

# Policies, Procedures, and Implementation Handbook

## SECTION 504

of the Rehabilitation Act of 1973

And

The Americans with Disabilities Act Amendments of 2008  
(ADAA 2008)

HAYWOOD COUNTY SCHOOLS

*August 2015 Edition*

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**504 Manual**  
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## **Section 504 Manual Introduction**

Revised August 2015

### **PURPOSE:**

The purpose of this manual is to provide a plan for the implementation of Section 504 of the 1973 Rehabilitation Act and the Americans with Disabilities Act Amendments of 2008 (ADAA2008) and to assist schools in making decisions regarding the eligibility of students for Section 504 services and protections.

### **BACKGROUND:**

*Section 504 is a federal civil rights law under The Rehabilitation Act of 1973 that provides protection against discrimination on the basis of one's disability in any program or activity provided by school districts and other educational providers that receive federal funding.* Stated another way, the purpose of Section 504 of the Rehabilitation Act of 1973 is to ensure that students who are Section 504 eligible have educational opportunities equivalent to their nondisabled peers. Section 504 is about parity.

Section 504 of the Rehabilitation Act of 1973 requires that:

No otherwise qualified individual with disabilities in the United States...shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance or activity conducted by any Executive agency or by the United States Postal Service. (29 USC 794)

To comply with the duty to eliminate discrimination, school districts must examine their policies, programs and practices to ensure students are not excluded from programs and services solely on the basis of their disability. Secondly, school districts must take steps to locate, evaluate, and place eligible students with disabilities under either IDEA or Section 504. Section 504 of the Act requires an analysis of a student's needs in comparative terms to the average student. Section 504 is not an aspect of special education. Rather it is a civil rights law. **Therefore, the process of identifying students and determining necessary accommodations is a regular education function.**

### **What is a Section 504 Disability?**

Section 504 and ADA define disability as a physical or mental impairment that substantially limits a major life activity. Physical or mental impairment in Section 504 is interpreted to mean:

1. Any physiological disorder or condition, cosmetic disfigurement or anatomical loss.
2. Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and special learning disabilities.

There is no inclusive list of specific diseases and conditions, but attention deficit disorders, HIV infections, diabetes, etc. may be considered handicapping conditions under Section 504.

**What is the Difference Between an Impairment and a Disability?** *There are many more people with "impairments" than there are people with "disabilities." The difference lies in the effect the impairment has on the person. If the impairment causes a "substantial limitation" of a major life activity or major bodily function then the person has a "disability." If the impairment does not "substantially limit" the person, then it is just an "impairment" and not a "disability."*

### **Exclusions from 504**

Section 504 specifically **excludes** the following conditions from qualifying a student as disabled: substance abuse disorders resulting from illegal use of drugs, kleptomania, pyromania, exhibitionism, pregnancy, missing teeth, lactose intolerance, sick building syndrome, voyeurism, gender identity issues not resulting from physical impairment, or other sexual disorders/differences. *A student with an educational deficit caused by economic, cultural or environmental disadvantages should not be considered to have an impairment under Section 504, nor should a student with educational deficits due to limited English proficiency.*

## **Definitions of Terms/BACKGROUND FOR SECTION 504 ELIGIBILITY**

- **Child Find:** Child find refers to the district's obligation to identify and locate qualified disabled students who are not receiving an appropriate education. (§104.33(a) This means school officials must "conduct an evaluation of any student who is thought to need special education or related services. Evaluations must be conducted before initial placement of the person in a regular or special education program and any significant change in placement." (§104.35(a))
- **Evaluations:** Tests and evaluation materials must be validated for the specific purpose for their intended use. Tests and evaluation materials must be tailored to assess specific areas of educational need. Tests should be selected and administered to ensure that test results accurately reflect the student's aptitude or achievement level rather than reflecting the student's impaired sensory, manual, or speaking skills. (34 CFR §104.35 (b))

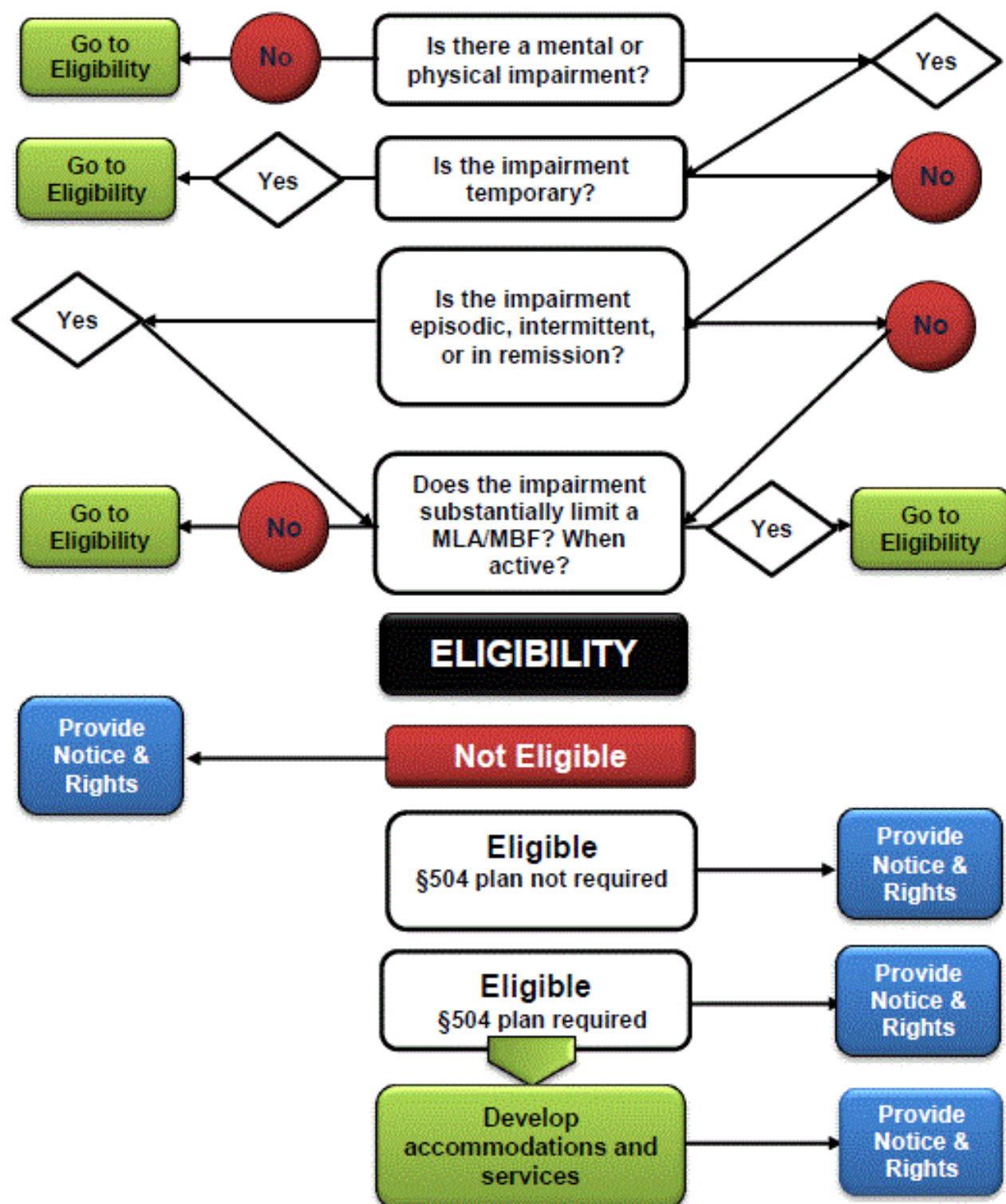
When making eligibility decisions, the Section 504 team shall draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior. (34 CFR §104.35 I(1))

- **Disability Defined:** A student with a disability has a physical or mental impairment that results in a substantial limitation in one or more major life activities and/or bodily functions. (34 CFR §104.3 (j)(1). In addition, students who have a record of a disability or who are regarded as impaired are protected from discrimination based on disability.
- **What is Not Covered:** **The first of the three parts of the definition (of a disabled person) specifies that only physical and mental disabilities are included. Thus, students with learning problems resulting from environmental, cultural, and economic disadvantage are not covered under Section 504.** (34 CFR §104 Appendix A Analysis of Final Regulation)
- **Substantial Limitation:** A substantial limitation is a restriction as to the condition, manner, or duration under which an individual can perform a major life activity as compared to an average person in the general population. (29 CFR §1630.2(J)(2)) Considering the definition of the term "substantial limitation" and considering evaluation information and evaluation data, the 504 team makes an eligibility decision. The ADA Amendment of 2008 specifies that impairment need not prevent or severely or significantly restrict a major life activity to be considered substantially limiting.
- **Major Life Activities/Major Bodily Functions:** MLA/MBF include but are not limited to seeing, hearing, breathing, walking, learning, communicating, thinking, concentrating, reading or the operation of a major bodily function such as the digestive or immune system. (34 CFR §104.3(j)(2)(ii) as amended by the ADA Amendments Act 2008)) All major life activities must be considered when determining whether a disability under 504 exists. **Schools cannot limit the major life activity to learning.** Some examples include:(1) a student with a visual impairment who cannot read regular print with glasses is substantially limited in the major life activity of seeing; (2) a student with an orthopedic impairment who cannot walk is substantially limited in the major life activity of walking; and (3) a student with ulcerative colitis is substantially limited in the operation of a major bodily function of the digestive system.
- **Mitigating Measures:** Determining that a student is not Section 504-eligible because of the corrective effects of mitigating measures except for corrective lenses or ordinary contact lens is prohibited. Mitigating measures include medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies. Other mitigating measures also include the (1) use of assistive technology, (2) reasonable accommodations or auxiliary aids or services; or (3) learned behavioral or adaptive neurological modifications. In other words, impairment may be a disability within the meaning of Section 504/ADAAA08 even if there is no current substantial limitation of a MLA/MBF because of the use of mitigating measures. (ADA Amendments Act 2008)
- **Episodic/Remission:** An episodic impairment or impairment in remission may be a disability if it substantially limits a major life activity when active. (ADA Amendments Act 2008)
- **Temporary Impairments:** **A temporary impairment is generally not considered a disability unless it is a substantial impairment, taking into account both the expected duration and the degree to which it actually limits a major life activity. A transitory impairment is impairment with an actual or expected duration of 6 months or less.** (ADA Amendments Act 2008)
- **Section 504 EEOP Plan May Not be Required:** **Section 504-eligible students may not require a Section 504 Equal Education Opportunity Plan EEOP because the student's impairment is intermittent, in remission, or is controlled by medication or other mitigating measures. Neither the Amendments Act nor Section 504 obligates a school district to provide aids or services that the student does not need.**

## General Overview of Section 504 Process

<b>Referral to CARE Team for academic intervention/or directly to 504 Committee if only a physical condition</b>	<div>Parent or Teacher suspects a disability</div> <div>→</div> <div>Parent or Teacher completes Student Questionnaire/ Referral Form and gives to 504 Committee Chair</div>
<b>Notice and Consent for Evaluation</b>	<div>504 Committee Chair sends Parent/ Guardian Consent for Evaluation</div> <div>→</div> <div>Attach copy of Notice of Section 504 Parental Rights</div>
<b>504 Evaluation</b>	<div>Parent provides written consent</div> <div>→</div> <div>504 Evaluation completed with teacher, parent and administrator input</div>
<b>504 Meeting to Determine Eligibility</b>	<div>504 Committee Chair sends Parental Notice of Section 504 Eligibility and Planning meeting</div> <div>→</div> <div>504 Committee (which includes parents) meets to determine eligibility for Section 504</div>
<b>Section 504 Equal Education Opportunity Plan</b>	<div>If eligible, develop a Section 504 Equal Education Opportunity Plan and give copy to parents and teachers</div> <div>→</div> <div>If not eligible, consider referring back to the Care Team to review PEP</div>
<b>Annual Review and Three-Year Reevaluation</b>	<div>Review Section 504 Equal Education Opportunity Plans at least annually, sooner if needed</div> <div>→</div> <div>At least every 3 years, students who qualify for Section 504 must have a reevaluation to determine if they still qualify</div>

## SECTION 504 ELIGIBILITY DECISION CHART



McKethan, James, adapted from the *Keys to Compliance: Implementing Section 504 as Amended by the ADAAA08*, Section 504 professional development materials, 2011-2012.

## ***Cheat Sheet for (A) Initial Placement, (B) Annual Review and (C) Reevaluation 504 Meetings***

### ***A. Initial Placement Forms Required and Optional:***

1. **Student Questionnaire/Referral Form** (Required)
2. **Student Productivity Scale** (Optional but provides important information to aid in eligibility determination)
3. **Parent/Guardian Consent for Evaluation:** Starting with the 12-13 school year, a consent to evaluate is required for all initial 504's even if we are just looking at data we already have. This means that if the child had been evaluated for special ed and did not meet eligibility requirements and was referred for 504 consideration, we now have to have a 504 Consent for Evaluation. If the parent brings in a private evaluation, we still have to have a 504 Consent for Evaluation.
4. **Provider Report Form for Medical or Other Private Evaluations:** (Required if you do not have another medical or psychological report.) For example, the child has ADHD but all you have is a doctor's note on a prescription pad. Ask the parents to have the physician complete this form as documentation for the child's disability and how it impacts the child at school. Make sure that the parent does not have to pay to have this form completed. This has never been an issue in Haywood County but it has in other counties. As noted above, this form is not required if you have a report from a doctor or private agency that documents the handicap or medical condition and its impact.
5. **Parental Notice of Section 504 Eligibility and Planning Meeting:** Required
6. **Parental Rights Notice:** Required to be sent with invitation to the Eligibility and Planning Meeting (9-page version)
7. **Notice of Section 504 Eligibility:** Required
8. **Section 504 Equal Educational Opportunity Plan:** Required if eligible **and** in need of a 504 EEOP. Of course if the child does not meet the eligibility requirements, the form is not required. Just send Joan the Notice of Section 504 Eligibility that documents the child was not eligible or that the child was eligible but did not need a plan. **Those who are eligible and don't need a plan still need an annual review and a reevaluation in 3 years.** Put a copy of the ineligible for 504 documentation in the cumulative record or if eligible, put a green "This Student has a 504 Plan" in the cumulative record. **Set the stage in your conversation with parents that as the student matures and learns compensatory strategies, the level of 504 accommodations and support is likely to decline.**

### ***B. Annual Review Forms*** **Annual Review must take place before the ending date on the current 504** (All of these forms are required):

1. **Prior Notice of Annual Review or Reevaluation invitation to the meeting letter with the appropriate reason for the meeting marked.**
2. **Parental Rights notice attached to the Invitation to the meeting.**
3. **Section 504 Equal Education Opportunity Plan**

### ***C. 3<sup>rd</sup> Year Reevaluation Forms*** (All of these forms are required): **Reevaluation must take place on or before the three year anniversary of the initial 504 or the most recent reevaluation 504.**

1. **Prior Notice of Annual Review or Reevaluation invitation to the meeting letter with the appropriate reason for the meeting marked.**
2. **Parental Rights notice attached to the Notice of Reevaluation Invitation to the meeting.**
3. **Notice of Section 504 Eligibility**
4. **Section 504 Equal Education Opportunity Plan**

### **Discontinue 504 EEOP Sheet:**

If a child moves out of Haywood County Schools or becomes eligible for special ed or drops out of school or graduates, then I need you to send Joan Ferrara this form to keep our Haywood County database up to date. If the child graduates, exits because is no longer disabled or moves to another LEA, put the green 504 Record in the cumulative record. If the child gets an IEP send the green 504 Folder to Central Office. If a child moves to another school in HCS email Joan to change the information on the Central Office database. Do not complete a discontinue form if the child is still in our school system. **If the discontinue is because the child no longer has a disability, you MUST invite the parent to the meeting to make that determination through the reevaluation process.**

# STUDENT QUESTIONNAIRE/REFERRAL FORM

Name \_\_\_\_\_ PowerSchool # \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. Describe the student's mental or physical impairment and reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has the student demonstrated a consistent need for substantially more time to complete in-school assignments than is required by non-disabled students? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain in terms of (1) additional time needed, subject matter, types of assignments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are modified assignments required? \_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, explain in terms of type of modification required, subject matter, types of assignments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is modified testing consistently necessary for the student to be able to demonstrate knowledge? \_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, explain in terms of subject matter, types of assignments and necessary modifications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does the student exhibit frequent behaviors, such as drowsiness, impulsivity, inattentiveness, or aggressiveness, directly associated with an identified physical or mental impairment, **and** do these behaviors significantly interfere with school performance? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain in terms of time of day and frequency, duration – observation data) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Does the student exhibit significant difficulty with planning, organization and completion of school-related activities and assignments? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Is the student chronically absent or tardy for reasons related to a diagnosed physical or mental impairment **and** are these absences or tardies interfering with school performance? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Student Name \_\_\_\_\_ School \_\_\_\_\_

8. Has the student experienced a decline in academic performance for which there is no known cause other than the diagnosed physical or mental impairment? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain)

\_\_\_\_\_

\_\_\_\_\_

9. Has the student experienced an increase in disciplinary interventions for which there is no known cause other than the diagnosed physical or mental impairment? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain)

\_\_\_\_\_

\_\_\_\_\_

10. After at least two intervention strategies have been implemented in regular education, does the student still exhibit significant learning-related difficulties? \_\_\_\_\_ No \_\_\_\_\_ Yes  
(If yes, explain) \_\_\_\_\_

\_\_\_\_\_

11. Does the student require specific health management protocols to manage the effects of a chronic or acute health or medical impairment? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

12. Are there other indicators that this student's physical or mental impairment substantially limits his/her learning or other major life activity/major bodily function? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain)

\_\_\_\_\_

\_\_\_\_\_

13. Summarize the pre-referral interventions and accommodations used to address concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Does the impairment result in a substantial limitation of major life activity or major bodily function?  
\_\_\_\_\_ No \_\_\_\_\_ Yes (i.e., learning, walking, seeing, hearing, reading, concentrating, speaking, breathing, digestion, etc.)

15. Describe in observable ways how the mental or physical disability substantially limits the major life activity or major bodily function: \_\_\_\_\_

\_\_\_\_\_

16. If the major life activity is learning, did student make below a C in area of concern on latest grade report?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

17. If the major life activity is learning, did student score below proficiency level on latest state assessment(s)?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

\_\_\_\_\_  
SIGNATURE OF REFERRING PERSON

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

# STUDENT PRODUCTIVITY SCALE<sup>1</sup>

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_ Subject \_\_\_\_\_

Academic Performance Behavior	Almost Always	Frequently	Sometimes	Hardly Ever
Contributes to discussions				
Follows directions w/o prompting				
Keeps pace with lecture/project				
Is able to focus on instructions and classroom activities				
Brings required supplies				
Turns in class/home work				
Work is legible				
Prepares for tests				
Compares to average student in overall productivity				

## Overall Academic Performance

(Check One)

\_\_\_\_\_ Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Failing

Behavior	Almost Always	Frequently	Sometimes	Hardly Ever
Is disruptive				
Repeatedly breaks school rules				
Rejected/ignored by peers				
Exhibits impulsive behaviors				
Receives poor citizenship grades				

## Overall Social/Behavioral Functioning Performance

(Check One)

\_\_\_\_\_ Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Failing

**This form is completed by the student's teachers**

<sup>1</sup> Adapted and printed with approval from the Duval County Public Schools, Jacksonville, Florida.

HAYWOOD COUNTY SCHOOLS

PARENT/GUARDIAN CONSENT FOR EVALUATION  
SECTION 504/ADA  
(Revised August 2015)

Date Sent: \_\_\_\_\_

Date Returned: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Counselor: \_\_\_\_\_

Dear Parent:

A referral has been completed by \_\_\_\_\_ requesting that the Section 504 Committee assess your child's needs at school and determine whether he/she is eligible for services as a student with a disability under Section 504/ADA. The assessment results will be shared with you and used to determine the most appropriate way to meet your child's needs. For additional information, please contact \_\_\_\_\_ at \_\_\_\_\_. A copy of your rights as a parent is enclosed. (Phone # and email)

Sincerely,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Position)

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Before this evaluation takes place, we must get your consent.

Please sign A or B and return to: \_\_\_\_\_

- A. **YES**, I give my permission for my child to receive assessment services. I have received a copy of Parental Rights Regarding Section 504.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

- B. **NO**, I do not give my permission for my child to receive assessment services. I have received a copy of Parental Rights Regarding Section 504.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

# HAYWOOD COUNTY SCHOOLS SECTION 504/ADA

## PROVIDER REPORT FORM FOR MEDICAL OR OTHER PRIVATE EVALUATION (Revised August 2015)

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

DOB: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Teacher: \_\_\_\_\_

Physician/Evaluator: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

### Report of Findings:

Diagnosis including nature and extent of any existing handicap or medical condition:

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How does this condition impact the student in the school setting? What types of behaviors (learning, physical, emotional, behavioral) can the school expect to see exhibited?

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Is condition chronic or acute (expected to last less than 6 months)? \_\_\_\_\_

If acute, how long can child expect to be affected by medical condition or handicap?

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**PLEASE ATTACH COPY OF ANY ADDITIONAL INFORMATION, TEST RESULTS, ETC.**

\_\_\_\_\_  
Physician/Evaluator Signature and Printed Name

\_\_\_\_\_  
Date

**Consent of parent or guardian:** I agree that the above information may be released to the Haywood County Public Schools for the purposes of providing appropriate educational services to my child.

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

\_\_\_\_\_  
Date

RETURN TO \_\_\_\_\_ AT \_\_\_\_\_ SCHOOL

**HAYWOOD COUNTY SCHOOLS**  
Invitation to Eligibility Meeting  
**PARENTAL NOTICE OF SECTION 504**  
**ELIGIBILITY AND PLANNING MEETING**  
**(Revised August 2015)**

Date \_\_\_\_\_

Student \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_

Dear Parent or Guardian:

School personnel will conduct an evaluation to determine the eligibility of your child, \_\_\_\_\_, for accommodations under Section 504 of the Rehabilitation Act of 1973. Enclosed is a copy of "504 Handbook on Parents' Rights."

Available information concerning your child's school performance will be considered. You are invited to provide any additional information that could be helpful in the evaluation.

You are invited to attend a meeting to discuss your child's individual needs, to help determine if accommodations/services are necessary, and to develop a plan if needed.

The meeting is scheduled for \_\_\_\_\_ on \_\_\_\_\_ at  
(Meeting time) (Meeting Date)

\_\_\_\_\_. You are encouraged to attend this meeting. Your input is  
(Meeting Location)

valued and appreciated. If you have any questions please contact \_\_\_\_\_  
(Name)

at \_\_\_\_\_ or email \_\_\_\_\_.  
(Phone #) (email address)

Sincerely,

\_\_\_\_\_  
(Name) Signature and Printed Name

\_\_\_\_\_  
(Position)

2<sup>nd</sup> Attempt to Notify (Type of Notice): \_\_\_\_\_ Date Sent: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING NOTICE OF SECTION 504 ELIGIBILITY

- A. **Demographic Information:** In the spaces provided, enter the student's name, PowerSchool identification number, date of birth, school name, gender, race and current grade.
- B. **Evaluation Information:** The purpose of this section is to document the consideration of information from a variety of sources. A check mark is entered in the block beside each type of information considered by the team. A copy of all information considered should be placed in the student's 504 folder. (How much information is enough information to document that a student has a disability? At the elementary and secondary education levels, the amount of information is determined by the Section 504 Committee. The committee must determine if they have enough information to make a knowledgeable decision as to whether the student has a disability. The Section 504 regulatory provision at 34.C.F.R.104.35(c) requires that school districts draw from a variety of sources in the evaluation process so that the possibility of error is minimized.)
- C. **Eligibility Analysis:** Using information from a variety of sources, the 504 team will answer questions and provide descriptions about the presence of a mental or physical impairment, whether an impairment is temporary, episodic or in remission and whether or not the impairment substantially limits one or more Major Life Activities or Bodily Functions.
1. Determining the eligibility requires the 504 team to first establish whether there is a mental or physical impairment. The team must answer the "Yes-No" question about the presence of a mental or physical impairment. A "yes" answer requires the team to indicate the data that identifies the impairment. If there is no impairment, the team answers "no," and then goes to the Eligibility Determination section and determines the student is not eligible.
  2. The second step is for the 504 team to consider whether cultural, economic or environmental (CEE) factors account for the student's inadequate learning and behavioral performance. Section 504 does not cover limitations of MLA/MBF caused by CEE factors. The 504 team will indicate whether or not CEE factors account for limitations.
  3. In this section, the 504 team describes the impairment and determines whether or not the impairment is temporary or whether it is episodic, intermittent or in remission by checking "yes" or "no". A "yes" answer is followed by a description of the impairment in terms of frequency, intensity, and duration.
  4. The 504 team will answer "yes" or "no" to the question asking whether or not the impairment limits a MLA/BF. If the team answers "no," the 504 team should skip to the Eligibility Determination section and determine the student is not eligible. If the answer is "yes," the team should (1) indicate the MLA/BFA, (2) describe the how and the degree to which the MLA/MBF is limited and (3) indicate whether the impairment is negligible, mild/moderate, substantial or severe.
  5. The purpose of this section is to first consider whether or not the student substantially limited in a **major life activity** or **major bodily function**. If so, the 504 team the team answers "yes" and goes to the Eligibility Determination section. Secondly, if the team determines that there is no substantial limitation, it should answer "no" and then consider whether the lack of a substantial limitation is due do the corrective effects of any mitigating measure the student may be using (1) indicating the mitigating measure, (2) describing the extent of the limitation prior to use of mitigating measures and (3) indicate whether the impairment is negligible, mild/moderate, substantial or severe.
- D. **Eligibility Determination:** The 504 team will choose from among three eligibility options based on the preponderance of the evaluation information. The first option is that the student is not section 504 eligible and as a consequence is not eligible for an Equal Educational Opportunity Plan (EEOP). If the student is not eligible, the 504 team may want to consider referring the student to a student support team for a Personal Education Plan. The second option is that the student is eligible but an EEOP is not needed because of either the corrective effects of mitigating measures or because the impairment is episodic or in remission. The third eligibility option is that the student is eligible and entitled to a Section 504 Equal Education Opportunity Plan (EEOP). If it is determined the student is Section 504 eligible and needs accommodations or modifications, the team develops a Section 504 Equal Opportunity Education Plan (EEOP).

- E. **Team Signatures/Title.** Each individual participating in the eligibility determination process must sign the notice, indicate the date and indicate their position, e.g., classroom teacher, psychologist, nurse, etc. In addition, each person should indicate their area of expertise, e.g., knowledgeable of the student, knowledgeable of the meaning of evaluation information, knowledgeable of the resources, etc. Make sure that all the school personnel who attended the meeting on the day the eligibility determination was made, sign the notice. If the eligibility determination required two or more meetings, indicate in the meeting summary that certain teachers attended earlier meetings but did not participate in the meeting at which the eligibility decision was made.
- F. **Parental Notice.** After an eligibility decision has been reached, provide the parent with an opportunity to sign the completed Notice of Section 504 Eligibility form, provide the parents with a notice of Section 504 rights and provide parents a copy of the completed notice. Occasionally parents who are not satisfied with the decision will not sign the Notice. On those occasions, the chair of the 504 team should annotate the bottom of the form with a note indicating that the parent participated in the meeting but elected not to sign the form and that the parent was provided with a copy of the notice and Section 504 rights.

# NOTICE OF SECTION 504 ELIGIBILITY

(Eligibility Determination Form Revised August 2015)

Name \_\_\_\_\_ PowerSchool # \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Grade \_\_\_\_\_

## Evaluation Information Reviewed and Considered *(Check blocks that apply; 34 CFR §104.35(c))*

- [ ] \*Psychological Evaluation [ ] Teacher Input (required) [ ] Parental information  
*Or (either required)*  
 [ ] \*Physician's Report [ ] Observation data [ ] Work Samples  
 [ ] Home and health history [ ] Discipline history (required) [ ] Other \_\_\_\_\_  
 [ ] Scholastic Record Required (All applicable records listed in the table below are required)

<input type="checkbox"/> Previous Record of Grades (last 2 years-see cumulative record)	<input type="checkbox"/> Most recent progress reports & report card
<input type="checkbox"/> Current formative assessments	<input type="checkbox"/> K-3 Assessment Data or State EOG/EOC Test Results (if available)

*(Checked evaluations, reports, etc., are maintained in the student's Section 504 folder).*

## Eligibility Analysis

- Does the student have a mental or physical impairment? *(check yes or no)* \_\_\_\_\_ No *(if no, go to eligibility determination section)* \_\_\_\_\_ Yes *(if yes, identify the impairment and supporting data)* \_\_\_\_\_  
 \_\_\_\_\_
- Does culture, economics or environment (CEE) account for limitations in a Major Life Activity/Major Bodily Function (MLA/MBF)? \_\_\_\_\_ No *(if no, go to the next section)* \_\_\_\_\_ Yes *(If yes, describe why CEE limits a MLA/BF and go to Eligibility Determination Section)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Describe the impairment \_\_\_\_\_  
 \_\_\_\_\_  
 A. Is the impairment temporary (less than 6 months)? \_\_\_\_\_ No \_\_\_\_\_ Yes *(if yes, describe frequency, intensity or expected duration)* \_\_\_\_\_  
 \_\_\_\_\_  
 B. Is the impairment episodic, intermittent or in remission? \_\_\_\_\_ No \_\_\_\_\_ Yes *(if yes, describe frequency, intensity or expected duration)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Does the impairment limit a MLA/MBF? \_\_\_\_\_ No *(if no, go to eligibility determination section)* \_\_\_\_\_ Yes *(Use Student Questionnaire Referral Form to answer the following:)*
  - Describe the Major Life Activity (MLA) or Major Bodily Function (MBF) \_\_\_\_\_
  - Describe the degree to which the impairment limits MLA/MBF  
 \_\_\_\_\_ Negligible \_\_\_\_\_ Mild/Moderate \_\_\_\_\_ Substantial \_\_\_\_\_ Severe  
*(Taking into account the evaluation information, check the best descriptor of the MLA/MBF limitation.)*



**Student Name** \_\_\_\_\_ **School** \_\_\_\_\_

**5. Considering the frequency, intensity and duration, does the impairment, when in an active state, substantially limit a MLA/MBF as compared to how the average, non-disabled student performs the same major life activity?** \_\_\_\_\_ Yes (*If yes answer the following: A, B, C, & D*) \_\_\_\_\_ No (*if no, go to Eligibility Determination Section*)

A. Is the student using any measures or other modifications to reduce or control the effect of the impairment?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

B. What is the mitigation measure(s)? \_\_\_\_\_

C. Describe the extent to which a MLA/MBF would be limited if the student was not using a mitigating measure \_\_\_\_\_

\_\_\_\_\_ Negligible \_\_\_\_\_ Mild/Moderate \_\_\_\_\_ Substantial \_\_\_\_\_ Severe  
(*Taking into account the evaluation information, check the best descriptor of the MLA/MBF limitation*)

D. Summarize supporting evaluation information \_\_\_\_\_

### **Eligibility Determination**

**Based an analysis of the evaluation data, does the student have a disability that substantially limits a major life activity or major bodily function?**

\_\_\_\_\_ **No**, the student is not eligible.

\_\_\_\_\_ **Yes**, the student is Section 504 eligible but does not require an EEOP because (1) of the corrective effects of mitigating measures or (2) the impairment is episodic or in remission. The Section EEOP team will reconvene if the disability becomes active.

\_\_\_\_\_ **Yes**, the student's disability is active and presently requires accommodations and/or modifications in the school setting. The student is Section 504 eligible and requires an EEOP.

<b>Team Signatures and Title</b>	<b>Date</b>	<b>Area(s) of Expertise</b>
_____	____/____/____	<u>Knowledge of Student</u>
_____	____/____/____	<u>Knowledge of Evaluation Information</u>
_____	____/____/____	<u>Knowledge of Resources</u>
_____	____/____/____	_____
_____	____/____/____	_____

### **Parental Notice**

**I have received a copy of this *Notice of Section 504 Eligibility* and have received a copy of the *Parent's Notice of Section 504 Rights*.**

\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent Signature Date

## INSTRUCTIONS

### Section 504 Equal Education Opportunity Plan

- A. **NEW: Choose either Elementary and Middle School 504 or High School 504**
- B. Check the Plan type: Initial, Annual Review of Reevaluation 504 Plan
- C. Document the start and end date for the plan. This is required in PowerSchool when the data manager enters the testing accommodations. The end date can be no more than 365 days from the anniversary of the current meeting date. For example, if you meet on 10/1/15, the plan ends on 9/30/16.
- D. Demographic Information: In the spaces provided enter the student's name and PowerSchool identification number as well as the date of birth, school name, gender, race, current grade and disability. Please include the **PowerSchool #**. This is the most frequently omitted item.
- E. State and Local Option Testing Program. Based on evaluation information and classroom data, the 504 team will indicate accommodations for state and local option testing programs. Testing accommodations must be tried and used consistently in the classroom in order to have sufficient data to document that they are effective before adding them to EOGs and EOCs. Do not add recommended accommodations without evidence to support the appropriateness and the success with that particular child. Many times there is pressure to put an accommodation(s) in place because of the teacher's or parents' anxiety about high stakes testing, rather than the proven effectiveness of the accommodation. (i.e., parent asks for multiple test settings believing this will help the child when the child doesn't want this, and there is no data to establish the need and the success of this accommodation with this child).
- Keep in mind that state assessment rules require that accommodations be routinely used in the instructional program as a condition for accommodations on state assessments. **This means that if the 504 plan is written less than 30 calendar days prior to a state assessment, the student will not be eligible for those accommodations that have not been routinely used for 30 calendar days. They will be able to use them later for any assessment that occurs 30 or more days after they were put in the 504. Let parents know that if the child used the accommodations that he had not practiced for at least 30 calendar days, the state test results would be invalid.**
- F. School and Classroom Accommodations. Refer to the evaluation data collected including the Student Learning Style Questionnaire to determine the specific accommodations the student requires. Indicate the school and classroom accommodations required to provide the student with an equal opportunity to benefit from classroom instruction, programs and activities, etc. Indicate the (1) accommodation, (2) setting, e.g., classroom, physical education, cafeteria, school bus, etc., and the individual responsible for carrying out each accommodation. The accommodations used for testing must be documented here.
- G. Note Changes from Previous 504 Plan: This is a good summary for the parent.
- H. Team Signatures/Title. Each individual participating in the eligibility determination process must sign the notice, indicate the date and indicate their title, e.g., classroom teacher, psychologist, nurse, etc. In addition, each person should indicate their area of expertise, e.g., knowledgeable of the student, knowledgeable of the meaning of evaluation information, etc. Make sure that school personnel who attended the meeting on the day the eligibility determination was made sign the 504 EEOP. If the eligibility determination required two or more meetings, indicate in meeting summary that certain teachers attended earlier meetings but did not participate in the meeting at which the eligibility decision was made.
- I. Parental Notice. Provide the parent(s) with an opportunity to sign the completed Section 504 Equal Education Opportunity Plan under the **Parental Notice** section so we can document that the parent(s) has received a copy of the Parent's Notice of Section 504 Rights. Occasionally, parents who are not satisfied with the decision will not sign the forms. On those occasions, the chair of the 504 team should annotate the bottom of the form with a note indicating that the parent participated in the meeting but elected not to sign the form and that the parent was provided with a copy of the form and Section 504 rights.
- J. Annual Review. Haywood County Schools require that Section 504 EEOP plans be reviewed at least annually and more often at the request of school personnel or the student's parents.

**Section 504 EEOP Copies. Make sure all involved teachers receive a copy of the Section 504 EEOP. The school-based 504 contact may want to document teachers have received the Section 504 EEOP, understand the nature of the accommodation(s) and have had training on implementing the accommodation(s) if needed.**

*(Elementary and Middle School Form revised September 2017)*

Teachers

[illegible]

**School and Classroom Accommodations:** State testing accommodations listed on Page 1 must be routinely used in classroom instruction and on similar classroom assessments. (Please use a separate page if necessary)

Accommodation	Setting	Responsible Individual
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Note changes from previous 504 Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Team Signatures and Title	Date	Area(s) of Expertise
_____	____/____/____	<u>Knowledge of Student</u>
_____	____/____/____	<u>Knowledge of Evaluation</u>
_____	____/____/____	<u>Knowledge of Resources</u>
_____	____/____/____	_____
_____	____/____/____	_____

**Parental Notice**

I participated in the development of this Section 504 Equal Education Opportunity Plan (EEOP) and have received a copy of the Parent's Notice of Section 504 Rights.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Copies to: Parent(s)  
Teacher(s)  
504 Green Folder

Brandi Stephenson at Central Office  
Testing Coordinator at the School Level  
Complete Review of Accommodations Form for each EOG or EOC and Final Exam and give to Testing Coordinator

# SECTION 504 EQUAL EDUCATION OPPORTUNITY PLAN

(High School Form revised August 6, 2015)

Plan Type: (check one) [ ] Initial [ ] Annual Review [ ] Reevaluation

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ (within one year of the meeting date)  
Name \_\_\_\_\_ Power School # \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Grade \_\_\_\_\_ Disability \_\_\_\_\_

Teacher(s) \_\_\_\_\_

The student has been found to be section 504 eligible and requires the following accommodations based on evaluation information from a variety of sources that is documented on the Notice of Eligibility.

<input type="checkbox"/> Student will participate in a Standard Test Administration with No Accommodations						ELA II	MATH I	BIOLOGY	CTE	10 <sup>th</sup> GRADE	11 <sup>th</sup> GRADE	12 <sup>th</sup> GRADE	<input type="checkbox"/> W- A A P T	<input type="checkbox"/> W- A A P T	<input type="checkbox"/> W- A A P T	<input type="checkbox"/> W- A A P T
		FINAL EXAM	FINAL EXAM	FINAL EXAM	FINAL EXAM	ENGLISH II Online	MATH I Pencil and Paper	BIOLOGY Online	CTE PRE & POST ASSESSMENTS	PLAN	ACT	WORKKEYS	ACCESS for ELLs Online	ACCESS for ELLs Online	ACCESS for ELLs Online	ACCESS for ELLs Online
NC Testing Program Approved Accommodations						Online	Paper & Pencil	Online	Online				Listening	Reading	Writing	Speaking
Braille Edition																
Large Print Edition (not for online assessments)																
One Test Item Per Page Edition (not for online assessments)																
Assistive Technology Devices: Specify _____																
Braille Writer/Slate and Stylus (Braille Paper)																
Crammer Abacus																
Dictation to a Scribe																
Interpreter/Transliterator Signs/Cues Test																
Magnification Devices																
Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only) <sup>2</sup>																
Student Marks Answers in Test Book (Not for online assessments)																
Student Reads Test Aloud to Self (Must also mark testing in separate room One-on One)																
Test Administrator Reads Test Aloud (In English) (Must also mark Testing in Separate Room)	<input type="checkbox"/> Read Everything															
	<input type="checkbox"/> Read by Student Request															
	<input type="checkbox"/> Other _____															
Computer Reads Test Aloud (Not for paper and pencil assessments)																
Multiple Testing Sessions	<input type="checkbox"/> More Frequent Breaks w/in 1 day with breaks every _____ to _____ minutes															
	<input type="checkbox"/> Over Multiple Days															
	# of Days ____ for _____															
	# of Days ____ for _____															
<input type="checkbox"/> Other _____																
Scheduled Extended Time	<input type="checkbox"/> Approx. _____ times maximum time															
	<input type="checkbox"/> Other _____															
Testing in a Separate Room	<input type="checkbox"/> Small Group of _____ students or less															
	<input type="checkbox"/> One-on-One															
Other (specify): _____																

**School and Classroom Accommodations:** State testing accommodations listed on Page 1 must be routinely used in classroom instruction and on similar classroom assessments. (Please use a separate page if necessary)

Accommodation

Responsible Individual

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

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

**\*Note changes from previous 504 Plan:** \_\_\_\_\_

**Team Signatures and Title:** \_\_\_\_\_ **Area(s) of Expertise** \_\_\_\_\_

_____	____/____/____	<u>Knowledgeable of Student</u>
_____	____/____/____	<u>Knowledge of Evaluation</u>
_____	____/____/____	<u>Knowledge of Resources</u>
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**Parental Notice**

I participated in the development of this Section 504 Equal Education Opportunity Plan (EEOP) and have received a copy of the Parent's Notice of Section 504 Rights.

_____	____/____/____
Parent Signature(s)	Date

**Documentation of Review by High School 2<sup>nd</sup> Semester (4X4) Team Signatures/Title** \_\_\_\_\_ **Date** \_\_\_\_\_ **Area(s) of Expertise** \_\_\_\_\_

_____	____/____/____	<u>Knowledgeable of Student</u>
_____	____/____/____	<u>Knowledge of Evaluation</u>
_____	____/____/____	<u>Knowledge of Resources</u>
_____	____/____/____	_____

## Review of Accommodations Used During Testing

Student Name	
PowerSchool ID	
Case Manager	
Choose one of the following plans (according to order of accommodations documentation).	<input type="checkbox"/> IEP <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> EL Plan <input type="checkbox"/> Transitory Impairment Documentation
Dates of Plan	Start Date:
	End Date:
Test	<input type="checkbox"/> BOG3 <input type="checkbox"/> EOG <input type="checkbox"/> RTA3 <input type="checkbox"/> EOC <input type="checkbox"/> NCFE <input type="checkbox"/> CCRAA <input type="checkbox"/> CTE <input type="checkbox"/> ACCESS for ELLs
Subject/Subtest	

Complete one form per test. Before testing, complete the top of the form and Column 1. During/after testing, complete Column 2. Completed forms should be kept in the student's Individualized Education Program (IEP) folder and/or Section 504/English Learner (EL)/transitory impairment documentation to be accessible for future reference.

**NOTE:** While the list below includes all state-approved accommodations, some do not apply to students identified solely as ELs.

*Testing accommodations should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.*

☐ Regular Administration      ☐ Other Administration

School	
Grade	
Test Date	
Test Administrator	

Column 1: To Be Completed before Testing		Column 2: To Be Completed during/after Testing	
	Check the required accommodations documented on the student's IEP/Section 504 Plan/EL Plan/Transitory Impairment Documentation.	Was this accommodation <b>provided</b> to the student during testing?	Describe the specific details of <b>how</b> this accommodation was provided to the student. Did the student <b>use</b> the accommodation? If yes, <b>how</b> did he/she use it?
<input checked="" type="checkbox"/>	<b>Example:</b> <i>Test Read Aloud (In English)</i> <b>Specify:</b> Computer reads test aloud	<b>Example:</b> Yes	<b>Example:</b> <i>Computer read test aloud while student wore headphones.</i>
<input type="checkbox"/>	Braille Edition Specify:		
<input type="checkbox"/>	Large Print Edition		
<input type="checkbox"/>	One Test Item Per Page Edition		
<input type="checkbox"/>	Assistive Technology Devices Specify:		
<input type="checkbox"/>	Braille Writer/Slate and Stylus (and Braille Paper)		
<input type="checkbox"/>	Cranmer Abacus		
<input type="checkbox"/>	Dictation to a Scribe		
<input type="checkbox"/>	Interpreter/Transliterator Signs/Cues Test		
<input type="checkbox"/>	Magnification Devices		
<input type="checkbox"/>	Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator ( <b>EL only</b> )		
<input type="checkbox"/>	Student Marks Answers in Test Book		
<input type="checkbox"/>	Student Reads Test Aloud to Self		
<input type="checkbox"/>	Test Read Aloud (In English) Specify:		
<input type="checkbox"/>	Multiple Testing Sessions Specify:		
<input type="checkbox"/>	Scheduled Extended Time Amount:		
<input type="checkbox"/>	Testing in a Separate Room Specify:		
<input type="checkbox"/>	Special NCDPI-Approved Accommodation(s) Specify:		

Printed name of person completing this portion of the form:

Signature of person completing this portion of the form:

Printed name of person completing this portion of the form:

Signature of person completing this portion of the form:

Comments/considerations for next IEP/504/EL/Transitory Impairment team meeting:

**HAYWOOD COUNTY SCHOOLS**  
**Invitation to Section 504 Meeting**

**PRIOR NOTICE OF ANNUAL REVIEW OR RE-EVALUATION**  
**SECTION 504/ADA**  
**(Revised August 2015)**

\_\_\_\_\_ Annual Review of 504 Equal Education Opportunity Plan

\_\_\_\_\_ Re-evaluation

\_\_\_\_\_ Other \_\_\_\_\_

Date Sent: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Counselor : \_\_\_\_\_

Dear Parent:

A reassessment of your child's strengths and needs is planned in order to provide updated information for program and service planning. The assessment results will be shared with you and used to determine the most appropriate way to meet your child's needs.

The meeting is scheduled for \_\_\_\_\_ at \_\_\_\_\_  
(Time/Date) (Location)

You are encouraged to attend this meeting. Your input is valued and appreciated. If you have

any questions, please contact \_\_\_\_\_ at \_\_\_\_\_ or  
(Name) (Phone #)

\_\_\_\_\_.  
(email address)

A copy of information regarding your rights as a parent is enclosed.

Sincerely,

\_\_\_\_\_  
(Name) Print Name and Sign

\_\_\_\_\_  
(Position)

2<sup>nd</sup> Notification (Type of Notice): \_\_\_\_\_ Date Sent: \_\_\_\_\_



# NOTICE OF SECTION 504 PARENTAL RIGHTS

(August 2015 Revision)

Haywood County Schools is committed to complying with federal law and Section 504 of the Rehabilitation Act of 1973, which ensures a free, appropriate public education (FAPE) to each handicapped student. Under the Act, anyone who has a physical or mental impairment that substantially limits a major life activity may be considered handicapped.

The school district has a responsibility to identify, evaluate and provide appropriate educational services for all students eligible as handicapped under Section 504.

You, as a parent, are entitled to be informed of decisions regarding your student's education and to be advised of your rights to challenge any decisions.

Parents have a right to:

1. be informed of your rights under Section 504 of the Rehabilitation Act.
2. receive notification regarding identification, evaluation or educational placement under Section 504.
3. have input in the development of your student's Section 504 Equal Education Opportunity Plan.
4. examine all relevant records and have any inaccurate or misleading information amended.
5. file grievance procedures, and/or request an impartial formal hearing, and be represented by counsel if there is disagreement related to actions regarding your child's identification, evaluation, educational program or placement. (Section 103.36 Procedural Safeguards)

Please contact the school principal for questions or concerns regarding your child's education. For additional information regarding Section 504 of the Rehabilitation Act of 1973, please contact **Brandi Stephenson, the system level 504 Coordinator at the Haywood County Board of Education**, by phone at 828-456-2400 Ext. 2124, email [bstephenson@haywood.k12.nc.us](mailto:bstephenson@haywood.k12.nc.us), FAX 828 456-2438, or letter at 1230 North Main Street, Waynesville, NC 28786.

**HAYWOOD COUNTY SCHOOLS**  
**DISCONTINUE**  
**504 Equal Education Opportunity Plan**  
**For an Exit or Inactive Plan**  
**(Revised August 2015)**

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

Date: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_ Discontinue 504 Plan because student no longer has a handicapping condition that requires accommodations **as determined by eligibility process** (remove green 504 sheet from cumulative record and put Green 504 Folder in Cumulative Record so future teachers will know status)

\_\_\_\_\_ Discontinue 504 Plan because the student now has an IEP (remove green 504 sheet from cumulative record and send 504 Green Folder to Central Office.)

\_\_\_\_\_ Inactive (Transferred out of Haywood County School System to \_\_\_\_\_ on \_\_\_\_\_ date.)(Leave 504 Green Folder in cum record in case student returns.)

\_\_\_\_\_ Inactive (Dropped out of school on \_\_\_\_\_ date.)(File 504 Folder in Cum record

\_\_\_\_\_ Graduated on \_\_\_\_\_ date. (File 504 Folder in Cumulative Record)

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Comments (optional): \_\_\_\_\_

**Committee Members:**

Name

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Copy of Discontinue notice to 504 folder, Testing Coordinator, School Data Manager, parent, teachers and Central Office 504 Coordinator
- If student no longer has a 504 because is no longer eligible or now has an IEP remove the Section 504 notice from the cumulative record. If student dropped out, moved or graduated, please leave the Section 504 notice and the 504 Folder in cumulative record. Only send entire green 504 folders to Central Office when the student changes from 504 to IEP status.

# **GRIEVANCE PROCEDURE FOR SECTION 504**

**Follows Haywood County Schools Board Policy 1740/4010 revised January 12, 2015**

## **A. OPTIONS FOR RESOLVING COMPLAINTS**

The board strives to resolve concerns and complaints of students and parents whenever possible. To this end, the board has provided opportunities for students and parents to express their concerns through processes established in board policies. Policy 1742/5060, Responding to Complaints, identifies these different processes, including a mechanism for resolving complaints in an informal manner.

While the board encourages resolutions of complaints through informal means, it recognizes that, at times, a formal process may be necessary for certain types of complaints or if the informal process did not produce satisfactory results. This policy provides a complaint procedure that may be used as described below.

Any parent or student who has questions about the options for proceeding with a complaint or concern may contact the principal or superintendent for further information and copies of all applicable board policies.

## **B. DEFINITIONS**

### **1. Days**

Days are working days, exclusive of Saturdays, Sundays, vacation days, or holidays, as set forth in the school calendar. In counting days, the first day will be the first full working day following the receipt of the grievance. After May 1, time limits will consist of all weekdays (Monday – Friday) so that the matter may be resolved before the close of the school term or as soon thereafter as possible.

### **2. Final Administrative Decision**

A final administrative decision is a decision of a school employee from which no further appeal to a school administrator is available.

### **3. Grievance**

A grievance is a formal complaint regarding specific decisions made by school personnel that alleges that such decisions have adversely affected the person making the complaint. A grievance includes, but is not limited to, circumstances such as when a student or parent believes that board policy or law has been misapplied, misinterpreted, or violated. The term “grievance” does not include any matter for which the method of review is prescribed by law, for which there is a more specific board policy providing a process for addressing the concern, or upon which the board is without authority to act. Claims of discrimination, harassment, or bullying must be processed under policy 1720/4015/7225, Discrimination, Harassment, and Bullying Complaint Procedure.

### **4. Grievant**

The grievant is the parent, student, or group of parents or students submitting the grievance.

5. Official

The official is the school system employee hearing and responding to the grievant.

**C. TIMELINESS OF PROCESS**

The number of days indicated at each step of the grievance process should be considered a maximum, and every effort should be made to expedite the process.

Failure by the official at any step to communicate a decision within the specified time limit will permit the grievant to appeal the grievance to the next step unless the official has notified the grievant of the delay and the reason for the delay, such as the complexity of the investigation or report. The official shall make reasonable efforts to keep the grievant apprised of progress being made during any period of delay. Delays that interfere with the exercise of the grievant's legal rights are not permitted.

Failure by the grievant at any step of the process to appeal a grievance to the next step within the specified time limit will be considered acceptance of the decision at the current step, unless the grievant has notified the official of a delay and the reason for the delay and the official has consented in writing to the delay.

**D. GENERAL REQUIREMENTS**

1. No reprisals of any kind will be taken by the board or by an employee of the school system against any grievant or other student or employee because of his or her participation in a grievance filed and decided pursuant to this policy.
2. All meetings and hearings conducted pursuant to this policy will be private.
3. The board and school system officials will consider requests to hear grievances from a group of grievants, but the board and officials have the discretion to hear and respond to grievants individually.
4. The grievant may have a representative, including an attorney, at any stage of the grievance. However, if the grievant intends to be represented by legal counsel, he or she must notify the appropriate school official in advance so that school personnel also will have the opportunity to be represented by legal counsel.

**E. PROCESS FOR GRIEVANCE**

1. Filing a Grievance
  - a. Whenever a student or parent or guardian believes that he or she has been adversely affected by a decision of a school employee, the student or parent or guardian may file a grievance as provided in this policy.
  - b. A grievance must be filed as soon as possible but no later than thirty (30) days after disclosure or discovery of the facts giving rise to the grievance. For a grievance submitted after the 30-day period that claims a violation, misapplication, or misinterpretation of state or federal law, the superintendent or designee shall determine whether the grievance will be investigated after considering factors such as the reason for the delay; the extent of the delay; the effect of the delay on the ability of the school system to investigate and respond to the complaint; and whether the investigation of the complaint is necessary to meet any legal obligations. However, students, parents and guardians should recognize that delays in filing a grievance may significantly impair the ability of the school system to investigate and respond effectively to such complaints.

- c. A student or parent or guardian who has a grievance must provide the following information in writing to the principal: (1) the name of the school system employee or other individual whose decision or action is at issue; (2) the specific decision(s) or action(s) at issue; (3) any board policy, state or federal law, state or federal regulation, or State Board of Education policy or procedure that the parent or guardian or student believes has been misapplied, misinterpreted, or violated; and (4) the specific resolution desired. If there is not a specific decision or action at issue and no concern that state or federal law has been misapplied, misinterpreted, or violated, then the procedure established in policy 1742/5060 is appropriate, and the principal shall address the concern following that policy.
  - d. Even if the principal is the employee whose decision or action is at issue, the student must submit the grievance first to the principal in order for the principal to address the issue within the formal process. If, however, the grievance claims that a state or federal law has been misapplied, misinterpreted, or violated, the student may submit the grievance directly to the superintendent or designee.
  - e. If a student wants to initiate a formal grievance regarding a decision by the superintendent that directly and specifically affects the student, the general process described in this policy will be used, except that the grievance will be submitted to the assistant superintendent of human resources, who shall forward the grievance to the board chairperson.
2. Investigation
- a. The principal shall schedule and hold a meeting with the student and/or parent or guardian within five (5) school days after the grievance has been filed with the principal. The student may be accompanied by a parent, legal guardian or other person who is in a position of *loco parentis* to the student.
  - b. The principal shall conduct any investigation of the facts necessary before rendering a decision.
3. Response by Principal
- a. The principal shall provide a written response to the written grievance within ten (10) days of the meeting. The response will include the principal's decision regarding resolution of the grievance and the basis for the decision. In responding, the principal may not disclose information about other students or employees that is considered confidential by law.
  - b. A copy of the grievance and the principal's response will be filed with the superintendent.
4. Response by Superintendent
- a. If the grievant is dissatisfied with the principal's decision, the grievant may appeal the decision to the superintendent. The appeal must be made in writing within five (5) days of receiving the principal's decision.

- b. The superintendent shall review the grievance within five (5) days of receiving the appeal. The superintendent may review the written documents and respond within that time, or, if the superintendent determines that additional time is needed to develop the factual record, the grievance may be put on hold temporarily for fifteen (15) additional days (or longer, if by mutual agreement with the grievant) to allow time for further investigation. The superintendent may schedule and hold a conference with the grievant, principal and any other individuals the superintendent determines to be appropriate during the review. The student may be accompanied by a parent, legal guardian, or other person who is in a position of *loco parentis* to the student.
- c. The superintendent shall provide a written response within ten (10) days after the review. The written response shall be provided to the student, the student's parent or guardian, and the principal. In responding, the superintendent may not disclose information about other students or employees that is considered confidential by law.

## 5. Appeal to the Board

If the grievant has alleged a violation of a specified federal or state law, federal or state regulation, State Board of Education policy or procedure, or local board of education policy or procedure, the grievant will have the right to appeal a final administrative decision to the board of education (see subsection E.5.a, Mandatory Appeals, below). If a grievant has not alleged such specific violations, he or she may request a board hearing, which the board may grant at its discretion (see subsection E.5.b, Discretionary Appeals, below).

### a. Mandatory Appeals

- 1) If the grievant is dissatisfied with the superintendent's response to his or her grievance and has alleged a violation of a specified federal or state law, federal or state regulation, State Board of Education policy or procedure, or local board of education policy or procedure (including policies regarding grade retention of students), the grievant may appeal in writing the decision to the board within five (5) days of receiving the superintendent's response.

The grievant may also appeal in writing any final administrative decision involving the discipline of a student under G.S. 115C-390.7, 115C-390.10, or 115C-390.11, or any other decision that by statute specifically provides for a right of appeal to the local board of education and for which there is no other statutory appeal procedure, within five (5) days of receiving the decision.

- 2) A hearing will be conducted pursuant to policy 2500, Hearings Before the Board. Notwithstanding policy 2500, the following provisions will apply.
  - i. The board's consideration of the appeal will take place in closed session.
  - ii. The appeal will be limited to the written record unless the board determines that additional information is necessary for its review.
  - iii. The board may affirm, reverse, or modify the final administrative decision. The decision shall be reversed if a majority of the board members present determines that there has been a material violation of law, policy, or procedure, or that the decision is not supported by substantial evidence as contained in the record as a whole.

- 3) The board will provide a final written decision within thirty (30) days of receiving the appeal unless further investigation is necessary or the hearing necessitates that more time be taken to respond.

b. Discretionary Appeals

- 1) If the grievant is dissatisfied with the superintendent's response to his or her grievance but has *not* alleged a violation of a specified federal or state law, federal or state regulation, State Board of Education policy or procedure, or local board of education policy or procedure, then within five (5) days of receiving the superintendent's response, the grievant may submit to the superintendent a written request for a hearing before the board of education.
- 2) The board chair and vice-chair will review the request for a hearing and will notify the grievant in writing within ten (10) days of receiving the request (or up to fifteen (15) days, if by mutual agreement with the grievant) whether the board will grant the request for a hearing. If the chair and vice-chair do not agree on whether to grant the request for a hearing, the request will be granted. If the chair and vice-chair agree to deny the request, the grievant shall not be entitled to a hearing and the superintendent's decision and response shall be considered final.
- 3) If the board decides to grant a hearing, the hearing will be conducted pursuant to policy 2500, Hearings Before the Board. Notwithstanding policy 2500, the following provisions will apply.
  - i. The board's consideration of the appeal will take place in closed session.
  - ii. The appeal will be limited to the written record unless the board determines that additional information is necessary for its review.
  - iii. The board may affirm, reverse, or modify the superintendent's or other final administrative decision. The decision shall be reversed if a majority of the board members present determines that there has been a material violation of law, policy, or procedure, or that the decision is not supported by substantial evidence as contained in the record as a whole.
- 4) The board will provide a final written decision within thirty (30) days of the decision to grant an appeal, unless further investigation is necessary or the hearing necessitates that more time be taken to respond.

**F. NOTICE**

The superintendent or designee is responsible for providing effective notice to students, parents, and school system employees of the procedures for reporting and investigating grievances.

**G. RECORDS**

Appropriate records shall be maintained in accordance with state and federal law.

Legal References: G.S. 115C-45(c); 126-16; 150B-43 *et seq.*

Cross References: Prohibition Against Discrimination, Harassment, and Bullying (policy 1710/4021/7230), Discrimination, Harassment, and Bullying Complaint Procedure (policy 1720/4015/7225), Responding to Complaints (policy 1742/5060), Hearings Before the Board (policy 2500), Student Behavior Policies (4300 series)

Adopted: November 10, 2014

Revised: January 12, 2015

(Revised August 2015)

Date: \_\_\_\_\_

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# **NONDISCRIMINATION ON THE BASIS OF DISABILITIES**

*Policy Code:* **1730/4022/7231**

The board of education will not discriminate against qualified persons with disabilities on the basis of a disability. This non-discrimination policy includes, but is not limited to, benefits of and participation in system programs and activities. The system will provide aids, benefits, and school services to a person with disabilities in the most integrated school setting appropriate to his or her needs so that he or she may have an opportunity commensurate to that provided to persons without disabilities to obtain the same results, gain the same benefit, or reach the same level of achievement.

The superintendent is directed to develop appropriate procedures to implement this nondiscrimination policy. The superintendent or designee shall:

1. submit an assurance of nondiscrimination with each application for federal financial assistance;
2. designate a person to coordinate the system's efforts to comply with Section 504 of the Rehabilitation Act of 1973 ("Section 504") and its regulations;
3. designate a person to coordinate the system's efforts to comply with the Americans with Disabilities Act and its regulations;
4. publish the name, office address, and phone number of the compliance coordinator(s) in a manner intended to ensure that employees, applicants, students, parents, and other individuals who participate in the school system's programs are aware of the coordinator(s);
5. make complaint procedures available as provided in policy 1720/4015/7225, Discrimination, Harassment, and Bullying Complaint Procedure, which provides opportunities for prompt and equitable resolutions to complaints alleging actions prohibited by Section 504 or ADA or regulations for these statutes;
6. provide notice that the school system does not discriminate on the basis of disability in violation of Section 504 or the ADA, or their implementing regulations, and make such notice accessible to employees, applicants, students, and parents;
7. make reasonable accommodations for qualifying applicants or employees with disabilities; however, a reasonable accommodation does not include an accommodation that demonstrably would impose an undue hardship on the program or would fundamentally alter the nature of the service, program, or activity;
8. not inquire about any disabilities that may need accommodation until after an applicant has been made an offer and, additionally, avoid using employment tests or other selection criteria that tend to screen out persons with disabilities unless the criteria are demonstrably job-related and effective alternatives are not available;
9. provide a free appropriate public education to each qualified student with disabilities in accordance with Section 504 and its regulations;
10. establish and implement a system of procedural safeguards with respect to the identification, evaluation, or educational placement of a student with disabilities under Section 504 which includes an opportunity for the student's parent or guardian to examine relevant records, an impartial hearing with the opportunity for participation by the parent or guardian and representation by counsel, and a review procedure; and

11. publish and maintain an annual Section 504 manual and handbook for students, parents, and staff, which shall include information regarding this policy and any related policies and procedures developed by the superintendent.

Legal References: Americans With Disabilities Act, 42 U.S.C. 12101 *et seq.*, 28 C.F.R. pt. 35; Rehabilitation Act of 1973, 29 U.S.C. 705(20), 794, 34 C.F.R. pt. 104

Cross References: Prohibition Against Discrimination, Harassment, and Bullying (policy 1710/4021/7230), Discrimination, Harassment, and Bullying Complaint Procedure (policy 1720/4015/7225), Service Animals in Schools (policy 4202/5029/7272)

Adopted: November 10, 2014

# THIS STUDENT

# HAS A

# 504 PLAN

Print on **green paper** and place this notice in the front of the cumulative folder.

**If this student moves, make sure a copy of the 504 Plan Green Folder is forwarded with the other information in the cumulative record.**

NOTE:

- Copy of plan filed with the 504 Coordinator at Central Office
- Original filed with 504 Contact Person at school site.

## SECTION 504 MANIFESTATION DETERMINATION

STUDENT NAME \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Mental or Physical Impairment: \_\_\_\_\_

### A. Sources of Information

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Psychological Evaluation        | <input type="checkbox"/> Behavior Plan ( <i>If Available</i> )      | <input type="checkbox"/> Parent Information |
| <input type="checkbox"/> Physician's Report              | <input type="checkbox"/> Scholastic Record ( <i>Required</i> )      | <input type="checkbox"/> Work Samples       |
| <input type="checkbox"/> Report Card ( <i>Required</i> ) | <input type="checkbox"/> State Test Results ( <i>If Available</i> ) | <input type="checkbox"/> Other _____        |

### B. Does the student have a history of disciplinary actions: ☐ Yes ☐ No    If yes:

- |  |                            |
|--|----------------------------|
| 1. # of incidents _____                      | Dates of infractions _____ |
| 2. # of out-of-school suspensions _____      | Total days OSS _____       |
| 3. # of in-school suspensions _____          | Total days ISS _____       |
| 4. Longest single suspension was _____ days. |                            |

### C. Describe the student's history of behavioral interventions:

1. ☐ Yes ☐ No Does the student have a behavior support plan based on a functional behavioral assessment? If yes, attach plan, if no, explain what interventions have been implemented:  
\_\_\_\_\_
2. ☐ Yes ☐ No Were interventions effective? If no, explain the revisions:  
\_\_\_\_\_
3. ☐ Yes ☐ No Has there been a change in behavior patterns over time (e.g., increase in frequency or intensity)?  
\_\_\_\_\_

### D. Describe the violation of the school code of conduct (*include an explanation of what led up to the violation*) attach additional pages if needed

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

### E. Does the proposed suspension constitute a change of placement, i.e., more than 10 days or a series of short-term suspensions that constitute a change of placement?

1. ☐ No Proceed with the suspension
2. ☐ Yes If yes, answer the following:

### Describe the characteristics and severity of the student's disability:

- To what degree does the student's disability prevent an understanding of the impact and consequences of the code of conduct violation?  
\_\_\_\_\_
- To what extent does the disability restrict the student's ability to control the behavior at issue?  
\_\_\_\_\_
- Has the behavior (or similar behaviors) associated with the disability been exhibited in the past?  
☐ Yes ☐ No If yes, explain: \_\_\_\_\_

**SECTION 504 MANIFESTATION DETERMINATION (continued)**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

☐ Yes ☐ No Has there been a pattern of behaviors? If yes, please explain: \_\_\_\_\_

☐ Yes ☐ No Is there a report from staff members who observed the code of conduct violation when it occurred? If yes, attach the report.

➤ What evaluation or diagnostic information, including information from parents, is being considered? \_\_\_\_\_

☐ Yes ☐ No Is the misconduct directly caused by the student's physical or mental impairment?

☐ Yes ☐ No Is the student's Section 504 Equal Education Opportunity Plan appropriate? If no, explain: \_\_\_\_\_

☐ Yes ☐ No Is the student's Section 504 Equal Education Opportunity Plan being implemented as written? If no, explain: \_\_\_\_\_

☐ Yes ☐ No Were the consequences of violations of the school code of conduct explained to the student? If no, explain: \_\_\_\_\_

Other Information that Was Considered: \_\_\_\_\_

**BASED ON THE INFORMATION NOTED ABOVE,  
IS THE VIOLATION OF THE SCHOOL CODE OF CONDUCT  
A MANIFESTATION OF THE STUDENT'S DISABILITY?**

☐ No The student may be disciplined using procedures applicable to nondisabled students. A new functional behavioral assessment and behavior support plan should be completed or existing one(s) revised.

☐ Yes Reevaluate the student's 504 Plan for appropriateness, including current placement. A new functional behavioral assessment and behavior support plan should be completed or existing one(s) revised. The student may not be suspended.

**Team Signatures**

<u>Title</u>	<u>Signature &amp; Date</u>	Agree	Disagree*
_____	_____	<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"/>
Parent(s)	_____	<input type="checkbox"/>	<input type="checkbox"/>

\*If Disagreement, Explanation of disagreement is attached. Provide the Parents with a Notice of Section 504 Rights

Copy in 504 Folder