

**FOX C-6 SCHOOL DISTRICT**

**SECTION 504 MANUAL AND FORMS**

## INTRODUCTION

Section 504 of the Rehabilitation Act of 1973 ("Section 504") is a federal law that is designed to eliminate discrimination on the basis of disability in any program or activity receiving federal financial assistance from the United States Department of Education. The Americans with Disabilities Act ("ADA"), passed by Congress in 1990, serves the similar purpose of eliminating discrimination on the basis of disability. The ADA applies to employers who employ fifteen or more persons.

Pursuant to Section 504 and the ADA, a person with a disability is defined as a person with a mental or physical impairment that substantially limits one or more major life activities. Under these two laws, the definition of a person with a disability also includes (a) a person who has a record of a physical or mental impairment that substantially limits a major life activity, and (b) a person who is regarded as having a physical or mental impairment that substantially limits a major life activity. Because the definition of disability has been virtually identical under these two federal laws, the courts consistently have analyzed cases under one of the laws by looking to cases interpreting the other.

In 2008, Congress amended the ADA and Section 504. This amending legislation, known as the Americans with Disabilities Act Amendments Act ("ADAAA"), was signed into law by President George W. Bush on September 25, 2008. The amended law became effective January 1, 2009.

In enacting the ADAAA, Congress explicitly sought to overturn prior court interpretation, including interpretation by the United States Supreme Court, that "narrowed the broad scope of protection intended to be afforded by the ADA." More specifically, Congress rejected the Supreme Court's interpretation of the term "disability" in the cases of *Sutton v. United Air Lines, Inc.*, 527 U.S. 471 (1999), and *Toyota Motor Manufacturing, Kentucky, Inc. v. Williams*, 534 U.S. 184 (2002). In rejecting the holdings and rationale of those cases, Congress noted that "lower courts have incorrectly found in individual cases that people with a range of substantially limiting impairments are not people with disabilities." Accordingly, Congress' stated purpose in enacting the 2008 amendments was to expand the class of individuals who are entitled to protection under the ADA and Section 504 and "[t]o restore the intent and protections of the Americans with Disabilities Act of 1990." As noted by Congress, the definition of disability "shall be construed . . . in favor of broad coverage of individuals . . . to the maximum extent permitted by the terms of this Act."

Although Congress did not modify the definition of disability in the ADAAA, it modified past interpretations of that definition in several ways. First, in the ADAAA, Congress explicitly rejected the Supreme Court's prior *Sutton* holding that "whether an impairment substantially limits a major life activity is to be determined with reference to the ameliorative effects of mitigating measures." Second, Congress stated that the Supreme Court, in the *Williams* case, required a higher degree of limitation than Congress intended when passing the 1990 ADA. Although Congress did not provide a definition of "substantially limits" in the 2008 amendments, it rejected the definition of "significantly restricted" as previously applied by the

Equal Employment Opportunity Commission. In summary, the ADAAA specifically provides that, when determining whether an impaired individual is substantially limited, the ameliorative or improving effects of mitigating measures may not be considered and that the standard for “substantially limits” is less than “significantly restricted.” In the ADAAA, Congress also provided a definition of mitigating measures as well as a non-exclusive list of mitigating measures.

In addition and third, Congress rejected the *Williams* Court’s analysis that the term “major” as used in the definition of disability must be interpreted strictly so as to create a demanding standard for disability. In relation to the phrase “major life activities,” Congress extensively expanded the prior non-exclusive list of what constitutes a major life activity and further provided that an impairment that substantially limits one major life activity need not limit other major life activities.

Another significant change resulting from the ADAAA is a provision that states that an impairment that is episodic or in remission constitutes a disability if, when active, the impairment substantially limits a major life activity.

Section 504 of the Rehabilitation Act is enforced by the Office for Civil Rights (“OCR”) within the United States Department of Education. In March 2009 and in response to the ADAAA, the OCR published “Frequently Asked Questions About Section 504 and the Education of Children with Disabilities.”<sup>1</sup> As noted by OCR in the FAQ, “[t]he Amendments Act does not require ED to amend its Section 504 regulations. ED’s Section 504 regulations as currently written are valid and OCR is enforcing them consistent with the Amendments Act. In addition, OCR is currently evaluating the impact of the Amendments Act on OCR’s enforcement responsibilities under Section 504 and Title II of the ADA, including whether any changes in regulations, guidance or other publications are appropriate.”

The purpose of this publication is to provide a sample 504 procedures manual and sample forms that public school districts can use to promote effective compliance with Section 504 as amended by the ADAAA, and as defined by the current 504 federal regulations, informal guidance issued by the OCR and new cases as they are decided.

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1 The current version of OCR’s FAQ is available at [www2.ed.gov/about/offices/list/ocr/504faq.html](http://www2.ed.gov/about/offices/list/ocr/504faq.html).

## **RELEVANT DEFINITIONS AND TERMINOLOGY**

**Free appropriate public education (FAPE):** a term used in the elementary and secondary context. For purposes of 504, refers to the provision of regular or special education and related aids and services that are designed to meet individual educational needs of students with disabilities as adequately as the needs of students without disabilities are met and is based on adherence to procedures that satisfy the Section 504 requirements pertaining to educational setting, evaluation and placement, and procedural safeguards. (Source: OCR FAQ, last modified 9/25/18, and 34 C.F.R. § 104.33).

**Placement:** a term used in the elementary and secondary school context. Refers to the regular and/or special educational program in which a student receives educational and/or related services. (Source: OCR FAQ).

**Qualified Disabled Person:** with respect to public preschool, elementary, secondary or adult educational services, a qualified disabled person is an individual (i) of an age during which nondisabled persons are provided such services, (ii) of an age during which it is mandatory under state law to provide such services to disabled persons, or (iii) to whom a state is required to provide a free appropriate public education. (Source: 34 C.F.R. § 104.3(l)(2)).

**Physical or mental impairment:** means (A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or (B) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities. (Source: 34 C.F.R. § 104.3).

**Reasonable accommodation:** a term used in the employment context that employers make with respect to employees or prospective employees. According to the OCR, "this term is sometimes used incorrectly to refer to related aids and services in the elementary and secondary school context or to refer to academic adjustments, reasonable modifications, and auxiliary aids and services in the postsecondary school context." (Source: OCR FAQ).

**Record of impairment:** means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities. (Source: 34 C.F.R. § 104.3).

**Regarded as having an impairment:** means (A) has a physical or mental impairment that does not substantially limit major life activities but is treated by a recipient as constituting such a limitation; (B) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or (C) has none of the impairments defined in the regulations but is treated by a recipient as having such impairment. (Source: 34 C.F.R. § 104.3).

**Related services:** a term used in the elementary and secondary school context to refer to developmental, corrective, and other supportive services, including psychological, counseling and medical diagnostic services and transportation. (Source: 9/25/18 OCR FAQ).

**Special Education:** this term is not defined by the OCR or in the 504 federal regulations. In *Letter to McKethan* (OCR Jan. 4, 1995), the OCR stated that “[w]hat constitutes ‘special education’ under the civil rights statutes and regulations is a decision for the local education agency to make in conformance with whatever other local, state, and Federal laws apply (such as the IDEA).” In that same letter, the OCR also stated that “Students may have a disability that in no way affects their ability to learn, yet they may need extra help of some kind from the system to access learning. For instance, a child may have very severe asthma (affecting the major life activity of breathing) that requires regular medication and regular use of an inhaler while in school. Without regulation administration of the medication and inhaler, the child cannot remain in school. Whether that help is called special education, or related services, or supplementary service s is irrelevant under Section 504 and Title II.”

**Fox C-6 School District**  
**504 PROCEDURES**

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 Fox C-6 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 are met.

Students who satisfy only the second and third definitions are not necessarily 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. The Americans with Disabilities Act (ADA) Amendments Act of 2008 emphasized that the definition of "disability" under Section 504 and Title II of the ADA should be interpreted broadly. The U.S. Department of Education's Office for Civil Rights (OCR), which is charged with the responsibility to enforce Section 504, has stated that while there are no per se disabilities under Section 504, the nature of many impairments is such that in virtually every case, a determination in favor of finding a student with the impairment eligible under Section 504 should be made. For example, according to OCR, a school district should not need or require extensive documentation or analysis to determine that a child with diabetes, bipolar disorder, or autism qualifies as a student with a disability under 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, sitting, reaching, seeing, hearing, speaking, breathing, learning, working, caring for one’s self, bending, standing, lifting, thinking, concentrating, reading, eating, sleeping, communicating, interacting with others 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, normal skin growth, cardiovascular functions, genitourinary functions, hemic functions, lymphatic functions, musculoskeletal functions, special sense organ functions, 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 [*Americans with Disabilities Act Amendments Act of 2008*]. In the 2008 ADAAA, Congress stated that the phrase “substantially limits” must be interpreted consistently with the findings and purposes of the 2008 Amendments. *Pursuant to the 2008 ADAAA, an impairment does not have to prevent or severely or significantly restrict a major life activity in order to be considered substantially limiting. Accordingly, substantially limited 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<sup>2</sup> effects of mitigating measures<sup>3</sup> 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;<sup>4</sup> learned behavioral or adaptive neurological modifications; the acquisition or modification of equipment or devices; and other similar services and actions. For example, a student who uses an inhaler to manage her asthma would still qualify as an individual with a disability under Section 504 if, without the use of the inhaler, the asthma would substantially limit one or more of the student’s major life activities, including but not limited to, the major life activity of breathing. Similarly a student who uses a hearing aid to amplify sound would still qualify as an individual with a disability under Section 504 if,

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2 Ameliorative is defined as “to make or become better, more bearable, or more satisfactory; improve; meliorate.”

3 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.

4 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.

without the use of the hearing aid, the hearing loss would substantially limit the major life activity of hearing. 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 disadvantages 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.

#### **Child Find and Evaluation:**

School districts that receive federal financial assistance have the affirmative responsibility to locate and identify all children with disabilities (between the ages of 3 and 21) located in the District's jurisdiction. As to each student so located and identified the District must evaluate such student to determine if he/she is eligible under Section 504. The District has an obligation under Section 504 to conduct an evaluation of any student who, because of a disability, needs or is believed to need special education or related services, including students with qualifying health conditions. Students who are suspected of having a 504 disability may be referred for evaluation by a parent/guardian or any District staff person who has knowledge of or interest in the students. School nurses, building-level 504 coordinators, counselors, and building principals are not solely responsible for identifying students with health conditions who may qualify for a Section 504 evaluation. A copy of the 504 referral form can be obtained from the District's 504 Coordinator, or the District's Assistant Superintendent – Elementary or Assistant Superintendent – Secondary.

One of the tools the District uses to keep up with Child Find obligations is the maintaining of a "Medically Flagged" student list for each building. This is a list of children with medical issues that **might** rise to the level of a 504 disability. The school nurse is primarily responsible for maintaining the list, but any staff member knowledgeable about the child, and the child's parent/guardian, may also submit information for inclusion on the list. The list includes various categories of conditions, plus a category for "other." The child's medical information and history is subject to being updated at any time, and when new information is received, the nurse shall update the medically flagged list.



Within six weeks after the beginning of the school year, the nurse is expected to have the medically flagged list compiled, and within one additional week, a meeting shall be held, and it is to include the school nurse, counselor, and principal (or assistant principal); this group shall be referred to as the Child Find Team. Any new information regarding the child's condition should be considered, and the Child Find Team shall discuss each child on the list. As to any child so discussed, if the child does not already have a 504 plan or IEP in place regarding such disability, the group shall decide whether a 504 referral needs to be made, and shall document the making of the decision on the Child Find form. As to those children for whom a new referral is to be made, the referral process shall follow the steps and documentation set forth in the Manual. This annual review of the medically flagged list is not a substitute for the ongoing responsibility of school staff to make 504 referrals for students whenever they become aware that a student has a physical or mental impairment that may substantially limit a major life activity. Once such a referral is made (whether in the regular course of the school year or during the annual Medically Flagged review), school staff shall follow the process and time line established by this Section 504 Manual. Students who have an individualized healthcare plan (IHP) or other type of health plan developed by a nurse, physician, or other medical professional, such as an asthma action plan, seizure action plan, allergy action plan, or diabetes management plan, are also eligible for a Section 504 evaluation. Such plans can help the student learn about, and manage, his or her condition, but this is not a substitute for a Section 504 evaluation or plan.

Before identifying a student as 504 disabled, the District is required to conduct an initial or pre-placement 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; conducting a formal assessment; or 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 for the use of such tests and evaluation materials; (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. If the parent refuses to consent to having the child assessed, or if the parent otherwise refuses a 504 plan, such refusal shall not preclude District staff from making a staff referral at some later date, if new information warrants such a referral. 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/pre-placement 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/pre-placement evaluation and the parent refuses to provide the requested written authorization to obtain it, the District will make its eligibility determination based on the information it has. 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.

Re-evaluation of a student shall not occur more than once per year, unless the parent and District agree otherwise. However, a re-evaluation of an eligible student under Section 504 must occur at least once every 3 years, unless the parent and the District agree that a re-evaluation is unnecessary.

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.

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.

With respect to certain competitive programs and activities, the District may require a level of skill or ability for participation.

**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 is not required to 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 AND USE OF FORMS**

1. Students may be referred for evaluation under Section 504 by a parent, teacher, administrator or Student Success Team. 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 Referral For Section 504 Initial Evaluation" (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 30 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/pre-placement evaluation is not warranted, the District will provide the parent/legal guardian with a "504 Notice of Action" (Form D) refusing the requested evaluation as well as an additional copy of the 504 procedural safeguards. If the District administratively determines that a 504 disability is not warranted but that a transitory and minor impairment does exist with an actual or expected duration of six months or less, the District may voluntarily complete the "Transitory and Minor Impairment Voluntary Accommodation Documentation Form" (Form L) for the student. The determination that a student has a transitory and minor impairment will not result in "regarded as" discrimination under Section 504 and/or the ADA. The District is not required to conduct a pre-placement evaluation of the student nor is the District required to convene a multidisciplinary team of knowledgeable persons to determine what accommodations and/or interventions the student may need for the six month or less duration of the transitory and minor impairment.
5. If the District administratively determines that there is reason to suspect that the student may have a 504 disability and that an initial/pre-placement 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 individuals 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 "504 Staff Referral Form" (Form C) to the staff member for completion within 30 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/pre-placement 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 teachers, school nurse, school counselor, administrator, and/or others. The parents are not mandatory participants, but they shall be invited to the meeting. "504 Meeting Notification" (Form E) 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 "504 Review of Existing Data/Evaluation Plan Form" (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 "504 Evaluation and Eligibility Determination Report" (Form G). 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 20 days of the completion of the meeting. The District also should provide the parent or guardian with a "504 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 a "504 Evaluation and Eligibility Determination Report (Form G)." The District also should provide the parent or guardian with a "504 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 20 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 the "504 Review of Existing Data/Evaluation Plan Form" (Form F) what additional information or assessments are needed for the student's initial/pre-placement evaluation.
16. After the team decides that an initial/pre-placement evaluation is necessary, the District should provide the parent/guardian with a copy of completed Form F ("504 Review of Existing Data/Evaluation Plan"), Form D ("504 Notice of Action") proposing an initial/pre-placement evaluation, and Form H ("Notice and Consent For 504 Pre-Placement/Initial Evaluation") seeking the parent/guardian's informed written consent to the initial/pre-placement evaluation.
17. The District will complete the initial/pre-placement evaluation and convene the team to determine whether the student has a 504 disability eligibility within 30 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 the "504 Evaluation and Eligibility Determination Report" (Form G) 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 20 days after the meeting. The District also should provide the parent or guardian with a "504 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 student's teacher(s), the school nurse, the building counselor and/or others. The parents are not mandatory participants, but they shall 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 the "Individual 504 Non-Discrimination Plan" (Form I) 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 "504 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 20 days after the meeting.
21. Copies of or access to the completed "Individual 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 20 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. This may include modification to activities,

and accommodations, unless the modifications/accommodations would fundamentally alter the nature of the service or activity.

#### **Transfer Procedures:**

25. **Out-of-District transfers:** Students with an existing 504 plan who transfer to the Fox C-6 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 school counselor, 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 "504 Transfer Student Documentation Form" (Form J ) 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 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 Plan. The parents will be invited to any such meetings, but are not required participants. The 504 coordinator of the student's current building is also responsible for making the necessary arrangements for forwarding 504 files and other necessary information to the new building.

#### **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 "504 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 the “504 Review of Existing Data/Evaluation Plan Form” (Form F). The team should then follow the procedures specified in paragraphs 11 through 17 above relating to initial or pre-placement 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 a “504 Discipline/Manifestation Determination Form” (Form K).
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 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 disciplined 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.

#### Procedure regarding creating and maintaining Section 504 files for students

- Separate Section 504 files/folders will be kept for all students who have a Section 504 Plan, regardless of whether any special education or related services, or accommodations, are needed;
- Section 504 files/folders will also be kept for all students who have received a referral for an evaluation under Section 504, regardless of whether the student was found eligible or not;
- Such files shall contain the Section 504 referral, and all paperwork and all forms generated thereafter regarding such referral, including any and all of Forms A through L, contained in the District's Section 504 Manual. The files shall also contain all documentation referred to and all documentation considered in any Review of Existing Data, Section 504 Evaluation meeting, or otherwise considered in determining whether the child is eligible for a Section 504 Plan, or in determining what should be included in such a plan;
- The student's counselor shall be responsible for the keeping and maintenance of the 504 file/folder. When the student is to be advancing to the next building level (e.g., elementary school to middle school, or middle school to high school), the current counselor will send the 504 file to the counselor who will be assigned to the child at the new school. If the child is otherwise transferring from one District school to another, the school principal or secretary will notify the child's current counselor, who shall send the 504 file to the counselor who will be assigned to the child at the new school. When a building counselor is being replaced, or for any other reason the existing counselor is no longer assigned to the child, the new counselor who is assigned to the child is responsible for taking over the child's Section 504 file;
- The student's Section 504 file is to be kept indefinitely while the child is still attending District schools. For children who no longer attend District schools, such records shall be kept in accordance with the Public School Records Retention Schedule issued by the Missouri Secretary of State.

**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** *Note: A medical diagnosis is not required to support the existence of a 504 disability. The term "disability" is construed in favor of broad coverage of students.*

Does the student have any medical conditions or diagnoses:

Condition or Diagnosis:	Diagnosed By: (If there is a diagnosis)	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? A mitigating measure is something that is used to correct or reduce the impact of the impairment or condition. Examples of mitigating measures include 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; learned behavioral or adaptive neurological modifications; the acquisition or modification of equipment or devices; and other similar services and actions. If the student does use one or more mitigating measures, please list and describe the impact of each mitigating measure. Also, please note that the determination of whether the student qualifies under Section 504 is made without regard to the beneficial effects of mitigating measures, except for ordinary eyeglasses and contact lenses.

## 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:

Note: the existence of an IEP or of a support plan such as an Individualized Healthcare Plan (IHP), asthma action plan, seizure action plan, allergy action plan, or diabetes management plan, would not preclude the student from being eligible under Section 504.

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  
B

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 pre-placement/initial evaluation is necessary. The District will complete this administrative review and notify you of the District's decision within 30 days of the District's receipt of completed Form A.

I am also 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**

**504 STAFF REFERRAL FORM**

Name of Staff Member Referring Student:

Date of Referral:

<b>STUDENT INFORMATION</b>	
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. The term "disability" is construed in favor of broad coverage of students.

Does the student have any medical conditions or diagnoses of which you are aware:

Condition or Diagnosis:	Diagnosed By (If there is a diagnosis):	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?		
<p>Does the student utilize any other mitigating measures that positively impact the student? A mitigating measure is something that is used to correct for or reduce the impact of the impairment or condition. Examples of mitigating measures include medication, medical supplies, equipment, or appliances; low-vision devices (which do not include ordinary eyeglasses 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; learned behavioral or adaptive neurological modifications; the acquisition or modification of equipment or devices; and other similar services and actions. If the student does use one or more mitigating measures please list and describe the impact of each mitigating measure. Also please note that the determination of whether the student qualifies under section 504 is made without regard to the beneficial effects of mitigating measures, except for ordinary eyeglasses and contact lenses.</p>		

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<b>EDUCATIONAL INFORMATION</b>
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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:
--

(Note: The existence of an IEP or of a support plan such as an Individualized Healthcare Plan (IHP), asthma action plan, seizure action plan, allergy action plan, or diabetes management plan, would not preclude the student from being eligible under Section 504.)
--

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)
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### 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.

**Current Grades:**

**Promotion/Retention:** Has the student ever been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe grades and dates, if known:

**Academic Characteristics:** The Current or Prior Year's Teachers should estimate the student's current grade levels in the following academic areas and state the basis for that estimate.

Reading Fluency

Reading Comprehension

Basic Reading

Math Calculation	Math Reasoning	Spelling
Written Expression	Other	

**General Education Interventions:**  
List any generally available general education interventions that have been used with this student and indicate on a scale of 1 to 3 (with 1 being of no assistance and 3 being of great help) whether the interventions assisted the student to be successful in regular education.

_____ Modified instructional methods (list)	1	2	3
_____ Modified instructional pacing	1	2	3
_____ Modified instructional materials	1	2	3
_____ Re-teaching	1	2	3
_____ Parent conferences	1	2	3
_____ Behavior contract or plan	1	2	3
_____ Other (list)	1	2	3

**Discipline:** Attach a copy of the student's disciplinary records for the past two school years.

**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-Excellent			
Classroom Work		Homework		Tests	
Reading		Math		Written Expression	
Attention Span		Organization		Behavior/Compliance	
Following Oral Directions		Following Written Directions		Attendance	

**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**

**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: \_\_\_\_\_

This notification is to confirm with you that a meeting with you has been scheduled

For \_\_\_\_\_ at \_\_\_\_\_ at Meramec Heights Elementary.  
(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:

Name:

Role:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

_____	_____	_____
Name	Title	Date

**FORM  
F**

**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 pre-placement/initial evaluation
- ☐ A 504 periodic reevaluation
- ☐ A 504 significant disciplinary change of placement
- ☐ A 504 non-disciplinary 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:

Note: A student with a disability may be protected by Section 504 even if the student does not need special education or related services, or a Section 504 plan, as a result of his or her disability.

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>CARING FOR ONESELF</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>HEARING</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>WALKING, BENDING, STANDING, LIFTING, SITTING, REACHING</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>LEARNING, READING</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>THINKING, CONCENTRATING</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>WORKING, PERFORMING MANUAL TASKS</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>EATING</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>SLEEPING</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>SPEAKING, COMMUNICATING, INTERACTING WITH OTHERS</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Assessment Instruments, if known:</b>

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>SEEING</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Assessment Instruments, if known:</b>

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>BREATHING</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assessment Instruments, if known:</b>	

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>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, NORMAL SKIN GROWTH, CARDIOVASCULAR FUNCTION, GENITOURINARY FUNCTION, HEMIC FUNCTION, LYMPHATIC FUNCTION, MUSCULOSKELETAL FUNCTION, SPECIAL SENSE ORGAN FUNCTION</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Assessment Instruments, if known:</b>

MAJOR LIFE ACTIVITY/ DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION GAINED
<b>OTHER:</b>		
<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: _____		
<b>Further Assessment Information Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Assessment Instruments, if known:</b>

## **TEAM CONCLUSIONS AND DECISIONS**

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

☐ **No additional data is needed.**

☐ **Pre-placement/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.**

☐ **Pre-placement/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:**

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**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 pre-placement/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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

\_\_\_\_\_

Form  
G

**504 EVALUATION AND**  
**ELIGIBILITY DETERMINATION REPORT**

***Section 504 of the Rehabilitation Act requires a pre-placement/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.***

<b>STUDENT INFORMATION</b>	
Student Name:	
Date of Birth:	Parent/Guardian Name:
Address:	
Phone Number:	Current Grade:
Person Making Section 504 Referral:	
Case Manager:	
Date of Section 504 Pre-placement 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

NOTE: An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

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	
Sitting		Reaching		Breathing	
Standing		Seeing		Interacting with Others	
Lifting		Performing Manual Tasks		Other: _____	

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	
Normal Skin Growth		Cardiovascular		Genitourinary	
Hemic		Lymphatic		Musculoskeletal	
Circulatory		Endocrine		Special Sense Organ	
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. An impairment does not have to prevent or severely or significantly restrict a major life activity in order to be considered substantially limiting. Accordingly, substantial limitation means less than "significantly restricted." The term "disability" is construed in favor of broad coverage of students. The determination of whether an impairment substantially limits a major life activity must be made without regard to the ameliorative effects of mitigating measures 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

NOTE: The use of this scale from 1 to 4 is not meant to imply that "substantially" limiting is the most severe a condition can be. In fact, "substantially" limiting is something less than "significantly," "severely," or "completely" limiting; this scale is used because any condition that is at least "substantially" limiting is enough for a student to qualify as disabled under Section 504.

If a substantial limitation exists, state which major life activity or activities are 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. NOTE: A student with a disability may be protected by Section 504 even if the student does not need special education or related services, or a Section 504 plan, as a result of his or her disability.
- ☐ 3. Student is not eligible under or protected by Section 504.

## ELIGIBILITY TEAM PARTICIPANTS

Name

Position/Title

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Copy of form provided to parents 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****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 Fox C-6 School District to conduct a pre-placement/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 60 days of my/our consent unless reasonable cause exists to extend that timeline.

I/We understand that the purpose of this pre-placement/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 pre-placement/initial evaluation under Section 504, the District is not required to pursue any further an initial/pre-placement 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:

- \_\_\_\_\_ 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.

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

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:***

<b><i>Date Informed</i></b>	<b><i>Person Informed</i></b>	<b><i>Manner of Presentation</i></b>	<b><i>Case Manager Initials</i></b>

***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 \_\_\_\_\_.

**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 J****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 or school district who has or is purported to have a 504 disability, the Fox C-6 School District will take reasonable steps to promptly obtain the child's records, including the 504 pre-placement evaluation report, 504 eligibility determination, and 504 plan, from the previous school in which the student was enrolled. The District will request records from the prior school within two (2) business days of enrollment of a child transferring from another school or school district. .*

<b>504 Evaluation Report and Eligibility Documentation</b>	Requested (m/d/y)	Received (m/d/y)
<b>504 Plan</b>	Requested (m/d/y)	Received (m/d/y/)
<b>Other</b>	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 3: EVALUATION/ELIGIBILITY DOCUMENTATION RECEIVED BUT NO 504 PLAN 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:

### SECTION 4: 504 PLAN RECEIVED, BUT NO EVALUATION REPORT, ELIGIBILITY DOCUMENTATION RECEIVED

**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 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:

## **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 Manager: \_\_\_\_\_ 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.***

7. If the conduct in question *is* related to the student's 504 disability, does the team

- a. Need to convene to determine if a change in programming or placement is necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

- b. Need to refer the student for a possible IDEA evaluation?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

- c. Need to conduct a functional behavioral assessment or develop a behavior intervention plan?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

- d. Need to conduct a review of existing data to determine if a reevaluation is necessary?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

List of Participants and Roles:
---------------------------------

Name	Role

Copy of form provided to parent on: \_\_\_\_\_  
Method of delivery: \_\_\_\_\_ By: \_\_\_\_\_

**Parent/Guardian Documentation**

I/We have reviewed this discipline/manifestation documentation. 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 L

**TRANSITORY AND MINOR IMPAIRMENT**  
**VOLUNTARY ACCOMMODATION DOCUMENTATION**  
**FORM**

Pursuant to the 2008 ADAAA 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 ADAAA. The Fox C-6 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 pre-placement 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:	

**FOX C-6 SCHOOL DISTRICT'S**  
**SECTION 504 PROCEDURAL SAFEGUARDS**

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act were designed to eliminate discrimination on the basis of disability. To that end, Section 504 provides, in pertinent part, as follows:

No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. . . .

A disabled person under Section 504 is defined as any person who has a physical or mental impairment that substantially limits one or more major life activities.

Pursuant to Subpart D of the 504 federal regulations, a recipient of federal financial assistance that operates a public elementary or secondary education program must establish and implement, with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of disability, need or are believed to need special instruction or related services, a system of procedural safeguards. The following is a description of the procedural safeguards or rights granted by federal law to students with 504 disabilities and/or their parents or legal guardians and to those students who are suspected of having a 504 disability and/or their parents or legal guardians. Parents/guardian of students who are suspected of or identified with a disability under the Individuals with Disabilities Education Act are provided with copies of the IDEA procedural safeguards unless those students have a separately identified 504 disability that is not addressed through an IEP.

**PARENT AND STUDENT RIGHTS UNDER SECTION 504:**

1. Parents/guardian 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 are 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) or guardian of a child with a disability has 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. The procedures for requesting an impartial due process hearing and the relevant review procedures are described below.

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 describes the procedures for filing a grievance and can be requested by contacting: Assistant Superintendent of Elementary.

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, U.S.

Department of Education, Office for Civil Rights, One Petticoat Lane, 1010 Walnut St., Suite 320, Kansas City, Missouri 64106.

The District's Section 504 Coordinator is Dr. Randy Gilman, the Assistant Superintendent for Elementary Education and may be reached at 636-296-8000, extension 7169. His mailing address is: Fox C-6 School District, 745 Jeffco Blvd., Arnold, MO 63010.

#### **DUE PROCESS APPEAL PROCEDURES:**

This procedure should be used if the parent(s), legal guardian or eligible student intends to challenge actions the District proposes or refuses under 504 regarding the identification, evaluation, program or placement of a student with a disability. The District also has the right to initiate a 504 due process hearing regarding these same matters.

1. If a parent, legal guardian or eligible student intends to challenge the action proposed or refused by the District, the parent/guardian or eligible student must file a written request for 504 Due Process Hearing within 90 calendar days from the date of the District's written notice of the proposed or refused action. A copy of this form is attached to these Procedural Safeguards. The Request for 504 Due Process Hearing should be filed with the District's Section 504 Coordinator, Dr. Randy Gillman, whose contact information is listed above. If the District intends to initiate a Section 504 due process hearing, the District's Section 504 Coordinator must complete the Request for a 504 Due Process Hearing within the same number of calendar days as specified above.
2. The Request for a 504 Due Process Hearing must state the specific circumstances, including all relevant facts, giving rise to the request for due process; the specific issues to be decided at the impartial due process hearing; and the relief being requested. The District will acknowledge, in writing, all parent/guardian requests for a due process hearing within 5 school days of receipt. If the District initiates the due process hearing, the District will inform the parent or guardian within 10 school days of the District's decision to so initiate.
3. The District will, within 10 business days of the District's or parent/guardian's receipt of the Request for a 504 Due Process Hearing, appoint and retain a single impartial hearing officer to hear and decide the due process request. The hearing officer must have knowledge or training in Section 504 and may not be an employee of the District. The hearing officer may not have a personal or professional interest that would conflict with his/her objectivity in the hearing. The District is not required to consult with the parent/guardian or eligible student with respect to the hearing officer appointment.
4. The parties to the hearing have the following rights:
  - a. The right to inspect all relevant records, including personally identifiable records of the student;

- b. The right to be represented and advised by an attorney;
  - c. The right to present evidence and confront, cross-examine and compel the attendance of witnesses;
  - d. The right to obtain a record of the hearing;
  - e. The right to obtain written findings of fact, conclusions of law, and decision.
5. The parents or guardian have the right to open the hearing to the public; otherwise, it will be closed. The parents or guardian may elect to have the student present at the hearing.
6. The hearing officer must hold the hearing within 20 days of his/her appointment as hearing officer. This timeline may be extended upon the request of the party or parties and by agreement and order of the hearing officer.
7. Each hearing must be conducted at a time and place which is reasonable convenient to the District and the parents or guardian. The District's facilities will be presumed to be a reasonably convenient location but the parents or guardian may challenge this presumption with the hearing officer.
8. The party that requested the due process hearing may not raise issues at the due process hearing that were not addressed in the Request for a 504 Due Process Hearing unless the other party agrees.
9. The hearing officer shall render a final, written decision no later than 10 days following the completion of the hearing. A decision may be rendered after 10 days, if either party requests an extension of this timeframe, and for good cause shown. The decision of the hearing is final and binding, subject to the procedures outlined below.
10. The Fox C-6 School District is responsible for costs directly attributable to the provision of administration hearings described in these procedures, including compensation of the hearing officer, transcripts or recordings of the hearing, and other related expenses. The District is not responsible for the costs of legal counsel or other representative of the parent/guardian or eligible student or for the costs of producing or reproducing the evidence presented by the parent/guardian or eligible student.
11. Any timelines specified herein may be extended by agreement of the District and parent/guardian or eligible student or by order of the hearing officer.
12. Any party aggrieved by the decision of the impartial hearing officer may appeal that decision to any court of competent jurisdiction.

## **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 Signature