

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

October 9, 2013 Edition

"The forms, charts and instructions on pages 4-5, 7-9, 13-19 and pages 33-34 are used and adapted with permission from the ©copyright holder James F. McKethan, LLC (jmckethan@microscribepub.com). Dr. McKethan may be reached at 910.864.6840."

504 Manual
Table of Contents for 10-9-13 Revision

Page 2

PAGE #

Introduction.....	3
The Referral Process and 504 Decision Chart.....	4
Definitions of Terms	5
Cheat Sheet for Initial Placements, Annual Review and Reevaluations	6
Student Questionnaire/Referral Form.....	7-8
Student Productivity Scale	9
Parent/Guardian Consent for Evaluation.....	10
Provider Report Form for Medical or Other Private Evaluation	11
Parental Notice of Section 504 Eligibility and Planning Meeting (Invitation to Meeting).....	12
Instructions for Completing the Notice of Section 504 Eligibility (Initial and Reevaluation)	13-14
Notice of Section 504 Eligibility (Eligibility Determination Form).....	15-16
Instructions for Completing the Section 504 Equal Education Opportunity Plan	17
Elementary and Middle School Section 504 Equal Education Opportunity Plan (EEOP) ...	18-19
High School Section 504 Equal Education Opportunity Plan (EEOP)	20-21
Review of Testing Accommodations Form	22
Prior Notice for Annual Review or Reevaluation (Parent/Guardian Invitation to Meeting).....	23
Notice of Section 504 Parental Rights	24
Discontinue 504 EEOP Plan	25
Grievance Procedure for Section 504.....	26-27
Section 504 Grievance Form.....	28
Section 504 Board Policy	29
Section 504 Notice for Cumulative Folder.....	30
Manifestation Determination Form for Discipline.....	31-32

INTRODUCTION

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:

The Rehabilitation Act of 1973 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 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 student 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.**

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:

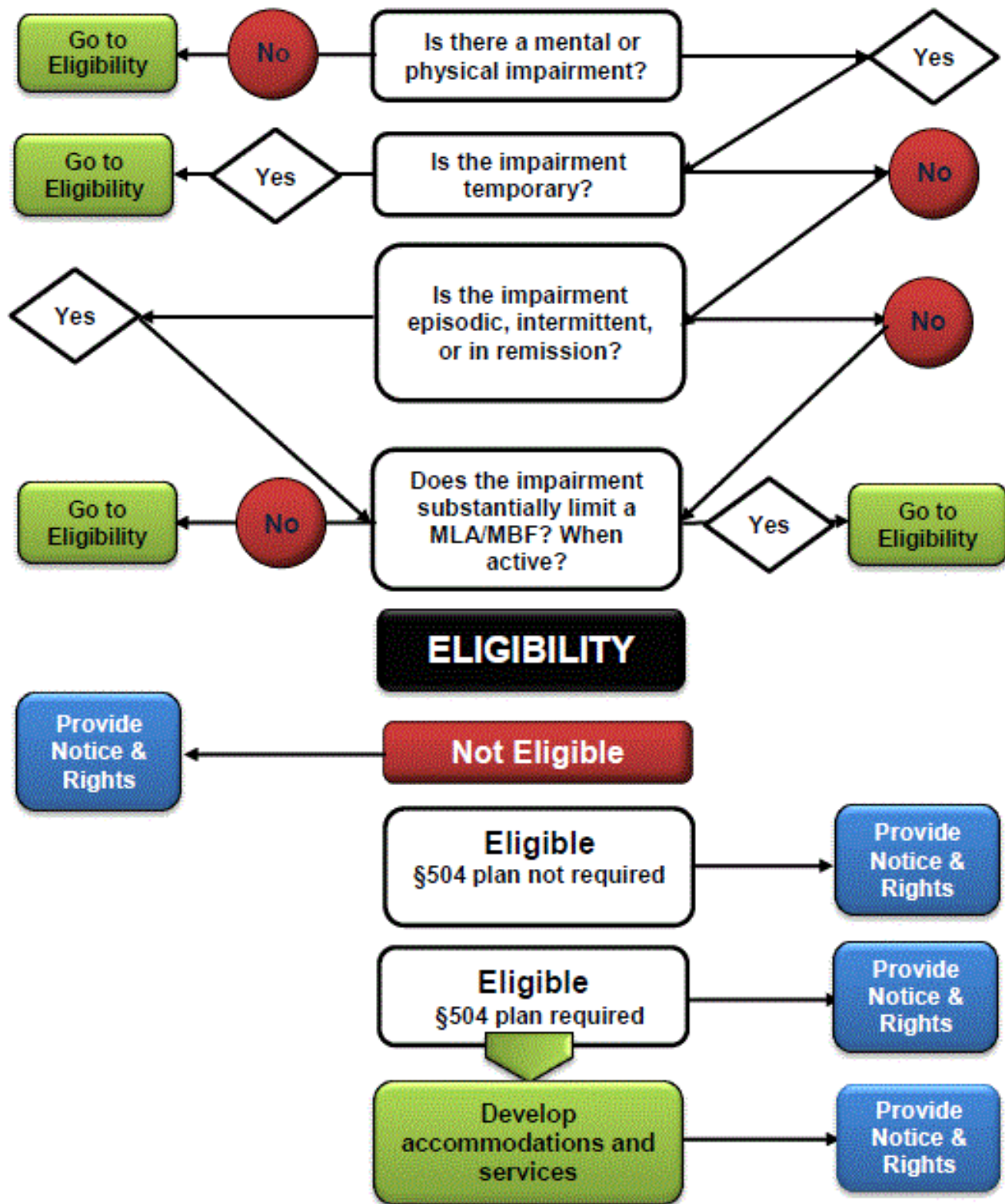
- F. Any physiological disorder or condition, cosmetic disfigurement or anatomical loss.
2. Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and special learning disabilities.

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.

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.

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.

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 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 one or more major life activities/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 an 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.
- **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 an 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.

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 is the child had been evaluated for special ed, 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 (use one with 9 pages).
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.

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. 3rd 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, if a child becomes eligible for special ed, if a child drops out of school, if a child graduates, then I need you to send Joan Ferrara this form so that I can keep our Haywood County database up to date. We constantly have to document how many 504 plans are currently active. If a child moves to another school in Haywood County just email me and I will 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 _____ NCWise# _____ DOB ____/____/____

School _____ Grade _____

1. Describe the student's mental or physical impairment: _____

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? _____ No _____ Yes (If yes, explain)

13. List the pre-referral actions used to address concerns: _____

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

15. Describe in observable ways how the mental or physical disability affects the major life activity: _____

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 SCALE¹

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

¹ adapted and printed with approval from the Duval County Public Schools, Jacksonville, Florida.

HAYWOOD COUNTY SCHOOLS

**PARENT/GUARDIAN CONSENT FOR EVALUATION
SECTION 504/ADA
(R-10-13)**

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.

Sincerely,

(Name)

(Position)

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 (R-10-13)

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:

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

Is condition chronic or acute? _____

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

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

Physician/Evaluator Signature

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
(R-10-13)

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 _____ at
(Time/Date)

_____. You are encouraged to attend this meeting. Your input is
(Location)

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

at _____ or email _____.
(Phone #) (email address)

Sincerely,

(Name)

(Position)

2nd 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, NCWise identification number, birth date, 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 or cumulative folder.
- 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.
 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 function. 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 will it should skip to the Eligibility Determination. 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 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 an 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 school personnel who attended the meeting on the day the eligibility determination was made sign off on the notice. 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.
- 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)

Name _____ NCWise # _____ DOB ____/____/____

School _____ Gender _____ Race _____ Grade _____

Evaluation Information (Check blocks that apply; 34 CFR §104.35(c))

- [] *Psychological Evaluation [] Teacher Input (required) [] Parent 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"/> PEP
<input type="checkbox"/> K-2 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 _____

 - Is the impairment temporary (less than 6 months)? _____ No _____ Yes (if yes, describe frequency, intensity or expected duration) _____

 - 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 (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. In terms of frequency, intensity and duration, does the impairment, when in an active state, substantially limit a MLA/MBF when 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/BF is 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 on analysis of the evaluation data, does the student have a disability that substantially limit a major life activity?

_____ **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 EEOP team will be re-convened at least annually or more frequently if requested by school personnel or parents.

_____ **Yes**, the student is Section 504 eligible and requires an EEOP.

Team Signatures and Title

Date

Area(s) of Expertise

_____	____/____/____	<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, 8th Grade 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 NCWise 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 9/18/12 the plan ends on 9/17/13.
- D. Demographic Information: In the spaces provided enter the student's name and NCWise identification number as well as the date of birth, school name, gender, race, current grade and disability. Please include the NCWise #. This is the most frequently omitted item.
- E. State and Local Option Testing Program. Based on evaluation information, the 504 team will indicate accommodations for state and local option testing programs. 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.
- G. 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, etc. Make sure that school personnel who attended the meeting on the day the eligibility determination was made should sign off on the notice. 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.
- H. Parental Notice. After an eligibility decision has been reached, provide the parent with an opportunity to sign the completed Notice of Eligibility form, provide the parents with a notice of Section 504 rights and if the student was eligible provide parents a copy of the completed Section 504 EEOP. 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 elected not to sign the form and that the parent was provided with a copy of the form and Section 504 rights.
- I. 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 the accommodation(s) if needed.

SECTION 504 EQUAL EDUCATION OPPORTUNITY PLAN

(Elementary and Middle School Form revised October 2013)

Plan Type: (check one) ☐ Initial ☐ Annual Review ☐ Reevaluation

Start Date: _____

End Date: _____ (within one year of the meeting date)

Name _____ Student ID# _____ 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 NC TESTING PROGRAM APPROVED ACCOMMODATIONS		EOG ELA		EOG MATH		EOG SCIENCE		NC Final Exam		MATH I	ENGLISH 1	EXPLORE	Test of English Language Proficiency					
		Grade 3-8		Grade 3-8		Grades 5 & 8		Grades 5 & 8		Grades 6 & 7	Grades 6, 7, 8	Grade 8	Grade 8	Grade 8	Grades K-8			
		Paper & Pencil	Online	Paper & Pencil	Online	Paper & Pencil	Online	Science	Social Studies	Math 1	English 1	Explore	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)																		
Cranmer Abacus																		
Dictation to a Scribe																		
Interpreter/Transliterators Signs/Cues Test																		
Magnification Devices																		
Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only) ₂																		
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)	<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 1day with breaks every _____ to _____ minutes.																	
	<input type="checkbox"/> Over Multiple Days (# of days ____ for LA 3-8) (# of days ____ for Math 3-8) (# of days ____ for Science 3-8) (# of days ____ for _____)																	
	<input type="checkbox"/> Other: _____																	
Schedule 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	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

Joan Ferrara at Central Office
Testing Coordinator at the School Level
Complete Review of Accommodations Form for each EOG or EOC and give to Testing Coordinator

SECTION 504 EQUAL EDUCATION OPPORTUNITY PLAN

(High School Form revised October 2013)

Plan Type: (check one) ☐ Initial ☐ Annual Review ☐ Reevaluation

Start Date: _____

End Date: _____ (within one year of the meeting date)

Name _____ Student ID# _____ 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 NC TESTING PROGRAM APPROVED ACCOMMODATIONS		NC Final Exams				EOC End of Course Assessments						CTE	PLAN	ACT	WORKKEYS	Test of English Language Proficiency <input type="checkbox"/> W-APT™ <input type="checkbox"/> ACCESS for ELLs®				
		Final Exam	Final Exam	Final Exam	Final Exam	English II		Math 1		Biology						Grades K-12				
						Paper & Pencil	Online	Paper & Pencil	Online	Paper & Pencil	Online					CTE Post-Assessment	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)																				
Cranmer Abacus																				
Dictation to a Scribe																				
Interpreter/Transliterators Signs/Cues Test																				
Magnification Devices																				
Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only) ₂ NOT REPORTABLE ON ACT																				
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)	<input type="checkbox"/> Read Everything													1:1						
	<input type="checkbox"/> Read by Student Request																			
	<input type="checkbox"/> Other (Describe below) _____																			
Computer Reads Test Aloud (Not for paper and pencil assessments)																				
Multiple Testing Sessions	<input type="checkbox"/> More Frequent Breaks within 1 day with breaks every _____ to _____ minutes.																			
	<input type="checkbox"/> Over Multiple Days (# of days ____ for LA 3-8) (# of days ____ for Math 3-8) (# of days ____ for Science 3-8) (# of days ____ for _____)																			
	<input type="checkbox"/> Other: _____																			
	<input type="checkbox"/> Other: _____																			
Schedule 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) ₃ : _____																				

Page 2: Student Name _____ School _____

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>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 nd Semester (4X4) Team Signatures/Title	Date	Area(s) of Expertise
_____	____/____/____	<u>Knowledge of Student</u>
_____	____/____/____	<u>Knowledge of Evaluation</u>
_____	____/____/____	<u>Knowledge of Resources</u>
_____	____/____/____	_____

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

Joan Ferrara at Central Office
Testing Coordinator at the School Level
Complete Review of Accommodations Form for each EOG or DOC and give to Testing Coordinator

Review of Accommodations Used During Testing

Student Name	
NC WISE 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"/> LEP Plan <input type="checkbox"/> Transitory Impairment Documentation
Dates of Plan	Start Date: _____ End Date: _____
Test	<input type="checkbox"/> EOC <input type="checkbox"/> EOG <input type="checkbox"/> CTE <input type="checkbox"/> NCEXTEND2 <input type="checkbox"/> ACCESS for ELLs
Subject/Subtest	

Complete one form per test. Before testing, complete column 1. During/after testing, complete the remainder of the form. Completed forms should be kept in the student's IEP folder and/or Section 504/LEP/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 LEP.
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	

To Be Completed Before Testing	Was this accommodation <i>provided</i> to the student during testing?	To Be Completed during/after Testing
Required Accommodations Documented on Student's IEP/Section 504 Plan/LEP Plan/Transitory Impairment Documentation		Describe the specific details of <i>how</i> this accommodation was provided to the student. Did the student <i>use</i> the accommodation? If yes, <i>how</i> did he/she use it?
<input checked="" type="checkbox"/> Example: <input checked="" type="checkbox"/> Test Administrator Reads Test Aloud (In English) Specify: <input type="checkbox"/> Read by Student Request <input checked="" type="checkbox"/> Read Everything <input type="checkbox"/> Other	Yes	<i>Test administrator read the entire test aloud. Student followed along while the test administrator read aloud.</i>
<input type="checkbox"/> Braille Edition		
<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)		
<input type="checkbox"/> Dictionary/Electronic Translator (LEP only)		
<input type="checkbox"/> Student Marks Answers in Test Book		
<input type="checkbox"/> Student Reads Test Aloud to Self <small>also mark testing in a separate room one-on-one</small>		
<input type="checkbox"/> Test Administrator Reads Test Aloud (In English) Specify: <input type="checkbox"/> Read by Student Request <input type="checkbox"/> Read Everything		
<input type="checkbox"/> Computer Reads Test Aloud - Student Controlled		
<input type="checkbox"/> Multiple Testing Sessions <input type="checkbox"/> Frequent breaks within one day Specify: <input type="checkbox"/> Frequent breaks over ____ days (specify #)		
<input type="checkbox"/> Scheduled Extended Time Amount: ____ times the maximum administration time		
<input type="checkbox"/> Testing in a Separate Room <input type="checkbox"/> Small Group of ____ students or less Specify: <input type="checkbox"/> One-on-One		
<input type="checkbox"/> Special NCDPI-Approved Accommodation(s) Specify:		

Printed name of person completing this portion of form:

Printed name of person completing this portion of form:

Signature of person completing this portion of form:

Signature of person completing this portion of form:

Comments/considerations for next IEP/504/LEP/TI team meeting:

Complete Review of Accommodations Form for each EOG or EOC and give to Testing Coordinator who will submit to NC Wise Data Manager
 Date of Review by School Testing Coordinator _____

HAYWOOD COUNTY SCHOOLS
Invitation to Section 504 Meeting

PRIOR NOTICE OF ANNUAL REVIEW OR RE-EVALUATION
SECTION 504/ADA
(R-10-13)

_____Annual Review

_____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 _____.
(Name) (Phone #)

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

Sincerely,

(Name)

(Position)

2nd Attempt to Notify (Type of Notice): _____ Date Sent: _____

NOTICE OF SECTION 504 PARENTAL RIGHTS

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 **Joan Ferrara, the system level 504 Coordinator at the Haywood County Board of Education**, by phone at 828-456-2400 Ext. 2124, email jferrara@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
(R-10-13)**

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)

_____ Discontinue 504 Plan because the student now has an IEP (remove green 504 sheet from cumulative record.)

_____ Inactive (Transferred out of Haywood County School System on _____ date.)

_____ Inactive (Dropped out of school on _____ date.)

_____ Graduated on _____ date.

_____ Other (please explain) _____

Comments (optional): _____

Committee Members:

Name

Date

- Copy of Discontinue notice to 504 folder, Testing Coordinator, NCWise 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 in cumulative record.

GRIEVANCE PROCEDURE FOR SECTION 504

I. General Statement

Haywood County Schools does not discriminate on the basis of race, religion, sex, national origin, age, or handicapping condition. The grievance procedure is established to assist students when they or their family feel they have been discriminated against under Section 504 of the Rehabilitation Act of 1973. Haywood County Schools desires to secure at the lowest possible level, equitable solutions to concerns that arise.

II. Definitions

- A. Grievance--A formal written claim that a student has been subject to discrimination on the basis of race, religion, sex, national origin, age, or handicapping condition.
- B. Student--Any person currently enrolled as a student in Haywood County Schools.
- C. Aggrieved--The student and/or guardian making the claim.
- D. Days--The working days, exclusive of Saturdays, Sundays, vacation days or holidays, as set forth in the school system calendar. In counting days, the first day shall be the first full working day following receipt of the grievance or appropriate documentation.

III. Time Limitations

- A. All time limits shall consist of workdays scheduled in the school calendar. The number of days indicated at each level should be considered a maximum and every effort should be made to expedite the process.
- B. With agreement from the Aggrieved, the beginning of the time limits may be postponed until the beginning of the next school year for a grievance arising after May 1st.

Procedures

It is desirable for any students and parents or guardians, and their teachers to resolve problems through free and informal communication. However, should such informal processes fail to resolve any discrimination under Section 504, a student and his or her parent or guardian may file a grievance pursuant to the steps set forth below:

All grievances shall be in writing within 90 days of the event that created the grievance. The written statement of grievance shall remain the same throughout all steps of the grievance procedure unless additional discrimination occurs or is identified.

Step 1: The Aggrieved shall present the grievance in writing to the school principal. The written grievance shall describe the basis of alleged discrimination. The principal (or designee) shall provide the Aggrieved with a copy of this procedure and implement Step 2.

Step 2: A school-level 504 meeting will take place at a mutually agreed upon time within five (5) days after receipt of the written grievance. The school-level 504 Committee will consist of the Aggrieved, principal (or designee), appropriate teacher(s) and/or school counselor and/or school psychologist and/or lead teacher. Other parties may attend as agreed upon by the Aggrieved and the principal. The

principal will produce a written summary of committee decisions within three (3) days of the meeting to be provided to the Aggrieved and the system-level 504 Coordinator. In the event the principal (or designee) and the Aggrieved agree that a Step 2 review is inappropriate, the grievance procedure may originate at Step 3.

Step 3: If the grievance is not resolved at Step 2, within five (5) days of receipt of the Step 2 decision, the Aggrieved may refer the grievance for review by a system-level 504 Review Committee. The system-level 504 Coordinator (or designee) shall serve as the chairperson of the review and shall arrange for a meeting with the Aggrieved to take place within five (5) days of receipt of the appeal. The system-level 504 Review Committee will consist of the 504 system-level Coordinator (or designee), Special Needs Program Director (or designee), Aggrieved, principal (or designee), and other system level administrators as appropriate. The 504 system-level coordinator (or designee) shall provide the Aggrieved and principal with a written decision within four (4) days after the meeting.

Step 4: If the grievance is not resolved at Step 3, the aggrieved parties may submit a written request to the superintendent for an appeal to the Board of Education. This request must be submitted within ten (10) days of receipt of the Step 3 decision. The chairman of the Board may designate a committee of three (3) or more members to hear the grievance. Each party may have one (1) representative with them at the hearing before the Board or its committee. The Board shall arrange for a meeting with the Aggrieved to take place within ten (10) days of receipt of the appeal. The Board or its designated committee shall render a decision to the Aggrieved and the principal in writing, within five (5) days after the meeting.

Step 5: If the grievance is not resolved at Step 4, the aggrieved parties may request an impartial hearing. The superintendent (or designee) shall secure an impartial hearing officer that meets the following criteria: (1) not a school system employee, (2) not from another school system or agency that shares a contractual arrangement for special education or 504 services with Haywood County Schools, (3) not involved in state policy making affecting students with disabilities, (4) not a parent of a handicapped child, and (5) not known to have any personal or professional conflicts of interest. The role of the hearing officer is to hear relevant evidence and make a ruling regarding the grievance. The hearing officer will establish specific hearing procedures including the hearing format and appropriate representatives for each party. The impartial hearing shall take place within ten (10) days of receipt of the appeal. The hearing officer shall render a decision in writing to the Aggrieved and the superintendent within ten (10) days of the hearing.

Step 6: If the grievance is not resolved at Step 5, the aggrieved parties may file a complaint with the Office of Civil Rights.

Haywood County Public Schools Section 504 Grievance Form

Haywood County Public Schools pledges that the District complies with Section 504 regulations and that no discrimination on the basis of disability is permitted in the programs or activities that the District operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to your school's principal within 90 days of the alleged event that created the grievance.

Date: _____

On behalf of: _____
(Name of the Student with a Disability)

Complainant is: ___ Student: _____
 ___ Student's parent(s): _____
 ___ Other: _____

Address: _____
 Street

City State Zip

Telephone: _____
Home Work Cell

Email Address: _____

1. Describe the alleged violation of Section 504 in specific terms. Include 1) the specific incident or activity that is viewed as discrimination; 2) the individuals involved; 3) dates, times, and locations involved; and 4) the disability that forms the basis of the complaint (attach additional pages if needed).

2. Describe any communication that has already occurred, with whom and when, to address the issue.

3. Please describe how you propose to resolve this issue.

Please return this form to your school's principal.

504 of the 1973 Rehabilitation Act

Board Policy: SA-3

Adopted: December 13, 1993

Revised: November 8, 2010

I. General Statement

It is the policy of Haywood County Schools not to discriminate on the basis of handicap in its educational programs, activities or employment policies. Section 504 of the 1973 Rehabilitation Act is a non-discrimination statute barring discrimination on the basis of handicap. The Board recognizes that the school system has the responsibility to provide a free and appropriate education for all students with handicaps. Students determined to be handicapped under Section 504 and not eligible for special services under IDEA are entitled to appropriate services from regular education. The system will provide aids, benefits and services to disabled persons in the most integrated setting appropriate to the person's needs. They will have an opportunity equal (commensurate) to that provided to nondisabled persons.

II. Regulations

- A. The school system shall establish and maintain procedures to locate, evaluate and determine if a student is a qualified individual requiring accommodation necessary to provide access to educational programs. These procedures will be contained in the Haywood County Schools 504 Manual and will be reviewed annually for possible revisions. Procedures will also be provided in the 504 Handbook on Parents' Rights. The superintendent and the designated 504 coordinator will be responsible for all components of the program.
- B. Parents are entitled to have the opportunity to review relevant educational records under the Family Rights and Privacy Act (FERPA). Procedures for review of student records are found in Board Policy SA-2.
- C. Haywood County Schools will provide a grievance procedure for parents to file a formal written claim of discrimination under Section 504. These procedures will be a subpart of the 504 manual and also will be included in the 504 Handbook for Parents. Parents or guardians disagreeing with decisions may submit a written request(s) for appeal according to the procedures within 90 calendar days from the date of the decision. The Board desires to secure, at the lowest possible level, equitable solutions to concerns that arise. Therefore, the first appeal takes place at the school level, the second at the system level and the third at the School Board level.

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"/> PEP 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 suspended _____ |
| 3. # of in-school suspensions _____ | Total days suspended _____ |
| 4. Longest single suspension was _____ days. | |

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

- ☐ Yes ☐ No Does the student have a behavior support plan based on a functional behavioral assessment? If no, explain: _____
- ☐ Yes ☐ No Were interventions effective? If no, explain the revisions made to the plan: _____
- ☐ 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*)

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?

- ☐ No Proceed with the suspension
- ☐ 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? ☐ Yes ☐ No Has the behavior (or similar behaviors) associated with the disability been exhibited in the past? 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 Individual Accommodation Plan appropriate? If no, explain:

☐ Yes ☐ No Is the student's Individual Accommodation 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 & Date</u>	<u>Agree</u>	<u>Disagree*</u>
_____	_____	<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