

**Form F**

**PARENT PERMISSION FOR SECTION 504 EVALUATION**

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 PARENT(S) NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**I. Notice:**

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

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

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

<u>Assessment Area</u>	<u>Evaluation Technique</u>	<u>Possible Evaluation/ Consultation Personnel</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Form F

### 2. Permission:

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

☐ Permission is given voluntarily to conduct the evaluation process as described.

☐ Permission is denied.

### 3. Rights and Options:

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

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

parent permission for evaluation - form f

**Form B**

**Parent Invitation to Section 504 Meeting**

**Dear Parent(s)/Guardian(s):**

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

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Meeting Location:** \_\_\_\_\_ **Meeting Date/Time:** \_\_\_\_\_

**The purpose of this conference will be:**

\_\_\_ to review and discuss your child's present educational status/504 Plan.

\_\_\_ to discuss a referral on your child for possible Section 504 eligibility.

\_\_\_ to discuss the possible need to evaluate/reevaluate your child.

\_\_\_ to discuss evaluation results and make a determination regarding 504 eligibility

\_\_\_ to discuss educational/instructional options for your child.

\_\_\_ to discuss at your request: \_\_\_\_\_

\_\_\_ other: \_\_\_\_\_

**The following persons have been invited to attend this meeting:**

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

4. \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

# Form B

Enclosed please find a copy of your rights under Section 504. Please complete the reply form below and return it to the Building 504 Coordinator by: \_\_\_\_\_  
(date)

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

Sincerely,

\_\_\_\_\_  
(Building 504 Coordinator)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone No.)

-----  
Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Meeting Location: \_\_\_\_\_ Meeting Date/Time: \_\_\_\_\_

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

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

\_\_\_\_\_ Please send a copy of the appropriate records after the meeting.

\_\_\_\_\_ The student will attend the Section 504 Committee meeting.

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

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Form G

## 504 ELIGIBILITY DETERMINATION

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Center Coordinator: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Address: \_\_\_\_\_

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

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of evaluation data</u>	<u>Accommodations/ placement options</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Variety of sources of evaluation information: (indicate each area where information reported and reviewed)

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

1. Specify the mental or physical impairment: \_\_\_\_\_
2. Check the major life activity that is affected by the impairment:
 

G seeing	G hearing	G caring for one's self	G breathing
G walking	G learning	G performing manual tasks	G working
G speaking	G bending	G lifting	

G other (circle, as appropriate: eating, sleeping, reading, concentrating, thinking, communicating)

G operations of major bodily functions (circle, as appropriate: immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, or reproductive functions)
3. Determine the impact of the impairment on the major life activity:
  - a. The team must focus on the major life activity as a whole (e.g., learning), not on a particular class (e.g., math) or sub-area (e.g., socialization; study skills).
  - b. The term "substantially limits" means that the student is restricted as to the conditions,

## Form G

manner, or duration under which a particular major life activity can be performed as compared to the average student in the general population. The restriction is material/important.

- c. Do not consider the ameliorative effects of mitigating measures such as medication, medical supplies, equipment, or appliances, low vision devices (excluding ordinary eyeglasses or contact lenses), prosthetics, hearing aids and cochlear implants, mobility devices, oxygen therapy equipment and supplies, assistive technology, reasonable accommodations or auxiliary aids and services, or learned behavioral or adaptive neurological modifications.
- d. Discount from the analysis any sub-par performance due to factors other than an impairment, such as lack of motivation, the immediate situation or environment, lack of appropriate instruction.
- e. For episodic impairments or impairments that go into remission, determine substantial limitation when the impairment is in the active state.

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

5-----	Extremely	_____
4-----	Substantially	_____
3-----	Moderately	_____
2-----	Mildly	_____
1-----	Negligibly	_____

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

OR

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

District Commitment

Building 504 Coordinator \_\_\_\_\_

Date \_\_\_\_\_

Parent:

- \_\_\_\_\_ I have been informed of my due process rights and procedural safeguards.  
 \_\_\_\_\_ I agree with the eligibility determination.  
 \_\_\_\_\_ I disagree with the eligibility determination, but will not seek a due process hearing.  
 \_\_\_\_\_ I disagree with the eligibility determination and would like information on how to request a due process hearing.

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

eligibility determination - form g

## Behavior Frequency Counting

Student: \_\_\_\_\_

Behavior to be counted:

Dates:

[illegible]



# Behavior Frequency Counting

Student: \_\_\_\_\_

Behavior to be counted: \_\_\_\_\_

Dates: \_\_\_\_\_

Monday: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27  
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Tuesday: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27  
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Wednesday: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27  
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Thursday: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27  
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Friday: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27  
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Form filled out by: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**Form C**

**\*NOTICE OF RIGHTS FOR DISABLED STUDENTS  
AND THEIR PARENTS UNDER SECTION 504 OF THE  
REHABILITATION ACT OF 1973**

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

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

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

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

***\*Section 504 Policy and Procedures – Attachment A***

## Form C

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

**Form C**

13. If you wish to request an impartial due process hearing, you must submit a written Request for Hearing to the District 504 Coordinator at the address below.  
[Name]  
[Address]
14. An impartial hearing officer will be appointed. You will be notified in writing of the hearing date, time, and place. Further details about the hearing process are set forth in the District's 504 procedures. The 504 procedures are available from either the Building or the District Coordinator.
15. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction.
16. If you feel that the District has violated an express term of its §504 policies and procedures, you have the right to present a grievance to the District 504 Coordinator. Further details about the grievance process are set forth in the District's 504 procedures. The 504 procedures are available from either the Building or District 504 Coordinator.
17. If you feel the District has violated Section 504, you also have a right to file a complaint with the Office for Civil Rights (OCR) of the U.S. Department of Education. The address of the OCR Regional Office that covers Michigan is:

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

Center 504 Coordinator

(Name)

(Address)

(City, State, Zip)

## 504 ACCOMMODATION PLAN

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CA: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. Describe the nature of the concern: \_\_\_\_\_
2. Describe the basis for the determination of handicap (if any): \_\_\_\_\_
3. Describe how the handicap affects a major life activity: \_\_\_\_\_
4. The Child Study Team/Intervention Assistance Team has reviewed the files of the above named student and concludes that he/she meets the classification as a qualified handicapped individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school has agreed to make reasonable accommodations and address the student's individual needs by: \_\_\_\_\_

### PHYSICAL ARRANGEMENT OF ROOM:

- \_\_\_\_\_ seating student near the teacher
- \_\_\_\_\_ seating student near a positive role model
- \_\_\_\_\_ standing near the student when giving directions or presenting lessons
- \_\_\_\_\_ avoiding distracting stimuli (air conditioner, high traffic areas, etc.)
- \_\_\_\_\_ increasing the distance between the desks
- \_\_\_\_\_ Additional accommodations: \_\_\_\_\_

### LESSON PRESENTATION:

- |  |   |
|--|---|
| _____ pairing students to check work                       | _____ providing written outline               |
| _____ writing key points on the board                      | _____ allowing student to tape record lessons |
| _____ providing peer tutoring                              | _____ having student review key points        |
| _____ visual aides   | _____ orally teaching through multi-sensory   |
| _____ providing peer note taker                            | _____ modes using computer-assisted           |
| _____ making sure directions are understood                | _____ instruction                             |
| _____ including a variety of activities during each lesson |   |
| _____ breaking longer presentations into shorter segments  |   |
| _____ Additional accommodations: _____                     |   |

### ASSIGNMENTS/WORKSHEETS:

- |   |                                     |
|---|-------------------------------------|
| _____ giving extra time to complete tasks                         | _____ using self-monitoring devices |
| _____ simplifying complex directions                              | _____ reducing homework assignments |
| _____ handing worksheets out one at a time                        | _____ not grading handwriting       |
| _____ reducing the reading level of the assignments               |                                     |
| _____ requiring fewer correct responses to achieve grade          |                                     |
| _____ allowing student to tape record assignments/homework        |                                     |
| _____ providing a structured routine in written form              |                                     |
| _____ providing study skills training/learning strategies         |                                     |
| _____ giving frequent short quizzes and avoiding long tests       |                                     |
| _____ shortening assignments; breaking work into smaller segments |                                     |
| _____ allowing typewritten or computer printed assignments        |                                     |
| _____ Additional accommodations: _____                            |                                     |

→ over

**TEST TAKING:**

\_\_\_\_\_ allowing open book exams \_\_\_\_\_ allowing extra time for exam  
\_\_\_\_\_ giving exam orally \_\_\_\_\_ reading test item to student  
\_\_\_\_\_ giving take-home tests  
\_\_\_\_\_ using more objective items (fewer essay responses)  
\_\_\_\_\_ allowing student to give test answers on tape recorder  
\_\_\_\_\_ giving frequent short quizzes, not long exams  
\_\_\_\_\_ Additional accommodations: \_\_\_\_\_

**ORGANIZATION:**

\_\_\_\_\_ providing peer assistance with organizational skills  
\_\_\_\_\_ assigning volunteer homework buddy  
\_\_\_\_\_ allowing student to have an extra set of books at home  
\_\_\_\_\_ sending daily/weekly progress reports home  
\_\_\_\_\_ developing a reward system for in-school work and homework completion  
\_\_\_\_\_ providing student with a homework assignment notebook  
\_\_\_\_\_ Additional accommodations: \_\_\_\_\_

**BEHAVIORS:**

\_\_\_\_\_ praising specific behaviors \_\_\_\_\_ allowing legitimate movement  
\_\_\_\_\_ using self-monitoring strategies \_\_\_\_\_ contracting with the student  
\_\_\_\_\_ giving extra privileges and rewards \_\_\_\_\_ increasing the immediacy of rewards  
\_\_\_\_\_ keeping classroom rules simple and clear \_\_\_\_\_ implementing time-out procedures  
\_\_\_\_\_ making "prudent use" of negative consequences  
\_\_\_\_\_ allowing for short breaks between assignments  
\_\_\_\_\_ cueing student to stay on task (nonverbal signal)  
\_\_\_\_\_ marking student's correct answers, not his or her mistakes  
\_\_\_\_\_ implementing a classroom behavior management system  
\_\_\_\_\_ allowing student time out of seat to run errands, etc.  
\_\_\_\_\_ ignoring inappropriate behaviors not drastically outside classroom limits  
\_\_\_\_\_ Additional accommodations: \_\_\_\_\_

**SPECIAL CONSIDERATIONS:**

\_\_\_\_\_ Suggesting parenting program(s) \_\_\_\_\_ Alerting bus driver  
\_\_\_\_\_ Monitoring student closely on field trip \_\_\_\_\_ Suggesting agency involvement  
\_\_\_\_\_ Inservicing teacher(s) on student's handicap \_\_\_\_\_ Providing group/individual counseling  
\_\_\_\_\_ Providing social skills group experiences  
\_\_\_\_\_ Developing intervention strategies for transitional periods (e.g., cafeteria, physical education, etc.)

**MEDICATION:**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medication(s): \_\_\_\_\_ Schedule: \_\_\_\_\_  
Monitoring of medication(s): \_\_\_\_\_ daily \_\_\_\_\_ weekly \_\_\_\_\_ as needed basis  
Administered by: \_\_\_\_\_

**COMMENTS:**

Participants: (name and title)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Manager's Name: \_\_\_\_\_