Star School District No. 054 Section 504 Information & Procedures

General Information
- Working with Parent Concerns and Complaints under Section 504 of the Rehabilitation Act of 1973
- Section 504 Complaint Form
- Section 504 Impartial Hearing Procedure
- Section 504 Coordinator Job Description
- Section 504 Building Designee Job Description
- 504 Manifestation Report

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- Form 504-2: Section 504 Referral and Recommendations
- Form 504-3: Section 504 Notice of Parent/Guardian and Student Rights
- Form 504-4: Authorization for Mutual Exchange of Confidential Information
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- Form 504-6-1: 504 Eligibility Determination
- Form 504-6-2: Section 504 Evaluation and Eligibility Report
- Form 504-7: Parent Notification of 504 Team Decision
- Form 504-8-1: Section 504 Plan, or
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- Form 504-8-3: Individualized Accommodation Plan (IAP)
- Form 504-9: Individualized Accommodation Plan Amendment/Exit
Working with Parent Concerns and Complaints under Section 504 of the Rehabilitation Act of 1973

The best solutions to parent concerns often occur at the school level. Therefore, the District encourages parents to resolve concerns by working with the teachers, and other appropriate staff to reach joint resolution of the issue. However, if a parent is unable to resolve the issue at the building level, a parent may file a formal complaint under Section 504 through the following process:

- Parent completes and submits a Section 504 Complaint Form to the District 504 coordinator. The Section 504 Complaint Form is available at each school’s office. The complaint should be as detailed as possible and describe why the parent believes that their concerns raise an issue under Section 504.

- The District 504 Coordinator will conduct an investigation of the allegation(s). If the District 504 coordinator is the subject of the complaint, the Superintendent will appoint an impartial investigator. The parent and the District staff will have opportunity to provide evidence, including documents and witnesses.

- The District 504 Coordinator will issue a written decision about the complaint within 30 calendar days of receipt of the complaint, and provide a copy of the decision to the parent. The written decision will contain suggested resolution to the parents’ concerns.

- If the parent is not satisfied with the resolution of his/her complaint, the parent may request a review of the complaint by the Superintendent. The Superintendent will respond to the parent’s request for review within 10 days of receiving the request.

- If the parent is still dissatisfied after the Superintendent’s review, or at any time during the District’s complaint resolution process, the parent may file a complaint in writing with:
  U.S. Department of Education, Office for Civil Rights
  915 Second Avenue, Room 3310, Seattle WA 98174-1099
Star School District No. 054
Section 504 Complaint Form

Date ____________________________  Your School ____________________________

Your Name ______________________  Your Phone _____________________________

Your Address ______________________________________________________________

Person discriminated against/relationship to you ______________

Please describe your concerns and why you believe they raise an issue under Section 504. Include a
description of what happened, when and where it happened, and who was involved. (Feel free to
attach additional pages if necessary)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Explain the steps you have already taken to resolve the issue, if any.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Describe what resolution to your concerns you would like to see.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please attach any documents or other information you think will help with the investigation of your
complaint.
1. The parent requests an impartial hearing by filing a written request with District’s 504 Coordinator. The District 504 Coordinator is located in the Richland School District No. 400 District Office 615 Snow Ave. Richland WA 99352  509.967.6030.

2. The 504 Coordinator arranges for an impartial hearing officer. A list of possible hearing officers may be obtained from ESD 123, 509-554-5775.

3. Either the 504 Coordinator or the hearing officer gives notice of the time and place of the hearing at least 10 calendar days before the hearing. Either party may request that the hearing be rescheduled.

4. The hearing officer holds a telephone conference with the parties to clarify the issues at least 7 calendar days before the hearing.

5. The parties will provide any documents or other evidence they plan to present at the hearing to the other party and the hearing officer at least 5 business days before the hearing.

6. Both parties have the right to accompanied and advised by counsel or other representative. The parents have the right to open the hearing to the public.

7. The parties will not communicate with the hearing officer about any issue of fact or law unless the other party has notice and opportunity to participate in the communication.

8. The parents present their arguments and evidence first, followed by the school district.

9. The hearing will be recorded by mechanical device or by certified court reporters. The parties have the right to request a verbatim record of the hearing.

10. The hearing officer will issue a decision in writing after considering the whole record, but not more than 45 calendar days after the district received the hearing request.
Section 504 Coordinator Job Description

Duties and Responsibilities:

- Facilitates the implementation of the school board approved Section 504/ADA policy.

- Develops, continually revises and ensures the implementation of consistent Section 504 procedures.

- Provides ongoing training and support to district staff regarding Section 504 and the implementation of the Section 504 procedures.

- Collects and maintains all Section 504 data (504 plans, lists of eligible students, discipline records) for future reference.

- Continually monitors the reduction of architecture barriers for individuals with disabilities.

- Facilitates the provision of reasonable accommodations for district employees with disabilities.

- Serves as a daily resource to district administrators, building level teams, and community members regarding Section 504/ADA issues.

- Coordinates Section 504/ADA grievance procedures.

- Serves as the school district’s liaison to the Office for Civil Rights. (OCR complaint resolution and corrective action plan implementation).

- Advises the district superintendent and school board regarding Section 504/ADA compliance issues and needs.
Section 504 Building Designee Job Description

Duties and Responsibilities:

- Maintains compliant building records and documentation for all eligible students and provides copies to the District Section 504 coordinator.

- Ensures the implementation of Section 504 procedures in the building.
  - Coordinates referrals
  - Determines appropriate 504 team composition
  - Facilitates evaluation/eligibility determination
  - Provides notices and consents
  - Develops 504 plans
  - Monitors the implementation of 504 plans
  - Schedules annual reviews of each 504 student
  - Assures that 504 plans move with the student to the next level or new school

- Serves as a daily resource to the building administrators, teachers, and community members regarding section 504 issues.

- Advises the school administrator regarding discipline issues and procedures for Section 504 eligible students being considered for suspension or expulsion.

- Serves as a liaison between the school building and other District staff regarding Section 504 issues.

- Attends periodic District Section 504 training meetings.
**Star School District No. 054**  
**504 MANIFESTATION REPORT**

This form should be used whenever expulsion is being considered as a consequence for serious misbehavior purportedly committed by a student with an identified 504 disability. The process is twofold: 1) to review the appropriateness of the 504 plan and 2) to determine if the student’s misbehavior was a manifestation of his or her 504 disability. Parents and advocates will collectively have one vote in the manifestation determination process.

<table>
<thead>
<tr>
<th>Student Name: __________________________</th>
<th>Birth Date: __________</th>
<th>I.D. __________________________</th>
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<tbody>
<tr>
<td>Meeting Date: _________________________</td>
<td>School: ______________</td>
<td>Disability: ____________________</td>
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**Part I**

Describe the alleged incident/behavior that initiated this meeting:

---

Has the student been suspended before? (If “yes”, include a brief description of the incident(s), frequency and duration.)

---

Have disciplinary concerns been increasing ____ decreasing ____ other ______

---

Is the student currently on a behavior plan?
Is the student’s 504 plan appropriate, particularly as it relates to the misconduct?

☐ Yes  ☐ No

Indicators:

Was the accommodations defined in the student’s 504 plan in place at the time of the infraction?

☐ Yes  ☐ No

If the majority/consensus opinion is that the student’s 504 plan was inappropriate or significantly not complied with as it relates to the misconduct, then the expulsion process, ceases and a review of the current 504 plan should immediately occur. Please indicate such a majority/consensus opinion by signing below.

Signatures of participants:

________________________________  __________________________________  __________________________________

________________________________  __________________________________  __________________________________

Part II
If the 504 plan is deemed appropriate, this committee should proceed to the next step of addressing the manifestation issue(s) that follow.

Did the student’s 504 disability impair his/her understanding of the impact and consequences of the misbehavior?

☐ Yes  ☐ No

Indicators:
Did the student’s 504 disability impair his/her control of the misbehavior?  ☐ Yes  ☐ No

Indicators:

Is the student’s misbehavior a manifestation of his/her identified 504 disability?

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<th>Title</th>
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<td>☐ Yes ☐ No</td>
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PROCEDURES FOR EVALUATING 504 REFERRALS

This packet will be used to implement the 504 evaluation process in the Star School District. Upon receipt of a request to evaluate a student’s eligibility for accommodations, a case manager (counselor or any certified district employee) will be appointed to manage the evaluation process.

Student_________________________________ DOB____________________________________
Case Manager____________________________________ Date________________________

Steps:

1. Case Manager meets with parent(s)/guardian(s) to complete initial paperwork (504-2, 504-3 and 504-4).

2. School nurse obtains a written diagnosis from a qualified health care provider (state licensed) using appropriate form 504-5.

3. Identify the team of evaluators (usually teachers, nurse or other staff members familiar with the student or the school who would be qualified to judge the degree to which the impairment limits access to education). Parents may be included but this is not required.

4. A preliminary meeting of the 504 team is scheduled. Pertinent information is provided (may include test data, grades, attendance, health provider’s statement, etc.). Evaluation sheets are provided and team members are requested to study and observe (if applicable) the student as compared with the average student in the general population (504-6).

5. Team is convened after an appropriate time to study the situation. Team discusses observations, completed eligibility determination form (504-6) and arrives at a consensus on the decision to recommend or not to recommend 504 accommodations. The key determinant is “significantly impaired”. (Step 4 and 5 may be combined in one meeting if observing the student in class is not possible).

6. Case manager will notify parent(s)/guardian(s) of team decision in writing (504-7) and, if appropriate, invite them to participate in developing an accommodation plan. A copy of this parent notification will be kept in the student’s cumulative file.

7. Case manager consults resources, parents(s), staff, and develops a draft plan (504-8).

8. Case manager meets with the 504 team and parent(s) to finalize the accommodation plan and obtain signatures (504-8).

9. Case manager provides copies of the plan to all pertinent people (including current teachers) and notifies new teachers of the plan when the student’s schedule changes.

10. Re-evaluation will occur every three (3) years or as required in the event of a significant change of placement/program or recommendation for termination of the plan (504-9).

11. Case manager will manage the case file. All paperwork and pertinent information will be dated and retained. Files will be stored at the District 504 Coordinator’s Office when the student exits the program or leaves school.
### Section 504 Referral and Recommendations

**Star School District No. 054**

<table>
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<th>Field</th>
<th>Information</th>
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<td>Referral Date</td>
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<td>Sex</td>
<td>____________</td>
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<td>DOB</td>
<td>____________</td>
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<tr>
<td>Age</td>
<td>____________</td>
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<tr>
<td>Student Last Name</td>
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<td>Student First Name</td>
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<td>Student M.I.</td>
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<td>Parent/Guardian/Surrogate</td>
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<td>Street</td>
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<td>City</td>
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<td>School</td>
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<td>Teacher(s)</td>
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<td>Grade</td>
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<td>Telephone Mother's Work</td>
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<td>Telephone Father's Work</td>
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<tr>
<td>English Proficient</td>
<td>YES</td>
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<td>Home Language</td>
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<td>Screened by ESL</td>
<td>YES</td>
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<td>Referral made by</td>
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<td>Position</td>
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<td>This referral and function of</td>
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<td>the 504 Team have been</td>
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<td>discussed with the Parent/</td>
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<td>Guardian/Surrogate</td>
<td>YES</td>
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<td>Date</td>
<td>____________</td>
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<tr>
<td>Description of Teacher/School</td>
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<td>Parent concern(s)</td>
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<td>(circle one)</td>
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<td>Provide information to</td>
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<td>substantiate concern(s)</td>
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<td>(i.e., pre-referral data,</td>
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<td>disciplinary information,</td>
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<td>screening instruments,</td>
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<td>observations, anecdotal data,</td>
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<td>reports, examples of student's</td>
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<td>work)</td>
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<td>Describe interventions already</td>
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<td>used in attempting to resolve</td>
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<td>concern(s):</td>
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**TO BE COMPLETED BY THE 504 TEAM**

Date of 504 Team Meeting ____________

**Recommendations**

- [ ] Refer for Comprehensive Evaluation under IDEA
- [ ] Screen by ESL
- [ ] Screen/evaluate for 504 eligibility
- [ ] Other, Specify

504 Team member responsible to inform Parent/Guardian/Surrogate of recommendations (circle one):

Name/Position
Star School District No. 054

Section 504 Notice of Parent/Guardian and Student Rights

This is a notice of your rights under Section 504. These rights are designed to keep you fully informed about the district’s decisions about your child and to inform you of your rights if you disagree with any of those decisions.

You have the right to:

- Have your child participate in and benefit from the district’s education program without discrimination based on disability.
- An explanation of your and your child’s rights under Section 504.
- Receive notice before the district takes any action regarding the identification, evaluation, or placement of your child.
- Refuse consent for the initial evaluation and initial placement of your child.
- Have your child receive a free appropriate public education. This includes your child’s right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the district provide related aids and services to allow your child an equal opportunity to participate in school activities.
- Have your child educated in facilities and receive services comparable to those provided to non-disabled students.
- Have your child receive special education services if she/he needs such services.
- Have evaluation, educational, and placement decisions for your child based upon information from a variety of sources, by a group of persons who know your child, your child’s evaluation data, and placement options.
- Have your child be provided an equal opportunity to participate in non-academic and extracurricular activities offered by the district.
- Have educational and related aids and services provided to your child without cost except for those fees imposed on the parents/guardians of non-disabled children.
- Examine your child’s education records and obtain a copy of such records at a reasonable cost unless the fee would effectively deny you access to the records.
- A response to your reasonable requests for explanations and interpretations of your child’s education records.
- Request the district to amend your child’s education records if you believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the district refuses this request, you have the right to challenge such refusal.
- Request mediation or an impartial due process hearing to challenge actions regarding your child’s identification, evaluation, or placement. You and your child may take part in the hearing and have an attorney represent you. Hearing requests can be made to the district’s 504 coordinator.
- Ask for payment of reasonable attorney’s fees if you are successful on your claim.
- File a local grievance or a complaint with the U.S. Department of Education Office for Civil Rights.

The person in this district who is responsible for ensuring that the district complies with Section 504 is:
**AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION**

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<tr>
<th>Student</th>
<th>DOB</th>
<th>School</th>
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As parent/guardian of the above-named student, I authorize the mutual exchange of confidential information between Star School District and the following school District, agencies, or individuals (doctors, social workers, counselors, etc.):

<table>
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<th>District/Agency/Individual</th>
<th>Address</th>
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Parent/Guardian Signature  
*Date*

Adult Witness Signature  
*Date*

In accordance with the requirement of the Family Educational Rights and Privacy Act of 1974 (FERPA), information sent or received by public schools may not be shared with any other party without the written consent of the parents, guardian, or the student (if 18 years or older and not under legal guardianship).

*In accordance with Health Insurance Portability and Accountability Act of 1996 (HIPAA), this authorization expires 90 days from the date of signature.*
STAR SCHOOL DISTRICT NO. 054
DOCUMENTATION OF DIAGNOSIS

School

School Address

Date of Request for Diagnosis

Student: Date of Birth

Dear Health Care Provider:
We would appreciate your documentation of a medical/psychological condition that may require accommodation in the school setting.

A child is a qualified handicapped person under Section 504 of the Rehabilitation Act of 1973 if he/she (1) has a physical or mental impairment that substantially limits one or more major life activities (such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working), has a record of such an impairment, or is regarded as having such an impairment, and (2) is between the ages of 3 and 21 years old.

Please complete this form as soon as possible and return it to the school nurse the above address. A signed records release is enclosed. Thank you for your assistance.

Sincerely,

School Nurse
Enclosure

Diagnosis(es) 

Brief description of condition

How would this current condition adversely impact the student’s academic performance? 

Current Medication(s) and dosage

Are there any side effects that school personnel need to be aware of? If so, please describe.

Signature of health care provider Date

Printed Name of health care provider

Phone number Fax number
STAR SCHOOL DISTRICT NO. 054
504 ELIGIBILITY DETERMINATION

Student_______________________________DOB________________Grade_____
School________________________________

Impairment: ____________________________________________________________

Check the major life activity affected by this impairment:

☐ seeing ☐ hearing ☐ learning ☐ walking ☐ breathing
☐ other___________________

Check all areas that you have considered in your evaluation:

☐ achievement/standardized tests ☐ teacher recommendations
☐ parent comments ☐ student behavior
☐ Dr. /professional person’s comments ☐ grades
☐ attendance records ☐ observations
☐ behavior/discipline records ☐ other___________________

Using the average student in the general population as a frame of reference, mark on the scale below to indicate the degree to which you think the impairment identified above limits the student’s ability to be successful in school (team decision of “substantial” or greater implies obligation to provide accommodations).

5 – extremely impaired 4 – substantially impaired
3 – moderately impaired 2 – mildly impaired
1 – negligibly impaired

Please support your position with data you have considered:
__________________________________________
__________________________________________

I recommend a 504 Plan ☐ Yes ☐ No
Signature____________________________________________Date________________
Comments_______________________________________________________________
Student’s Name: ___________________________________________ Date of Birth: ________________

- Concerns regarding this student have been identified in the following areas:
  - [ ] Self Care
  - [ ] Seeing
  - [ ] Breathing
  - [ ] Performing manual tasks
  - [ ] Hearing
  - [ ] Learning
  - [ ] Walking
  - [ ] Speaking
  - [ ] Behavior
  - [ ] Other __________________________

Describe concerns: __________________________________________
____________________________________________________________________________
____________________________________________________________________________

- Evaluation Information and Summary. The Section 504 committee has considered the following evaluation information in determining if this student qualified as disabled under Section 504. (A parent signature is required on the Notice of Action/Parent Consent Form before an evaluation commences.)

Aptitude and Achievement Evaluation Results: ________________________________
____________________________________________________________________________
____________________________________________________________________________

Reported Classroom Grades and Performance: ________________________________
____________________________________________________________________________
____________________________________________________________________________

School Attendance Reports and Records: ________________________________
____________________________________________________________________________
____________________________________________________________________________

Classroom and General School Behavior: ________________________________
____________________________________________________________________________
____________________________________________________________________________

Medical and/or Health History: ________________________________
____________________________________________________________________________
____________________________________________________________________________

Other: ________________________________
____________________________________________________________________________
____________________________________________________________________________
On the basis of the above evaluation data, the 504 Committee has determined that
______________________________ (Student’s name) ☐ is eligible ☐ is not eligible for services under Section 504.

Eligible

The following major life activity is substantially limited:

☐ Self Care  ☐ Seeing  ☐ Breathing
☐ Performing manual tasks  ☐ Hearing  ☐ Learning
☐ Walking  ☐ Speaking  ☐ Behavior
☐ Other ______________________

Description of the condition that impacts learning or access to learning or other educational benefits or services: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Not Eligible

Explanation of why the 504 Committee has determined that the student is not eligible:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Participants:

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<th>Signature</th>
<th>Name</th>
<th>Position/Title</th>
<th>Date</th>
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17
Dear Parent/Guardian:

A team of staff members familiar with your student’s performance in school has considered the request for accommodations under Section 504.

The decision of the team is:

☐ Eligible. A team meeting to draft your student’s 504 accommodation plan will be held ________________.

☐ Not eligible.

Please contact me if you have questions about this decision.

Sincerely,

Case Manager
Phone Number
STAR SCHOOL DISTRICT NO. 054
SECTION 504 PLAN

Student’s Name: ____________________________ Date: ________________

Section 504 Disability: ____________________________ Birthdate: __________

School: ____________________________ Grade: __________

DESCRIBE THE ACCOMMODATIONS THAT WILL BE IMPLEMENTED:

Instructional: __________________________________________
________________________________________________________________
________________________________________________________________

Environmental/Accessibility: __________________________
________________________________________________________________
________________________________________________________________

Behavioral/Social: __________________________
________________________________________________________________
________________________________________________________________

Assessment/Testing/MSP, HSPE, EOC: __________________________
________________________________________________________________
________________________________________________________________

Implementation Date: ________________ Review Date: ________________

Signature Date Agree/Disagree

_________________________________________ ________________ ________________
Case Manager

_________________________________________ ________________ ________________
Principal/Desigee

_________________________________________ ________________ ________________
Teacher

_________________________________________ ________________ ________________
Parent

(Parent-Signature acknowledges consent for proposed plan/placement)
SECTION 504 Plan

Student’s Name: ___________________________ Date: ________________
School: ___________________________ Grade: _____ Birthdate: _________
Section 504 Disability: ___________________________

(A person with a disability means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a history of such an impairment, or is regarded as having such an impairment. “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)

Description of Accommodations: The specific accommodations that are necessary for the child to have an opportunity commensurate with non-disabled students (at about the same age) in this district, e.g., instructional, environmental/accessibility, behavioral/social, assessment/testing/MSP, HSPE, or EOC:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Implementation Date: ________________ Review Date: ________________

Position                  Signature                  Date
Case Manager: ___________________________ ___________________________ __________
Teacher: ___________________________ ___________________________ __________
Administrator/Designee: ___________________________ ___________________________ __________
Other, specify: ___________________________ ___________________________ __________
Parent: ___________________________ ___________________________ __________

Signature acknowledges consent for proposed plan/placement.

Distribution: Original – Student Services Office; Copy to Parent and School
Attachment: Notice of Action and 504 Parent/Student Rights
STAR SCHOOL DISTRICT NO. 054
INDIVIDUALIZED ACCOMMODATION PLAN (IAP)

Student Name__________________________________ Date_____________________

Disability____________________________________ DOB____________________

School______________________________________ Grade __________________

IAP Case Manager____________________________________________________

Present Level of Educational Performance________________________________

Expected educational impact of IAP________________________________________

**Accommodations:**

**Instructional:**

Environmental/Accessibility:

Behavioral/Social:

Assessment/MSP/HSPE/EOC:

Other:
Student Name_______________________

The School Agrees To:

The Student Agrees To:

The Parent Agrees To:

Implementation Date:________________________ Review Date__________________

Team Participants:
_________________________________ ☐ Agree ☐ Disagree ______________ Date
Name/Title
_________________________________ ☐ Agree ☐ Disagree ______________ Date
Name/Title
_________________________________ ☐ Agree ☐ Disagree ______________ Date
Name/Title
_________________________________ ☐ Agree ☐ Disagree ______________ Date
Name/Title
_________________________________ ☐ Agree ☐ Disagree ______________ Date
Name/Title
_________________________________ ☐ Agree ☐ Disagree ______________ Date
Name/Title

22
INDIVIDUALIZED ACCOMMODATION PLAN AMENDMENT/EXIT

Student_________________________________ School ______________________

Staff/Parent requesting amendment/exit_______________________________ Date_______

Parent/Guardian____________________________________________________________________

Address________________________________________ IAP Case Manager _____________

The following is recommended for this student:

Basis for recommendation and options considered:

504 Team Members considering this amendment

___________________________________□Agree □Disagree ___________________________ Date
Name/Title

___________________________________□Agree □Disagree ___________________________ Date
Name/Title

___________________________________□Agree □Disagree ___________________________ Date
Name/Title

___________________________________□Agree □Disagree ___________________________ Date
Name/Title

___________________________________□Agree □Disagree ___________________________ Date
Name/Title