

Section 504 Forms

SECTION 504 PROCEDURAL SAFEGUARDS

Shepherd School District has an internal resolution procedure to provide a prompt and impartial review of complaints pertaining to the identification, location, evaluation, and placement of students with known or suspected disabilities relating to educational services. Section 504 complaints may include, but are not limited to, disagreements with the decision of the District's Section 504 Team regarding identification, evaluation, educational program or placement, and accommodation of a student.

As part of an informal approach to complaint resolutions, the District wants parents, students and other District patrons to have the opportunity to make concerns known to the District and for the District to have the opportunity to respond and resolve concerns as rapidly as practicable at the program site level.

Filing a complaint is a protected activity. Discrimination against any individual because he or she reported Section 504 violations, or made a complaint, testified, assisted or participated in Section 504 investigations, proceedings or hearings is prohibited. Coercion, intimidation, threats or interference with anyone because he or she exercised or enjoyed Section 504 rights, or helped or encouraged someone else to do so, is prohibited.

Nothing herein precludes a parent from making an inquiry or filing a complaint with the Office for Civil Rights.

Procedural Safeguards

If the parent of a student who qualifies under Section 504 for special instruction or related services disagrees with a decision of the District with respect to: (1) the identification of the child as qualifying for Section 504; (2) the District's evaluation of the child; and/or (3) the educational placement of the child, the parents of the student are entitled to certain procedural safeguards.

The District shall provide written notice to the parent or legal guardian of a Section 504 student, prior to initiating an evaluation of the child and/or determining the appropriate educational placement of the child, including special instruction and/or related services.

Upon request, the parent or legal guardian of the student shall be allowed to examine all relevant records relating to the child's education and the District's identification, evaluation, and/or placement decision.

Impartial Due Process Procedures

1. The parent of the student may make a request in writing for an impartial due process hearing. The written request for an impartial due process hearing shall identify with specificity the areas in which the parent or legal guardian is in disagreement with the District.
2. Upon receipt of a written request for an impartial due process hearing, a copy of the written request shall be forwarded to all interested parties within 3 business days.
3. Within 10 business days of receipt of a written request for an impartial due process hearing, the District shall select and appoint an impartial hearing officer who has no professional or personal interest in the matter. In that regard, the District may select a hearing officer from the list of special education hearing examiners available at the Office of Public Instruction, the county superintendent or any other person who would conduct the hearing in an impartial and fair manner.

4. Once the District has selected an impartial hearing officer, the District shall provide the parent and all other interested parties with notice of the person selected.
5. Within 5 business days of the District's selection of a hearing officer, a pre-hearing conference shall be scheduled to set a date and time for a hearing, identify the issues to be heard, and stipulate to undisputed facts to narrow the contested factual issues.
6. The hearing officer shall, in writing, notify all parties of the date, time, and location of the due process hearing.
7. Anytime prior to the hearing, the parties may mutually agree to submit the matter to mediation. A mediator may be selected from the Office of Public Instruction's list of trained mediators.
8. At the hearing, the District and the parent may be represented by counsel.
9. The hearing shall be conducted in an informal but orderly manner. Either party may request that the hearing be recorded. Should either party request that the hearing be recorded, it shall be recorded using either appropriate equipment or a court reporter. The parents shall present their case first, followed by the District. Witnesses may be called to testify, and they will be subject to cross examination. Documentary evidence may be admitted and the hearing officer shall make all decisions relating to the relevancy of all evidence intended to be presented by the parties. Once all evidence has been received, the hearing officer shall close the hearing. The hearing officer may request that both parties submit proposed findings of fact, conclusions, and decision.
10. Within 20 business days of the hearing, the hearing examiner should issue a written report of his/her decision to the parties. Appeals may be taken as provided by law.

Legal References: 34 CFR 104.31-38 Procedural Safeguards

Shepherd School District
Section 504 Notice of Parent/Student Rights

The following is a description of the rights granted by federal law to students with disabilities. The intent of the law is to keep you fully informed about decisions relating to your child, and to inform you of your rights if you disagree with any of these decisions.

You have the right to:

1. Have your child take part in, and receive benefits for public education programs without discrimination because of his/her disability;
2. Have the District give you notice of your rights under federal law;
3. Receive notice with respect to identification, evaluation, or placement of your child;
4. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the provision of regular education or special education and related aids and services that are designed to meet the individual needs of students with disabilities as adequately as the needs of non-disabled students are met.
5. Have your child educated in facilities and receive services comparable to those provided non-disabled students;
6. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by persons who know the student, the evaluation data, and placement options;
7. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the District;
8. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
9. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program and placement;
10. Obtain copies of educational records at a reasonable cost, unless the fee would effectively deny you access to the records;
11. A response from the District to reasonable requests for explanations and interpretations of your child's records;
12. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child.
13. Request an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You may take part in the hearing, and have an attorney represent you. Hearing requests must be made to the District's 504 Coordinator _____;
14. File a local grievance following the Shepherd School District grievance procedure.

Your child's 504 case manager is: _____
Name/phone number

Copy given to parents on: _____ by _____
dd/mm/yy signature/position

**Shepherd School District
Section 504 Referral**

Student: _____ Date: _____

School: _____ Date of Birth: _____

Teacher: _____ Grade: _____

Parent: _____ Phone: _____

Address _____

Referred by _____ Position: _____

Reason for Referral: _____

Interventions Attempted: _____

Has the student ever been referred, evaluated, and/or received services from special education?

____ Yes ____ No If Yes, explain: _____

Referral action: _____

Section 504 Coordinator

Date

**Shepherd School District
Section 504 Meeting Notice**

Date:

TO:

FROM:

This letter is to advise you of a 504 meeting for _____(student name).

The purpose of this meeting is to:

- Review evaluation results and consider 504 eligibility
- Review 504 plan
- Other: _____

Meeting is scheduled for

Date:

Time:

Location:

Your attendance at this meeting is important. If you cannot attend, you may request to have the meeting rescheduled.

Enclosed are Section 504 Parent/Student Rights in Identification, Evaluation and Placement.

Sincerely,

Section 504 Coordinator/Case Manager/Phone number

Enclosure

Shepherd School District
PARENT PERMISSION FOR 504 EVALUATION

Student's Name: _____ Birth Date: _____

School: _____ Grade: _____

1. Notice:

A referral for a Section 504 educational evaluation has been requested in order to determine the cause, extent or possible remediation for a suspected disability. The reasons for this referral are documented on the Referral Form. The purpose of the referral is to determine whether your child is eligible for services under Section 504 of the Rehabilitation Act of 1973. The Shepherd School District seeks your consent to conduct assessments as designated below to assist with the determination of whether your child has a disability under Section 504 and needs a 504 Accommodation Plan. If there has been a previous determination that your child has a disability under Section 504, your consent for a re-evaluation as designated below is requested.

a) Proposed personnel/assessment/techniques

The following personnel will conduct the evaluation:

The assessment areas may include:

☐ Aptitude ☐ Achievement ☐ Emotional ☐ Behavioral ☐ Physical ☐ Communication

☐ Other (list) _____

The evaluation techniques may include:

☐ Classroom Observations ☐ Individual Tests (including intelligence or personality) ☐ Interviews

☐ Rating Scales ☐ Review of Records

☐ Other (list) _____

2. PERMISSION:

A 504 conference will be held to discuss the results of the evaluation and any educational program recommendations. You have the right to consent or deny permission I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate area below.

_____ Permission is given for the educational evaluation.

_____ Permission is denied.

_____ I have received a copy of the Notice of Parent/Student Rights.

Parent/Guardian Signature

Phone Contact

Date

Please contact _____ at _____ if you have any questions.

**Shepherd School District
Section 504 Eligibility Determination Report**

Student's Name:	Grade:	Date of Birth:
Parent:	Date of Meeting:	
School:	School Contact Person:	Position:

Eligibility Team Members: (fill in names and check whether knowledgeable about the :)			
Team Member	Child	Meaning of Evaluation Data	Accommodations/Placement Options

Educational History and Present Educational Placement Status:

Sources reviewed for evaluation. (Sources can include, but are not limited to, teacher input, student work samples, report card, home and health history, curriculum-based assessments, state test results, discipline history, cognitive assessments, and parent information. Medical reports are not required if provided should include either a psychological or physician's report)	
Source:	Date:

Results of Assessments:

Present Learning and Education Performance Description:	
Current Classes and Grades:	
School Attendance (describe):	
Other relevant information:	

1. Does the student have a physical or mental impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe the physical or mental impairment:			
2. Is the impairment:			
Temporary	Episodic	Intermittent	In remission
If so, describe frequency, intensity, and expected duration of impairment:			
3. In terms of frequency, intensity, and duration, does the impairment, when in an active state, substantially limit* a major life activity when compared to how the average, non-disabled student performs the activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe how the activity/ies is/are substantially limited:			
*The term “substantially limit” means that the student is: a) <u>unable</u> to perform a major life activity that the average student of approximately the same age can perform OR b) <u>restricted</u> as to the condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age.			
4. Check the major life activity that is affected by the impairment:			
Seeing	Hearing	Caring for One’s Self	Breathing
Walking	Learning	Performing Manual Tasks	Working
Thinking	Concentrating	Reading	Speaking
Major bodily function (specify):			
Other (specify):			
1. The 504 Team determines that the student is: <input type="checkbox"/> Eligible for 504 <input type="checkbox"/> Not Eligible for 504			
6. Does the student need accommodations, services, or supports to access the benefits of public education at a level similar to the average student? <input type="checkbox"/> Yes (complete a 504 Accommodation Plan) <input type="checkbox"/> No Explain:			
The parent/guardian has received a copy of the eligibility notice and a copy of the Parents’ Rights Notice.			
<u>Signatures:</u>		<u>Date:</u>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

**Shepherd School District
Section 504 Student Accommodation Plan**

Student Name: _____ Birth Date: _____

Grade: _____ School: _____ Initial Plan _____ Annual Review _____

504 Eligibility Determination Date: _____ Annual Review Date: _____

Describe the effects of the student's disability on the student's access to education or in the education setting:

Intervention/Strategy/Accommodation	Setting*	Implementer	Date	Comments

*** The student will be served in the least restrictive environment, which is generally the regular school/general curriculum setting. If not, the reasons are:**

The following individuals participated in the development of this plan and acknowledge that the student's parents have received a copy of their Parent Rights Notice:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Shepherd School District 504 Manifestation Determination Form

Student's Name: _____ Meeting Date: _____

Date of Birth: _____ Grade: _____

Meeting Participants (list or sign)	Area of Knowledge Relative to this Meeting		
	Student	Evaluation Data	Accommodations/ Placement options
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manifestation Review

1. Behavior subject to disciplinary action:

2. Student's disability (504):

3. Consideration of all relevant student information, including: Check appropriate boxes

- | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Evaluation and diagnostic results | <input type="checkbox"/> Relevant information provided by the parent |
| <input type="checkbox"/> Observations of the student | <input type="checkbox"/> Current 504 plan and placement |
| <input type="checkbox"/> All relevant information in the student's file | <input type="checkbox"/> Other: |

Manifestation Determination

For each statement answer "Yes" or "No" and explain.	Check the appropriate box
1. The conduct in question was the direct result of the district's failure to implement the student's 504 plan. Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The conduct in question was caused by or had a direct and substantial relationship to the student's disability(ies). Explain	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Yes	The conduct/behavior is a manifestation of the student's disability. Check "yes" if at least one answer to the above questions is Yes.
<input type="checkbox"/> No	The conduct/behavior is not a manifestation of the student's disability. Check "no" if both answers to the above questions are No.

Signature/Title: _____ Date: ____/____/____

Shepherd School District
Section 504 EXIT/TRANSFER FORM

Student's Full Name

ID Number

Date of Birth

Grade

School

Signature of Person Completing Form/Date

Student meets following criteria:

- ☐ Transferred to _____
School Name
- ☐ No longer needs/qualifies for 504 accommodations (attached evaluation documentation)
- ☐ No longer enrolled in Shepherd School District
- ☐ Parent withdrew child from program
- ☐ Student qualifies for Special Education under IDEA
- ☐ Other _____

Shepherd School District
SECTION 504 REVOCATION OF CONSENT

Student Name: _____ Birth Date: _____

Grade: _____ School: _____ Date: _____

To the Parent/Guardian of (or Adult Student): _____

By signing this form, You, the parent/guardian or adult student age 18 or older, hereby revoke consent to the District to the provision of services pursuant to Section 504 and understand and acknowledge the following:

1. The District is not required to convene a 504 meeting or develop a 504 Accommodation Plan for you or your child.
2. You and your child will no longer be entitled to protections he or she received when identified as a child eligible for 504 services (see attached Parent and Student Rights).
3. The District will not be considered to be in violation of the requirements to make a free appropriate public education available to your child because of the failure to provide further 504 Accommodations.
4. You may not seek to mediation, impartial due process, or other means to override your decision or other decisions relating to your child's educational program or placement.
5. Your child will be subject to all of the same requirements that apply to general education students, such as academics, statewide and districtwide assessments, extracurricular activities, graduation requirements, discipline, and all other general education requirements.
6. The District will not provide 504 Accommodations to your child upon receipt of this revocation.
7. The District is not required to amend your child's records to remove any reference to your child's receipt of 504 Accommodations because of revocation of consent.

504 Coordinator/Building Principal **Date:** _____

Parent Revocation: I REVOKE my consent for my child to continue to receive Section 504 Services and Accommodations.

Parent/Guardian **Date:** _____

Student Revocation: I am an adult student age 18 or older and I REVOKE my consent to receive Section 504 Services and Accommodations.

Student **Date:** _____