

Star School District No. 054 Section 504 Information & Procedures

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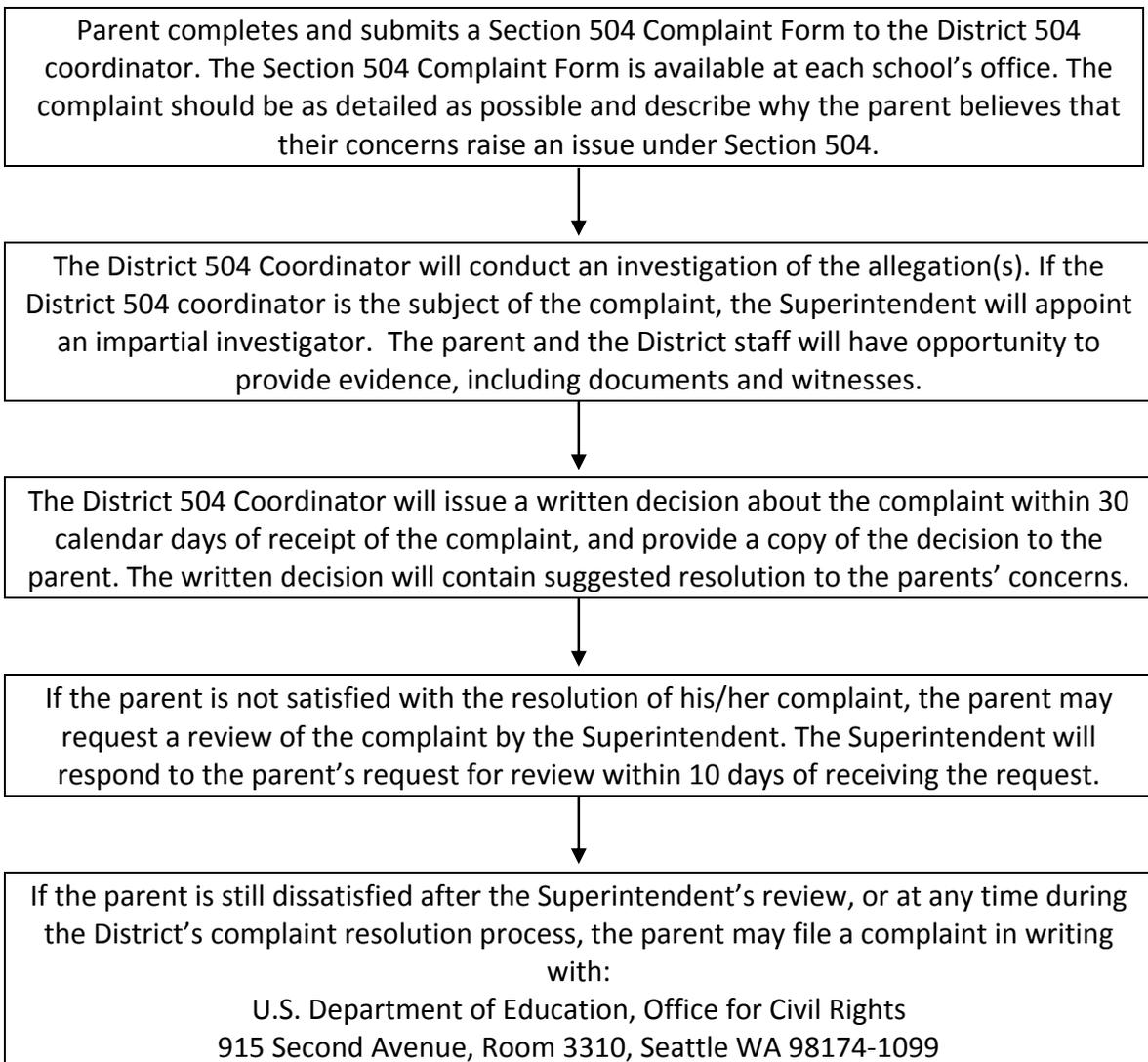
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STAR SCHOOL DISTRICT NO. 054 COMPLAINT PROCEDURE

**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:



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.

Star School District No. 054
Section 504 Impartial Hearing Procedure

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.

Student Name: _____ Birth Date: _____ I.D. _____

Meeting Date: _____ School: _____ Disability: _____

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?

Signature

Title

Yes No

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 parents(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.

Star School District No. 054
Section 504 Referral and Recommendations

Referral Date _____

Student _____ Sex ____ DOB _____ Age _____
 Last First M.I.

Address _____ Parent/Guardian/Surrogate _____
 Street City State Zip

School _____ Teacher(s) _____ Grade _____

Telephone _____
 Home _____ Mother's Work _____ Father's Work _____

English Proficient YES ___ NO ___ Home Language _____ Screened by ESL YES _____ NO _____

Referral made by _____ Position _____

This referral and function of the 504 Team have been discussed with the Parent/Guardian/Surrogate
 YES _____ NO _____ Date _____

Description of Teacher/School/Parent concern(s) _____
 (circle one)

Provide information to substantiate concern(s) (i.e., pre-referral data, disciplinary information, screening instruments, observations, anecdotal data, reports, examples of student's work) _____

Describe interventions already used in attempting to resolve concern(s): _____

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

Student	DOB	School
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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.):

District/Agency/Individual	Address

Parent/Guardian Signature	*Date
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Adult Witness Signature	*Date
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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 _____

STAR SCHOOL DISTRICT NO. 054
SECTION 504 EVALUATION AND ELIGIBILITY REPORT

Student's Name: _____ Date of Birth: _____

• **Concerns regarding this student have been identified in the following areas:**

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Self Care | <input type="checkbox"/> Seeing | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Speaking | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> 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:

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Self Care | <input type="checkbox"/> Seeing | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Speaking | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> 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:

<u>Signature</u>	<u>Name</u>	<u>Position/Title</u>	<u>Date</u>

STAR SCHOOL DISTRICT NO. 054
PARENT NOTIFICATION OF 504 TEAM DECISION

Student _____ DOB _____
School _____ Date _____

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/Designee

Teacher

Parent

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

**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:

_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date

**STAR SCHOOL DISTRICT NO. 054
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

_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____
Name/Title			Date