates of participation: (Examples include but are not limited to Title I programs, Alternative School, English as a Second Language Programs, Response to Intervention programs)

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Please describe the results of any such programs:

CULTURAL, ECONOMIC, AND ENVIRONMENTAL FACTORS

Describe any cultural, economic, or environmental factors that you believe may have impacted or limited the student at school or in the school environment:

Signature of Parent/Guardian

Date

For School Use Only:

Date Referral Received:

Person Receiving:

District Action:

- 🍏 IDEA Disability Suspected – Refer to Special Education Department
- 🍏 504 Disability Suspected – Convene Team to Conduct Review of Existing Data
- 🍏 No Disability Suspected – Provide Parent with Notice of Action and Safeguards
- 🍏 No Disability Suspected - Recommend General Education Interventions – Provide Parent with Notice of Action and Safeguards

Date of District Action:

Individual(s) participating:

FORM
R

Parent Referral Response Letter

[Date]

[Parent/Guardian Name and Address]

Re: [child's name]

Dear []:

This letter is to acknowledge receipt of your referral of your son/daughter for consideration of 504 eligibility. Section 504 is a federal law that provides for certain protections as well as the provision of a free appropriate public education for students who are determined to be disabled under that law. Under 504, a student is disabled if he or she has a mental or physical impairment that substantially limits a major life activity.

In response to your referral, enclosed please find a 504 Parent Referral Form for your completion as soon as possible. Please return the completed form to_____. Upon receipt of completed Form A – Parent Referral Form, the District will administratively determine whether there is reason to suspect that your child may have a 504 disability and whether a preplacement/initial evaluation is necessary. The District will complete this administrative review and notify you of the District’s decision within ___ days of the District’s receipt of completed Form A.

I also am enclosing a copy of the District’s 504 procedural safeguards for parents. If you have any questions, please feel free to call me at _____.

[504 Coordinator or other specified person]

Encl. 504 Parent Safeguards
504 Referral Form – Form A

FORM
C

Marion C. Early Schools

SECTION 504 STAFF REFERRAL FORM

Name of Staff Member Referring Student: _____

Date of Referral: _____

| STUDENT INFORMATION | |
|----------------------------|----------------|
| Name of Student: | Date of Birth: |
| School Attending: | Grade: |
| Parent/Guardian Name: | |
| Address: | |
| Phone Number: | Email: |

| REASON FOR REFERRAL: Note: A disability exists under 504 only if the student has a mental or physical impairment that substantially limits one or more major life activities. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Impairment or Suspected Impairment(s): |
| Major Life Activities Possibly Impacted: |
| Describe Possible Impact of Impairment(s) on the Major Life Activities Listed: |

| MEDICAL INFORMATION Note: A medical diagnosis is not required to support the existence of a 504 disability. | | |
|--------------------------------------------------------------------------------------------------------------------|---------------|-------|
| Does the student have any medical conditions or diagnoses of which you are aware: | | |
| Diagnosis: | Diagnosed By: | Date: |
| Diagnosis: | Diagnosed By: | Date: |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|
| | | |
| Diagnosis: | Diagnosed By: | Date: |
| Is the student on any medication(s)? (Please list if known) | | |
| Describe the impact of the medication(s) on the student, if known: | | |
| Does the student wear glasses, contacts or other corrective lenses? | | |
| Does the student wear an assistive hearing device? | | |
| Does the student utilize any other mitigating measures that positively impact the student educationally? A mitigating measure is something that helps to improve the impact of the impairment. If yes, please list and describe the impact of each mitigating measure. | | |

EDUCATIONAL INFORMATION

List all schools attended and the dates of attendance at each, if known:

Has the student ever been home schooled? If Yes, please provide dates, if known:

Has the student ever been on an IEP, 504 or other educational support plan? If yes, please describe:

Is the student considered to be bilingual or is English the student's second language?

List any alternative programs in which the student has participated at this or other school districts and the dates of participation: (Examples include but are not limited to Title I programs, Alternative School, English as a Second Language Programs, Response to Intervention programs, Gifted, Tutoring, Vocational)

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

CULTURAL, ECONOMIC, AND ENVIRONMENTAL FACTORS

Describe any cultural, economic, or environmental factors that you believe may have impacted or limited the student at school or in the school environment:

EXISTING EDUCATIONAL INFORMATION

Current School Year Attendance: Days Present: _____ Days Absent: _____

List reasons for absences:

Past School Year Attendance: Days Present: _____ Days Absent: _____

List reasons for absences:

Existing Testing Data: List or attach a copy of the student's State or District-wide testing data, the results of any evaluations previously administered for IDEA or 504, and any relevant curriculum based or classroom assessments.

For Classroom Teacher Completion: Based on your knowledge and observation of this student, please rate this student's performance in comparison with the average student in the classroom.

| Observations | | 1-Unsatisfactory to 5-Exellent | | | |
|---------------------------|--|---------------------------------------|--|---------------------|--|
| Classroom Work | | Homework | | Tests | |
| Reading | | Math | | Written Expression | |
| Following Oral Directions | | Following Written Directions | | Attendance | |
| Attention Span | | Organization | | Behavior/Compliance | |
| | | | | | |

For Administrator Use Only:

| | |
|-------------------------|-------------------|
| Date Referral Received: | Person Receiving: |
|-------------------------|-------------------|

District Action:

- 🍏 IDEA Disability Suspected – Refer to Special Education Department
- 🍏 504 Disability Suspected – Convene Team to Conduct Review of Existing Data
- 🍏 No Disability Suspected
- 🍏 No Disability Suspected - Recommend General Education Interventions and/ or referral to **[examples – Teacher Support Team; RTI Process]**

Date of District Action:

Individual(s) participating:

**FORM
D**

Marion C. Early Schools

504 NOTICE OF ACTION

Student's Name: _____ Grade: _____

Parent/Guardian Name and Address: _____

Date Notice Provided: _____

Method of Provision:

- Mailed – First Class Mail
- Mailed – Certified Mail
- Emailed as Attachment
- Hand Delivered to Parent/Guardian

Under Section 504 of the Rehabilitation Act of 1973, the District is required to provide you with written notice regarding changes in or refusals relating to the identification, evaluation, or educational placement of your child. The following is to describe the action(s) being

- Proposed or
- Refused by the District

- Initial Evaluation
- Initial Eligibility
- Reevaluation
- Significant Change of Placement
- Removal of Eligibility
- Other _____

Explanation of Action:

Basis for the Action:

A copy of the 504 Procedural Safeguards is enclosed. If you have any questions regarding this Notice, you may contact me at the following number: _____.

Name

Title

504 MEETING NOTIFICATION

Date: _____

To: [Parent/Legal Guardian/Adult Student (age 18+ or emancipated minor)]

This notification is to [inform you/confirm with you] that a meeting with you has been scheduled

for _____ at _____ at _____.
(Date) (Time) (Location)

The purpose of this meeting is to: (check all that apply)

- | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Review existing data as part of an initial evaluation or reevaluation | <input type="checkbox"/> Conduct Manifestation Determination |
| <input type="checkbox"/> Develop an evaluation plan | <input type="checkbox"/> Review the results of an evaluation |
| <input type="checkbox"/> Consider continued 504 eligibility | <input type="checkbox"/> Determine initial 504 eligibility |
| <input type="checkbox"/> Develop or review 504 Plan | <input type="checkbox"/> Conduct Manifestation Determination |
| | <input type="checkbox"/> Other: _____ |

The following individuals have been invited to participate in the meeting:

| <u>Name:</u> | <u>Role:</u> |
|--------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If you are unable to attend this meeting, please contact me at _____ as soon as possible.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| Name | Title | Date |

Marion C. Early SCHOOL DISTRICT
504 REVIEW OF EXISTING DATA/EVALUATION PLAN FORM

Student's Name: _____ Date of Birth: _____

Age: _____ Grade: _____

This 504 data review is being conducted as part of:

- A 504 preplacement/initial evaluation
- A 504 periodic reevaluation
- A 504 significant disciplinary change of placement
- A 504 nondisciplinary significant change of placement
- Graduation as a significant change of placement
- Other: _____

Student's 504 multidisciplinary team met conferred to review all relevant existing data and information to determine what additional data, if any, was needed to determine:

- Whether the student has a disability as defined by Section 504 or, in the case of a periodic reevaluation, whether the student continues to have a 504 disability.
- What programs, aids, services, supports, interventions or accommodations the student needs to have his or her needs met as adequately as those of his/her nondisabled peers.

In conducting this review, the student's multidisciplinary team reviewed the following existing data and, if necessary, also determined the indicated evaluation/assessments needed to be conducted:

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| CARING FOR ONESELF | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |

| | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|
| HEARING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| WALKING, BENDING, STANDING, LIFTING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |

| | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|
| LEARNING, READING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| THINKING, CONCENTRATING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |

| | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|
| PERFORMING MANUAL TASKS | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| EATING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |

| | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|
| SLEEPING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|--------------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| SPEAKING, COMMUNICATING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |

| | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| SEEING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|-----------------------------------------------------|-----------------------------------------|------------------------------------------|
| BREATHING | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical | | |

| | | |
|----------------------------------------------------------------|------------------------------------------|--|
| Reports or other outside reports | | |
| 🍏 Parent | | |
| 🍏 Teacher | | |
| 🍏 Other: _____ | | |
| Further Assessment Information Needed? 🍏 Yes 🍏 No | Assessment Instruments, if known: | |

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| OPERATION OF A MAJOR BODILY FUNCTION SUCH AS IMMUNE SYSTEM, BOWEL AND BLADDER FUNCTION, BRAIN AND NEUROLOGICAL FUNCTION, ENDOCRINE FUNCTION, NORMAL CELL GROWTH, RESPIRATORY FUNCTION, REPRODUCTIVE FUNCTION DIGESTIVE FUNCTION, CIRCULATORY FUNCTION | | |
| 🍏 General Screening | | |
| 🍏 Prior District assessments | | |
| 🍏 Parent-provided medical Reports or other outside reports | | |
| 🍏 Parent | | |
| 🍏 Teacher | | |
| 🍏 Other: _____ | | |
| Further Assessment Information Needed? | Assessment Instruments, if known: | |

| | |
|----------------------------------------------------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|----------------------------------------------------------|--|

| MAJOR LIFE ACTIVITY/ DATA SOURCE | DESCRIPTION OF DATA REVIEWED | SUMMARY OF INFORMATION GAINED |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|
| OTHER: | | |
| <input type="checkbox"/> General Screening | | |
| <input type="checkbox"/> Prior District assessments | | |
| <input type="checkbox"/> Parent-provided medical Reports or other outside reports | | |
| <input type="checkbox"/> Parent | | |
| <input type="checkbox"/> Teacher | | |
| <input type="checkbox"/> Other: _____ | | |
| Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment Instruments, if known: | |

TEAM CONCLUSIONS AND DECISIONS

Based upon the review of existing data, the multidisciplinary team made the following decisions:

🍏 **No additional data is needed.**

🍏 **Preplacement/Initial Evaluation** (check one of the following)

- Existing data is sufficient to determine that student is **not** a person with a disability as defined by Section 504.
- Existing data is sufficient to determine that student is a person with a disability as defined by Section 504 and to determine the aids, services, supports, interventions or accommodations to be deemed necessary by the team for the provision of FAPE.
- Other: (Specify)

🍏 **Periodic Reevaluation** (check one of the following)

- Existing data is sufficient to determine that the student no longer is a person with a disability as defined by Section 504.
- Existing data is sufficient to determine that the student continues to be a person with a disability as defined by Section 504 and to determine the aids, services, supports, interventions or accommodations to be deemed necessary by the team for the provision of FAPE.
- Other: (Specify)

🍏 **Additional data is needed.**

🍏 **Preplacement/Initial Evaluation** (check one of the following)

- Existing data is **not** sufficient to determine if student is a person with a disability as defined by Section 504 and an evaluation is necessary.
- Other: (Specify)

🍏 **Periodic Reevaluation** (check one of the following)

- Existing data is **not** sufficient to determine that the student continues to be a person with a disability as defined by Section 504 and a reevaluation is necessary.
- Existing data is sufficient to determine that the student continues to be a person with a disability as defined by Section 504 but a reevaluation is necessary to determine what aids, services, supports, interventions or accommodations are necessary for the provision of FAPE.
- Other: (Specify)

If additional data is necessary, please indicate the additional data to be obtained:

For initial evaluations where additional data is necessary, provide the parent with a written notice of action showing intent to evaluate and requesting written parent consent to preplacement/initial evaluation.

For periodic reevaluations where additional data is necessary, provide the parent with a written notice of action showing intent to evaluate. Parental consent is not required for periodic reevaluations.

The following individuals constituted the members of the multidisciplinary team who met and/or conferred, conducted the review of existing data and made the above determination on _____ (m/d/y).

| Names | Title/Role |
|-------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

A copy of this form was provided to the Parent/Legal Guardian on _____ (m/d/y) by In person Regular Mail Certified Mail Other _____.

SECTION 504 EVALUATION AND
ELIGIBILITY DETERMINATION REPORT

Section 504 of the Rehabilitation Act requires a preplacement/initial evaluation of any student who, because of disability, needs or is believed to need the provision of regular or special education and/or related aids and services before taking action with respect to that student's initial placement under Section 504. Section 504 also requires a reevaluation prior to any significant change in placement.

This form serves as documentation of the multidisciplinary team's 504 eligibility determination subsequent to an initial evaluation or reevaluation. The team must attach documentation of the review of existing data form and/or evaluation report to this form. Any evaluation or reevaluation can consist of a review of existing data, formal assessment, the acquisition of outside medical or psychological information and/or observation.

| STUDENT INFORMATION | |
|---------------------------------------------------------------------|-----------------------|
| Student Name: | |
| Date of Birth: | Parent/Guardian Name: |
| Address: | |
| Phone Number: | Current Grade: |
| Person Making Section 504 Referral: | |
| Case Manager: | |
| Date of Section 504 Preplacement Evaluation/Eligibility Meeting(s): | |

| PROCEDURAL SAFEGUARDS | |
|---------------------------------------------------------------------------------------|----------------|
| Most recent date 504 Procedural Safeguards Were Provided to Parent or Legal Guardian: | |
| Method of Provision: | Who Presented: |

MENTAL OR PHYSICAL IMPAIRMENT

Does the student have a mental or physical impairment? _____ Yes _____ No

List each identified or suspected impairment and, if formally diagnosed, the physician, psychologist or other professional who made the diagnosis. **Note: A formal diagnosis is not required for consideration of or for 504 eligibility.**

Impairment 1. _____ Diagnosed By: _____ Date: _____
 Impairment 2. _____ Diagnosed By: _____ Date: _____
 Impairment 3. _____ Diagnosed By: _____ Date: _____
 Impairment 4. _____ Diagnosed By: _____ Date: _____

Are any of the student's identified or suspected impairments episodic or in remission?
 _____ Yes _____ No

If Yes, state which of the identified or suspected impairments is episodic or in remission and describe the frequency of the appearance of the impairment's symptoms or characteristics:

MAJOR LIFE ACTIVITIES

Would the student's identified or suspected impairment(s) limit any of the following major life activities if the student does not or did not have mitigating measures in place?

_____ Yes _____ No

If so, please check which of the following major life activities is or may be limited by the impairment(s):

| | | | | | |
|-----------------------|--|---------------|--|---------------|--|
| Caring for One's Self | | Learning | | Eating | |
| Hearing | | Thinking | | Speaking | |
| Walking | | Concentrating | | Sleeping | |
| Bending | | Reading | | Communicating | |
| Standing | | Seeing | | Other: _____ | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|--------------|--|
| Lifting | | Performing Manual Tasks | | | |
| Major life activities also include the operation of a major bodily function. Please check which, if any, of the functions of the following major life activities are or may be impacted by the impairment(s): | | | | | |
| Immune System | | Normal Cell Growth | | Digestive | |
| Bowel | | Bladder | | Neurological | |
| Brain | | Respiratory | | Reproductive | |
| Circulatory | | Endocrine | | Other: | |

SUBSTANTIAL LIMITATION ON A MAJOR LIFE ACTIVITY

To be disabled under Section 504, the student’s mental or physical impairment must substantially limit the identified major life activity or activities indicated above. An impairment that substantially limits one major life activity does not need to limit other major life activities in order to be considered a disability. ***An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. Substantial limitation means less than “significantly restricted.” The determination of whether an impairment substantially limits a major life activity must be made without regard to the ameliorative effects of mitigating measure such as the following:***

medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eye-glasses or contact lenses); prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies, the use of assistive technology, reasonable accommodations or auxiliary aids or services, or learned behavioral or adaptive neurological modifications. Auxiliary aids and services includes (A) qualified interpreters or other effective methods of making aurally delivered materials available to students with hearing impairments; (B) qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual impairments; (C) acquisition or modification of equipment or devices; and (D) other similar services and actions.

MITIGATING MEASURES

Are the identified impairment(s) positively impacted by the use of any of the mitigating measures listed above or any other mitigating measures? _____ Yes _____ No

If Yes, describe what mitigating measures are in place?

If Yes, was the team able to determine the impact of the impairment without the mitigating measures during the evaluation process? _____ Yes _____ No

If Yes, describe, based on the review of existing data, observation or formal assessment, what the impact of those mitigating measure(s) is on the identified major life activity or activitie(s)?

If Yes, describe the difference, if any, of the impact with and without mitigating measures, if known:

IS THERE A SUBSTANTIAL LIMITATION?

On a scale of 1-4, indicate, based on the reviewing of existing data, formal assessments and/or observations, the degree to which the impairment(s) limits the identified major life activity or activities without reference or regard to mitigating measures, other than ordinary eyeglasses or contacts: **Note: In making this determination, the student should be compared to the average student of the same age/grade in the population.**

_____ 1. Negligibly/None _____ 2. Mildly _____ 3. Moderately _____ 4. Substantially

If a substantial limitation exists, state which major life activity or activities is substantially limited:

If the team determines that a substantial limitation exists for any major life activity, is the substantial limitation primarily the result of cultural, economic, or environmental factors rather than the student's physical or mental impairment(s)? _____ Yes _____ No

If Yes, describe and explain:

Note: If the substantial limitation is primarily the result of cultural, economic or environmental factors, the student is not 504 disabled and a 504 Non-Discrimination Plan should not be developed.

SUMMARY OF EVALUATION DATA

Summarize the existing data, assessments, observations or other evaluation information that supports the team's determination described above. Attach a copy of the Review of Existing Data and any other relevant evaluative information.

If the team's determination is less than "4", the student is not eligible as a disabled person under Section 504 and a Section 504 Non-Discrimination Plan should not be developed. The District, however, can utilize available general education interventions to address any difficulties the student may have independently of Section 504. If the team determines that the student is substantially limited and the substantial limitation is not primarily the result of cultural, economic or environmental factors, the team should develop a 504 Non-Discrimination Plan for the student.

ELIGIBILITY DETERMINATION

- 1. Student is protected by Section 504 because of the previously identified IDEA disability of _____ and the student's individualized educational needs resulting from that disability are addressed in his/her IEP.
- 2. Student is eligible under and protected by Section 504 because of a non-IDEA disability based on an impairment of _____ and a 504 Non-Discrimination Plan will be developed to address that disability.
- 3. Student is not eligible under or protected by Section 504.

ELIBILITY TEAM PARTICIPANTS

| <u>Name</u> | <u>Position/Title</u> |
|-------------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Copy of form provided to parent on: _____

Method of delivery: _____ By: _____

Parent/Guardian Documentation

I/We have reviewed this eligibility determination. I/We have been provided with a copy of our 504 procedural rights and have had an opportunity to review those rights.

Signature of Parent/Guardian Date

_____ Parent not in attendance, Section 504 determination and rights sent on _____.

**FORM
H**

Marion C. Early Schools

NOTICE AND CONSENT FOR 504 PREPLACEMENT/INITIAL EVALUATION

Student: _____ DOB: _____

School: _____ Grade: _____

I/We, the parent(s)/guardian of _____, have been asked to give informed written consent for the _____ School District to conduct a preplacement/initial evaluation of our child as indicated in the Review of Existing Data/Evaluation Plan developed by a District multidisciplinary team. I/We were invited to participate in the development of that Plan. I/ We have received a copy of that evaluation plan and understand that it describes the broad areas in which the District wishes to assess and the possible test instruments to be used. I/We understand that my/our written consent is to an evaluation in the broad major life activity areas indicated in the Evaluation Plan and not to the possible specific test instruments to be used or to a particular evaluator. I/We understand that the District will complete the assessment within _____ days of my/our consent unless reasonable cause exists to extend that timeline.

I/We understand that the purpose of this preplacement/initial evaluation is to gain further information about our child and his/her possible eligibility under 504 and that, by refusing consent for this evaluation, we would not be depriving our child of the right to attend public school. I/We also understand that we can ask any questions or address any concerns we might have with respect to this evaluation with appropriate staff prior to making a decision to consent or not to the proposed evaluation. I/We also understand that if we refuse to consent to this preplacement/initial evaluation under Section 504, the District is not required to pursue any further an initial/preplacement evaluation of my/our child or to further pursue an eligibility determination and my/our child remains a regular education student in the District.

I/We previously have been provided with a copy of our 504 procedural safeguards and have had an opportunity to read those safeguards.

_____ I/We give my/our consent to the proposed initial evaluation.

_____ I/We refuse to consent to the proposed initial evaluation.

Signature of Parent/Guardian/Eligible Student

Date

INDIVIDUAL 504 NON-DISCRIMINATION PLAN

| STUDENT INFORMATION | |
|----------------------------|----------------|
| Name: | Date of Birth: |
| School: | Grade: |
| Parent/Guardian Name: | |
| Address: | |
| Phone: | Email: |
| Case Manager: | |
| Date of 504 Plan Meeting: | |

INFORMATION RELATING TO NATURE OF DISABILITY

1. Describe the student's mental or physical impairment(s) that serve as the basis for the student's 504 disability and how the student's impairment(s) substantially limits a major life activity or activities.

2. Describe how the student's 504 disability limits or impacts the student in the educational setting.

3. Summarize the existing and/or evaluation data that supported the determination of a 504 disability.

4. Is the student's impairment(s) episodic or in remission? Yes

If yes, state the frequency and impact of the appearance of the impairment's symptoms or characteristics. Also describe how and when the episodic nature of the impairment impacts or limits the student in the educational setting?

5. Is the student's impairment(s) positively impacted by the use of any mitigating measures?
 Yes No

If yes, describe what mitigating measures are in place and the impact of those mitigating measures on the identified major life activity or activities:

6. Was the student's multidisciplinary team able to determine through the review of existing data or evaluation process the impact of the impairment(s) without mitigating measures in place? Yes No

If Yes, describe the difference, if any, of the impact of the impairment(s) with and without mitigating measures:

PROVISION OF FAPE

The student who is the subject of this individualized plan has been determined to be a student with a 504 disability and entitled to the provision of a free appropriate public education (FAPE) as defined by the federal 504 regulations. Pursuant to those regulations, FAPE is defined as the provision of regular or special education or related aids and services that are designed to meet the needs of the disabled student as adequately as the needs of nondisabled students.

After the student has been determined to have a 504 disability, the student's multidisciplinary team should convene and answer the following questions to determine how FAPE will be provided to the student who is the subject of this plan.

7. If the student regularly and consistently attends school with mitigating measures in place, does the student require the provision of any regular or special education and/or related aids and services other than those generally provided to the District's nondisabled students to have his/her needs met as adequately as the needs of the nondisabled students in the District?

_____ Yes _____ No

If the answer to the above question is no, the student is considered to be 504 disabled, he/she is entitled to the procedural protections of that law, and his/her parents are entitled to the rights accorded to them as outlined in the 504 federal regulations and the District's 504 Procedural Safeguards, but the student has no current needs that require additional regular education, special education and/or related aids or services to receive FAPE under Section 504.

If the answer to the above question is yes, proceed to question 8.

8. With or without reference to mitigating measures and in order to receive FAPE under Section 504, does the student ***only*** require any of the following programs, aids, services, accommodations, supports, or interventions that are available to the District's nondisabled students on an as-needed basis? _____ Yes _____ No

If the answer is Yes, mark which of the following programs, aids, services, accommodations, supports and/or interventions are necessary for the student to receive FAPE: ***[Note: The following are intended only as illustration. Each District must tailor this section of the 504 Plan to be consistent with what the District makes available to its general education population].***

- Individual Health Plan
- Educational Support Plan/Success Plan
- Regulation Education Interventions through RTI
- Regular Education Behavior Contract or Support Plan
- Positive Behavior Support Program/BIST
- Title I Remedial Programs
- Alternative Program
- Administration of Medication
- Access to School Health Services or Nursing Services
- Other: (Describe)

If the answer to question 8 is Yes, the indicated programs, aids, services, accommodations, supports or interventions constitute the provision of FAPE to this student under Section 504. If relevant, a copy of any written plans or programs should be attached. If no written plan or program is available, provide a description of the program, aids, services, accommodations, supports or interventions that are or will be in place.

If the answer to question 8 is No, the student's multidisciplinary team should consider the provision of FAPE based on question 9 below.

9. With or without reference to mitigating measures, does the student need the provision of programs, aids, services, accommodations, supports and/or interventions that are not generally available to the District's nondisabled students and are beyond those described under question 8 above to have his/her needs met as adequately as those of his/her nondisabled peers? Yes No

If Yes, indicate below what additional programs, aids, services, accommodations, supports or interventions that are not available to the District's nondisabled students this student needs for the provision of FAPE. If the student exhibits behaviors that are a manifestation of his/her 504 disability, the team should consider whether an individualized behavior plan is necessary for the provision of FAPE.

| Additional Programs, Aids, Services, Supports, Interventions, Accommodations Deemed Necessary by the Multidisciplinary Team for the Provision of FAPE: | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------|---------------------------|-----------------------------|-----------------------|
| Student Need | Description of Services | Location | Responsible Person | Implementation Dates | Eval. Criteria |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

10. Describe the student’s educational placement and the student’s least restrictive environment:

11. Does the student require the provision of any related services to receive FAPE?
 _____ Yes _____ No

If the answer to question 11 is Yes, describe the related services to be provided, including the amount, duration, frequency and location of such services. If relevant, include any transportation that the student requires as a necessary related services.

12. Anticipated 504 Plan Review Date:

13. List of Participants (Name and Role/Title:)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I, the parent/legal guardian of the student named above, was given the opportunity to participate in the development of this 504 Plan and agree with the Plan as developed. I also have been given a copy of my 504 Procedural Safeguards and have had the opportunity to review those safeguards.

Parent/Guardian Signature

Date

14. The Case Manager is responsible for informing all responsible teachers, staff and administration of their responsibilities for the implementation of this 504 Plan. Please indicate below the date and manner in which this information was provided:

| <i>Date Informed</i> | <i>Person Informed</i> | <i>Manner of Presentation</i> | <i>Case Manager Initials</i> |
|----------------------|------------------------|-------------------------------|------------------------------|
| | | | |
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The Case manager also is responsible for monitoring to ensure that all teachers, staff and administrators are implementing the Plan as written.

Copy of 504 Plan given to parents on _____ by _____.

[OPTIONAL]: ACCOMMODATIONS FOR EXTRACURRICULAR AND NONACADEMIC ACTIVITIES:

The student for whom this Plan was developed has an equal opportunity to participate in the District's nonacademic and extracurricular activities. Unless determined by the student's 504 multidisciplinary team that a particular extracurricular or nonacademic activity is necessary for the provision of FAPE, the supports and/or accommodations listed below are not necessary for the provision of FAPE to this student, but are listed for the sole purpose of allowing the student the required equal opportunity.

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers? Yes

Yes, with supports. (Describe)

No. Explanation must be provided:

FORM

Marion C . Early SCHOOL DISTRICT
SECTION 504 TRANSFER STUDENT DOCUMENTATION FORM

| STUDENT INFORMATION | | |
|----------------------------|------------------------------------------------|-------|
| Student Name | Date of Birth | Grade |
| Date of Enrollment (m/d/y) | Date of first day of school attendance (m/d/y) | |

| PREVIOUS SCHOOL | | |
|-------------------------|----------|-----|
| Name of School District | Building | |
| Address | | |
| City | State | Zip |
| Phone | Fax | |

Records Request: *To facilitate the transition for a child transferring from another school district who has or is purported to have a 504 disability, the _____ School District will take reasonable steps to promptly obtain the child’s records, including the 504 preplacement evaluation report, 504 eligibility determination, and 504 plan, from the previous school in which the student was enrolled. [For Missouri schools: The Missouri Safe Schools Act requires receiving school districts to request records within two (2) business days of enrollment. Sending Missouri districts are required to send records within five (5) business days of receiving a request for records. For schools in other states: Consult state law and add comparable language reflecting state law requirements].*

| | | |
|------------------------------------------------------------|-------------------|-------------------|
| 504 Evaluation Report and Eligibility Documentation | Requested (m/d/y) | Received (m/d/y) |
| 504 Plan | Requested (m/d/y) | Received (m/d/y/) |
| Other | Requested (m/d/y) | Received (m/d/y/) |

- 🍏 No 504 evaluation report and/or eligibility documentation received and no 504 plan received. Go to Section 2.
- 🍏 Evaluation and/or eligibility documentation received, but no 504 plan received. Go to Section 3.
- 🍏 504 plan received, but no evaluation and/or eligibility documentation received. Go to Section 4.
- 🍏 Both evaluation report and/or eligibility documentation received and 504 plan received. Go to Section 5.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| SECTION 2: NO EVALUATION REPORT/ELIGIBILITY DOCUMENTATION AND NO 504 PLAN RECEIVED. District implements procedures to determine if student has known or suspected 504 disability. | |
| 🍏 Did review of information on enrollment form indicate the student was receiving 504 interventions, services or accommodations? 🍏 Yes 🍏 No | |
| 🍏 Did the district conduct interviews to determine if the student was 504 eligible in the prior district? If so, who was interviewed? ___ Parent/Guardian ___ Student ___ Prior School Officials | |
| What information was obtained from the interviews regarding student's 504 status? | |
| From the interviews, is there any reason to suspect that the student has a 504 disability? ___ Yes ___ No | |
| Name/role of individual(s) making decision: | Date of Decision: |
| | |

SECTION 5: 504 PLAN AND EVALUATION REPORT/ELIGIBILITY DOCUMENTATION RECEIVED

Evaluation Report/Eligibility Documentation – Acceptance indicates that the documentation includes all information necessary to determine that the student has a 504 disability.

Upon receipt of the evaluation report/eligibility documentation, the District administratively reviewed the evaluation report/eligibility documentation to determine whether to accept it or reject it.

Date evaluation report/eligibility documentation reviewed (m/d/y): _____

Decision:

- Accepted
- Rejected

If the evaluation report/eligibility documentation is rejected, the District must initiate a reevaluation to determine if the student has a 504 disability.

Name/role of individual(s) making decision:

Date of decision:

504 Plan – Acceptance indicates that the 504 plan satisfies all relevant 504 regulations and District procedures and can be implemented as written without any revisions.

Date 504 Plan reviewed (m/d/y): _____

Documentation of Decision:

- Accepted – 504 Plan implemented on _____
- Rejected – New 504 Plan implemented on _____
- Rejected – Reevaluation initiated on _____

Name/Role of Individual(s) Making Decisions:

Date of Decision:

SECTION 504 DISCIPLINE/MANIFESTATION DETERMINATION FORM

Within ten (10) school days of a decision to change the placement of a student with a disability under 504 because of a violation of the code of student conduct, the relevant members of the student's multidisciplinary team will review all relevant information, including the student's 504 Plan, any teacher observations, and any relevant information provided by the parents to determine if the conduct in question was caused by or had a direct and substantial relationship to the child's 504 disability; or, if the conduct in question was the direct result of the District's failure to implement the student's 504 Plan.

A suspension or removal of a 504 disabled student from his/her current educational placement is a change of placement if: (1) the current suspension/removal is for more than ten (10) consecutive school days; or (2) the current disciplinary incident results in a pattern of exclusion.

Student Name: _____ DOB: _____

Case Manger: _____ Date: _____

1. Date of Current Disciplinary Infraction:
2. Description of Current Disciplinary Infraction:
3. Number of days of suspension/removal imposed for this infraction:

If the total number of days of suspension or removal for this infraction is greater than ten (10), the student's multidisciplinary team must conduct a manifestation determination.

4. Number of days during the current school year the student was suspended or removed prior to this suspension:

5. Does the current suspension/removal create a pattern of exclusion? **Note: A pattern of exclusion occurs when (1) the series of short-term removals/suspensions (each less than 11 school days) totals more than ten (10) school days in the current school year; (2) the student’s behavior is substantially similar to the student’s behavior in the prior incidents that resulted in the series of removals; and (3) because of additional factors such as the length of each removal, the total amount of time the student has been removed, and the proximity of the removals to one another. The District will administratively determine whether a series of short-term removals constitutes a pattern of exclusion. If the administrative decision is that a pattern has been created, the relevant members of the student’s multidisciplinary team must convene to conduct a manifestation determination.**

_____ Yes _____ No

| Pattern of Exclusion Analysis Chart | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|---------------|
| Total number of days during the current school year the student has been suspended or removed, including the current infraction: | | | |
| Date | Description | Number of Days of Suspension/Removal | Dates Removed |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MANIFESTATION DETERMINATION DOCUMENTATION

1. 504 Impairment _____
2. Describe the manner in which the student’s impairment(s) substantially limit his/her major life activities:

3. Provide a summary of history to include: student's academic history, 504 interventions, strategies and accommodations including any behavioral strategies, results of past evaluations, information from outside sources (if appropriate and relevant), and information from parents.

4. Was the conduct in question caused by or did it have a direct and substantial relationship to the student's 504 disability?

_____ Yes

_____ No

5. Was the conduct in question the direct result of the District's failure to implement the student's 504 Plan?

_____ Yes

_____ No

6. Explain rationale for decision:

If the team concludes that the conduct is not a manifestation of the student's 504 disability, the student can be disciplined in the same manner as his/her nondisabled peers according to the District's Code of Conduct and the level of offense. The District will not provide educational services to the student unless the District provides or offers such services to its nondisabled students in the same or similar circumstances.

If the team concludes that the conduct is a manifestation of the student's 504 disability, the student can be suspended for 10 consecutive days with no educational services or for any days that are less than a pattern of exclusion.

FORM

Marion C. Early Schools
TRANSITORY AND MINOR IMPAIRMENT VOLUNTARY
ACCOMMODATION DOCUMENTATION FORM

Pursuant to the 2008 ADA and Section 504, a student who has a transitory and minor impairment is not a student with a disability under Section 504 and is, therefore, not entitled to a free appropriate public education or a Section 504 Non-Discrimination Plan. A transitory impairment is one with an actual or expected duration of six months or less. In addition, the District's decision to voluntarily provide certain accommodations and interventions to assist a student with a transitory and minor impairment will not result in "regarded as" discrimination under Section 504 and/or the ADA. The Marion C. Early School District has administratively determined that the student for whom this voluntary plan was developed has only a transitory and minor impairment and the District, therefore, has no reason to suspect that this student has a disability as defined by the ADA, Section 504 or the Individuals with Disabilities Education Act. Because the student is not a disabled person, the District is not required to conduct a preplacement evaluation of the student nor is the District required to convene a multidisciplinary team of knowledgeable persons to determine what accommodations and/or interventions this student may need for the six month or less duration of this Plan.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Date of Plan: | |
| Student's Name: | Grade: |
| Nature of the Student's Transitory and Minor Impairment: | |
| Actual or expected duration of the impairment: | |
| Describe the voluntary accommodations and/or interventions that the District will implement for this student for the duration of the Plan: | |
| Anticipated Expiration Date of Plan: | |
| Individuals/roles of persons participating in the development of the Plan: | |

Marion C. Early SCHOOL DISTRICT'S

SECTION 504 PROCEDURAL SAFEGUARDS

PARENT AND STUDENT RIGHTS UNDER SECTION 504:

1. Parents and students have the right to be informed by the School District of their rights under Section 504. The purpose of these Procedural Safeguards is to advise you of those rights.
2. A student with a 504 disability has the right to a free appropriate public education. An appropriate education is defined as the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of the disabled person as adequately as the needs of nondisabled persons are met and based upon adherence to 504 regulatory procedures.
3. The provision of a free education is the provision of educational and related services without cost to the disabled person or to his or her parents or guardian, except for those fees that are imposed on nondisabled persons or their parents or guardian. Funds available from any public or private agency may be used to meet this requirement. Under the law, insurers and other third parties are not relieved from an otherwise valid obligation to provide or pay for services for a disabled student.
4. A child with a disability has the right to take part in, and receive benefits from, public education programs without discrimination because of his/her disability.
5. The parent(s)/guardian of a child with a disability have the right to receive notice with respect to the identification, evaluation, or placement of the child.
6. A student with a disability has the right to receive services and be educated in facilities that are comparable to those provided to nondisabled students.
7. A student with a disability has the right to have evaluation, education and placement decisions made based on a variety of information sources, and by persons who know the student and are knowledgeable about the evaluation data and placement options. The student also has the right to be periodically reevaluated.
8. A student with a disability has an equal opportunity to participate in nonacademic and extracurricular activities offered by the District.
9. A student with a disability has the right to have transportation provided to and from an alternative placement setting (if the setting is in a program not operated by the District) at no greater cost to the parent/guardian than would be incurred if the student were placed in a program operated by the District.

10. The parents/guardian of a student with a disability or an eligible student (over the age of 18) have the right to examine all relevant records relating to decisions regarding the student's identification, evaluation and placement.

11. The parents/guardian of a student with a disability or an eligible student and/or the District have the right to request an impartial due process hearing relating to decisions or actions relating to the student's identification, evaluation, program or placement and the parents or guardian have the right to be represented by counsel in such hearings. The parents or guardian or eligible student and/or the District also have the right to a review procedure involving such hearings.

12. The parents/guardian of a student with a disability or an eligible student have the right to file a local grievance with the District for issues unrelated to the identification, evaluation, program or placement of the student. Board policy KL-AP describes the procedures for filing a grievance and can be requested by contacting: Marion C. Early Superintendent.

Persons who believe that the District is discriminating against eligible persons on the basis of disability may also file complaints with the District's Section 504 Coordinator and/or the Office for Civil Rights ,OCR, U.S. Department of Education, 601 E. 12th St., Kansas City, Missouri 64106. The Kansas City office's jurisdiction extends to the states of Kansas, Missouri, Nebraska, South Dakota, and Oklahoma. For a list of other regional offices and their coverage area, see www.ed.gov.

The District's Section 504 Coordinator is The Special Education Process Coordinator/Director and may be reached at 417-376-2215.

NOTICE OF APPEAL

Request for an Impartial Due Process Hearing Under Section 504)

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

I am in disagreement with the following decisions made by the District pertaining to my child's identification/evaluation/educational placement under Section 504:

Please describe the facts and circumstances giving rise to the disagreement:
(Please state the background leading to the disagreement and why you disagree with the multidisciplinary team's decision(s):

Please state the specific issues to be decided at the due process hearing:

Please describe the relief you are requesting through the due process hearing
(what result you would like the hearing officer to provide if the hearing officer decides in your favor):

Signature of parent/guardian

Date of Signatur

504 PUBLIC NOTICE

The Marion C. Early School District, as a recipient of federal financial assistance from the United States Department of Education and operates a public elementary or secondary education program and/or activity, is required to undertake to identify and locate every qualified person residing in the District who is not receiving a public education; and take appropriate steps to notify disabled persons and their parents or guardians of the District's duty.

The Marion C. Early School District assures that it will provide a free appropriate public education (FAPE) to each qualified disabled person in the District's jurisdiction regardless of the nature or severity of the person's disability. For purposes of Section 504 of the Rehabilitation Act of 1973, the provision of an appropriate education is the provision of regular or special and related aids and services that (i) are designed to meet individual educational needs of disabled persons as adequately as the needs of nondisabled persons are met and (ii) are based on adherence to procedures that satisfy the requirements of the 504 federal regulations.

The Marion C. Early School District has developed a 504 Procedures Manual for the implementation of federal regulations for Section 504 of the Rehabilitation Act, Subpart D. This Procedures Manual may be reviewed [insert location and times/days available for review].

This notice will be provided in native languages as appropriate.