

Section 504 Overview Intervention – Referral – Evaluation – Placement

Form Name		Form Utility
Overview	Student Referral Audit Record - page 2	Documents referral and external audit results
	Student Documentation Summary - page 3	Summarizes multiple student audit results
Referral	Referral & Notice of P&S Rights - page 4	Provides parental notice of rights and procedural safeguards under Section 504
	Meeting Invitation - page 8	
	Meeting Agenda Template & Meeting Notes & Follow-up – page 10	Guidance for developing Summarizes key discussions and documents required follow-up
	Consent for Evaluation page 12	Documents parental consent for evaluation
Evaluation	Parent Input & Physician Report & Consent to Release Records – page 13	Documents family history and developmental milestones
	Teacher Input - page 21	Documents screening data, may use RTI or special education screening if available
	Notice of Eligibility - Instructions – page 23	
	Notice of Eligibility – page 25	Documents evaluation data, eligibility decision, and parental notice of eligibility decision
Placement	EEOP Instructions & Reporting Categories – page 27	Provides guidance for specificity of accommodation and services
	Equal Education Opportunity Plan – page 30	Documents accommodations and services, as well as responsible school staff. Documents parental consent/non-consent for EEOP implementation.
	Health Care & Other Service Plan Attachments – page 33	Document medical, behavior, or transportation concerns and necessary accommodations
	Annual Review – page 35	Documents and updates accommodation needs, and parental notice of rights and safeguards
Due Process and discipline	Due Process Hearing Procedures – page 37	
	Grievance Resolution Procedures & Report – page 39	
	Notice of Manifestation Decision - page 41	Documents manifestation reevaluation determination
	Records Transfer Documentation - page 43	Documents exchange Section 504 folder from sending school to receiving school



Section 504 Student Referral Audit Record

Student Name _____ ID# _____ School _____ Year _____

Referral Audit ___/___/___ to ___/___/___
 External Audit ___/___/___
 Begin Date End Date

Form Title	Yes	No	Date	Comments
Student Referral Audit Record				
Section 504 Referral				
Section 504 Meeting Invitation				
Consent for Evaluation				
Parent Input Form/ Physicians Information Report				
Section 504 Teacher Input				
Notice of Eligibility				
Equal Education Opportunity Plan and Additional Service Plans				
Annual Review				
Meeting Notes and Follow-Up			___/___/___, ___/___/___ ___/___/___, ___/___/___	
Grievance Reports				
Manifestation Determination			___/___/___, ___/___/___ ___/___/___, ___/___/___	

Original: 504 Folder



LEA Section 504 Student Documentation Summary

Student Name	Student Referral Audit Record	Section 504 Referral	Meeting Invitation	Consent for Evaluation	Parent Input Form Physician Information	Teacher Input	Notice of Eligibility	EEOP	Annual Review	Meeting Notes and Follow-up	Grievance Reports	Manifestation Determination	Records Transfer Documentation
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
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Section 504 Referral

Student Name _____ ID # _____ DOB ___/___/___
Grade _____

School _____ 504 School Rep _____

Referral Source: ___ Parent ___ School Staff ___ Intervention Team ___ IEP Team

Date of Referral ___/___/___ Date Referral Received by School 504 Rep ___/___/___

1. Please state the nature of your concern(s) for the student and support observations:

a. Academic concern(s):

b. Behavioral concern(s):

2. Please describe any interventions that have been tried at home or at school.

3. Please indicate if there is a reason to believe the student has a mental or physical impairment. Please include any explanation or medial documentation.

4. Describe any Major Life Activity/Major Bodily Function impeded by a mental or physical impairment.



Section 504 Parent & Student Rights and Safeguards

The following is a description of parent and student rights granted by federal law. The intent of the laws is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

You have the right to:

1. Have your child take part in and received benefits from public education programs without discrimination based on a disability.
2. Have your child receive a free appropriate public education. This includes the right to be educated with other students to the extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
3. Prior notice of any action by the district with respect to the identification, evaluation, or placement of your child.
4. Have your child educated in facilities and receive services comparable to those provided students without disabilities.
5. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by individuals who know the student, the evaluation data, and placement options.
6. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
7. Obtain copies of educational records at a reasonable cost.
8. Receive a response from the school district to reasonable requests for explanations and interpretations of your child's records.
9. Request amendment of your child's educational records if there is a reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the school district refuses this request, it shall notify you within a reasonable time, and advise you of the right to a hearing. If the decision is not to amend the record, you have the right to place a dissenting statement.
10. Have a periodic evaluation and /or re-evaluation before any significant change in program/service is made.
11. The right to an impartial hearing and decision review, which includes the right to parental participation and representation by legal counsel, with respect to the district's actions regarding the identification, evaluation, or educational placement.

12. Use of the district's grievance procedure to obtain prompt and equitable resolution of allegations regarding actions prohibited by Section 504.
13. The right to file an action in the federal courts system and the right to file a complaint with the Office of Civil Rights.
14. Contact the local Section 504 Compliance Officer at
Douglas Finch, (douglasf@provo.edu)
280 West 940 North Provo, Utah 84604
801-370-4631

I have received a copy of the Notice of Parent Rights.

Parent Signature

_____/_____/_____

Date



Section 504 Meeting Invitation

Student Name _____ ID# _____ DOB ____/____/____ Grade _____

School _____ 504 School Contact _____

Date ____/____/____

Dear _____,

You are invited to a meeting of the Section 504 Team. At the meeting, we will address the following to determine how better to educate your child:

- Initial meeting
- Discuss intervention results
- Consider an evaluation
- Review evaluation results
- Determine 504 eligibility
- Annual Review
- Conduct a reevaluation
- Add behavioral accommodations
 - Conduct a manifestation review
- Transition Meeting
 - Elementary to Middle
 - Middle to High School

The following personnel will be present at the meeting:

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

The meeting location is _____ in Room # _____

The meeting date is scheduled for ____/____/____
Date Time

Parent Input Form – Attached is a Parent Input Form and Physicians Information Report. We ask that you complete as much of these forms as you feel is necessary to help us better understand your child and their educational concerns and needs.

If you have questions, need additional information, or desire another meeting date, please do

not hesitate to contact me at: _____ or _____
Telephone E-mail address

Sincerely,

Name

Title

Student Name _____ ID# _____ DOB ____/____/____ Grade _____

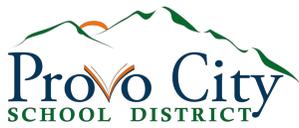
Please sign and return this portion to School.

- I plan to attend
- Contact me to schedule another time.
- I would like to participate on a telephone conference.

Parent Signature

Original: 504 Folder

Attachments: Parent Input Form
Physicians Information Report



Section 504 Meeting Agenda Template – Instructions

School staff are hard-pressed for the time it takes to conduct school work in general and Section 504 in particular. Mindful that time is a precious commodity; school personnel can more effectively use time by prior planning. The Section 504 Meeting Agenda Template is a tool for ensuring that meeting objectives will be accomplished.

Prior to the Meeting:

1. Conduct research especially when the student has a rare condition.
2. When school personnel are divided on the meaning of evaluation data, consider a school staffing prior to the Section 504 meeting.
3. Make sure that the team composition satisfies Section 504 requirements. For example, you should include a nurse if the student's impairment so requires.
4. Make sure all participants know the time and place for the meeting.
5. Unless prior arrangements are made, team members should remain for the duration of the meeting.
6. Depending on the purpose of the meeting, ensure that evaluation data are available.
7. Make sure that all participants understand that eligibility and accommodations are data-driven decisions.
8. Ask parents to provide any evaluation materials a week prior to the meeting so that qualified school personnel have adequate time for review.

At the meeting:

1. Introduce all meeting participants.
2. Set the tone for the meeting making sure that participants are comfortable.
3. State the purpose of the meeting. Consider the following options:
 - Initial meeting
 - Discuss intervention results
 - Consider an evaluation
 - review evaluation results
 - Determine Section 504 eligibility
 - Modify academic accommodations
 - Conduct a reevaluation
 - Add behavioral accommodations
 - Conduct a manifestation review
 - _____
4. Review applicable regulations and OCR policy with a particular emphasis on special terms such as "major life activities," "substantial limitations/impediments," etc. Remind the team of the definition of all applicable terms.
5. Review evaluation data: ensure parents have an opportunity to provide information and meaningfully participate in the discussion.
6. Make decisions regarding eligibility and accommodations for eligible students.
7. Provide parents with their procedural safeguards.
8. Document meeting!



Section 504 Meeting Notes & Follow-Up

Student Name _____ ID# _____ DOB ___/___/___ Grade _____

School _____ 504 School Rep _____

A summary of today's meeting follows:

- A copy of the Notice of Section 504 Parent & Student Rights was provided to the parent.

The team will reconvene on ___/___/____. Prior to the next meeting, the following information and actions will be completed.

_____ Action _____ Person Responsible

_____ Action _____ Person Responsible

_____ Action _____ Person Responsible

_____ School 504 Contact _____ Date ___/___/___



Consent to Evaluate Under Section 504 of the Rehabilitation Act of 1973

Student: _____ School: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

Dear Parent/Guardian,

The Student Success Team has met and believes your child may have a disability under Section 504 of the Rehabilitation Act of 1973 ("Section 504"). In order to determine whether your child does have a disability, we are requesting your consent to conduct an evaluation. An evaluation under Section 504 involves the collection of various sources of data and a review of this data by a knowledgeable committee to determine whether there is a substantial limitation of one or more major activities or bodily functions. If your child qualifies as a disabled individual the committee will also determine whether your child requires services to have his or her needs met as adequately as a non-disabled individual; the committee will also document those services. This evaluation is offered at no cost to you. Once your consent is received, data will be gathered and you will be invited to the meeting to discuss the findings.

Please check the appropriate box below:

- I give consent to evaluate my child for eligibility under Section 504.
- I do not give consent to evaluate my child for eligibility under Section 504.

Your *Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973* are attached. Your signature below acknowledges your receipt of these rights. If you have any questions or concerns regarding this referral, the evaluation process, or your rights, please contact

_____, school Section 504 coordinator, at _____.

Parent Signature

Date

Original: 504 Folder

Copy: Parent/Guardian



Section 504 Parent/Guardian Input

Student: _____ School: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

The information requested will assist the Section 504 Committee in the evaluation of your child. If you have additional information which you want the committee to consider, such as private evaluations, please feel free to attach additional pages. Disregard any question that makes you uncomfortable. If you would prefer to provide this information by phone, please contact _____ at _____.

Information furnished by: _____
Name

Relationship to the student: _____

I. CONTACT INFORMATION:

Primary Contact

Name: _____

Relationship: _____

Phone: _____

email: _____

Additional Contact

Name: _____

Relationship: _____

Phone: _____

email: _____

Additional Contact

Name: _____

Relationship: _____

Phone: _____

email: _____

Additional Contact

Name: _____

Relationship: _____

Phone: _____

email: _____

With whom does the student live? _____

Who has legal authority to make educational decision for this child? _____

Other children in home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other adults in the home:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Primary language spoken at home: _____

Are there other languages spoken in the home and by whom? _____

II. FAMILY HISTORY

YES NO Has anyone in the family had a problem with math, reading or writing?
If so who and what was the difficulty? _____

YES NO Has anyone in your family ever been diagnosed as learning disabled? If
so what is the diagnosis and what is the relationship to your child?

YES NO Has anyone in your family ever been diagnosed with Attention Deficit
Hyperactivity Disorder? If so, what is the relationship to your child?

YES NO Have there been any important changes within the family during the last three years (for example, job changes, moves, divorce or separation, births, deaths, illnesses, etc.)? If so, please describe.

III. THE STUDENT AT HOME

What does your child do when not in school? (Please list the student's common indoor and outdoor activities)

Does your child appear to have friends? Is he more or less social than a typical child of the same age?

Please describe your child's behavior at home (for example, is he/she generally well behaved? Gets along with family member, neighbors, peers?) _____

What are some of your child's strengths? _____

IV. MEDICAL AND DEVELOPMENTAL HISTORY

Doctor's reports, letters and diagnoses can help the 504 Committee have a more complete picture of your child. If necessary, the district may request written consent from you to obtain information directly from your physician.

Describe any problems associated with your child's birth. _____

Compared to other children in the family, the child's development was:

_____ Slower _____ About the same _____ Faster

YES NO Is your child currently under the care of a physician for a medical problem? If so, describe the problem: _____

YES NO Is your child currently taking any medications (either prescription or over the counter)? If so, please indicate which ones and frequency:

Name of medication	Physician prescribing	How long has your child been taking it?	Dosage/ Frequency	Side effects

YES NO Does your child have asthma? If so how is it treated? _____

YES NO Does your child have allergies? If yes, to what: _____
 How frequently are reactions? _____
 What are symptoms of reaction? _____
 How are reactions treated? _____
 When was last reaction? _____

YES NO Has your child ever been critically or chronically ill or hospitalized? If yes, explain. _____

YES NO Does your child have a condition or illness with symptoms that are sometime more serious than at other times? If so what is the name of the condition or illness? _____
 When and how often is the condition or illness a problem for your child?

 How does the condition or illness affect your child when the symptoms are most serious (are there things that he or she can not do or are more difficult because of the condition or illness)? _____

YES NO Does your child have a serious medical condition or illness (such as cancer) that has gone away? If so what was the condition or illness?

When did your child suffer from this condition or illness? _____

How did the condition or illness affect your child when the symptoms were most serious? _____

Is the condition or illness likely to return? _____

YES NO Has your child ever been retained, and if so, which grade(s)? _____

YES NO Has your child ever been diagnosed with a learning disability? If so what kind and when? _____

YES NO Does your child have ADD/ADHD? If yes, is he/she taking medication, and if so, which one, what dosage and when? _____

Has your child mentioned problems in school? If yes, what? _____

Do you think that your child has a problem? If yes, what? _____

V. BEHAVIOR CHECKLIST

Please rate the extent that your child exhibits the following characteristics (circle your answer):

N – never, almost never; **S** – Sometimes; **F** – frequently; **A** – almost always

Shows good verbal ability? (good conversationalist, story teller, etc.)	N	S	F	A
Understands things read or told to him/her?	N	S	F	A
Asks you to repeat words or sentences?	N	S	F	A
Displays poor reading skills?	N	S	F	A
Fails to understand what he/she reads?	N	S	F	A
Spells poorly?	N	S	F	A
Has trouble with math?	N	S	F	A
Has difficulty with subtraction, multiplication?	N	S	F	A
Has a poor memory?	N	S	F	A
Has poor handwriting skills?	N	S	F	A
Shows poor organization skills?	N	S	F	A

Daydreams?	N	S	F	A
Has a short attention span?	N	S	F	A
Acts impulsively?	N	S	F	A
Do you consider him/her to be overactive?	N	S	F	A
Does he/she have trouble following directions?	N	S	F	A
Acts in an immature manner?	N	S	F	A
Fails to get along with his/her peers?	N	S	F	A
Acts oppositional with parents/other adults?	N	S	F	A
Does he/she fail to consider the consequences of behavior?	N	S	F	A
Exhibits excessive moodiness or anger?	N	S	F	A
Appears hypersensitive? (gets feelings hurt easily)	N	S	F	A
Gets upset when routine is changed?	N	S	F	A
Appears sensitive to others' feelings? (reflects others' sorrow, gaiety, anxiety)	N	S	F	A
Says he/she does not like school?	N	S	F	A

If your child is eligible for a 504, what services or accommodations do you think are necessary so that your child can participate and benefit from school? _____

Please use the space below and on the back to include any additional information, which you believe will help us to make a determination concerning your child.



Section 504 Physician's Information Report

Student: _____ School: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

The above named student is being evaluated for protection under Section 504. Physician's reports, letters and diagnoses can be very helpful to the 504 Committee in determining eligibility and/or program planning. The parent/guardian of the above named student has provided consent for district personnel to release/request confidential records, which is attached. We appreciate your time answering the following questions in order to best meet the needs of the student.

Date of last physical exam: _____

Have you recommended a follow-up exam? Yes ___ No ___ If so, when _____

Please identify any medical problems/diagnoses for which the student is currently receiving medical care: _____

Date of onset: _____ Severity of problem: Mild Moderate Severe

Please list all medications/treatments currently prescribed for the student: _____

Please describe possible side effects the student may experience from these medications:

Are there any restrictions from activities such as P.E. or recess, if so please explain:

How will this impairment affect attendance? _____

Additional information/recommendations: _____

Physician's Name

Physician's Signature

Date

Original: 504 Folder

Copy: Parent/Guardian



Consent to Release/Request Confidential Records

Student: _____ School: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

For the purposes of evaluation/program planning, I hereby give my permission for the Provo City School District to release/request specified records containing confidential information regarding the above named student to/from the following.

Physician Name and Title/Certification

Address of Physician

City

Zip Code

Phone

Fax

TO BE COMPLETED BY SCHOOL
Records Requested
<input type="checkbox"/> Physician Information Report
<input type="checkbox"/> Medical Assessments
<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Permission for school/district staff to talk to medical personnel.
<input type="checkbox"/> Other

Parent/Guardian or Adult Student:

Your signature below indicates consent to request records.

- I have been fully informed and understand the school's request for my consent described above. The information will be requested upon receipt of my written consent.
- I understand my consent is voluntary and may be revoked at any time.
- I understand that once these records are received by the school district, they may be protected as educational records by FERPA rather than HIPPA.
- Payment for any fees for processing the transfer of records will require prior written authorization from Provo City School District.

Signature of Parent/Guardian or Adult Student

Date

Date Faxed to physician: _____

Physician: Fax records back to: _____

Name

School

Phone

Date

Original: 504 Folder

Copy: Parent/Guardian
20

Copy: Physician



Teacher Input for Section 504 Evaluation

Student: _____ School: _____ Date: _____

Student ID: _____ Grade: _____ Date of Birth: _____

Instructional rating: Rate the student's performance in the following areas **compared to other student of the same age/grade:** Circle one: 1 = poor 2 = below average 3 = average 4 = above average 5 = superior N = not observed

- | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|
| 1. Reading skills | 1 | 2 | 3 | 4 | 5 | N |
| 2. Math skills | 1 | 2 | 3 | 4 | 5 | N |
| 3. Written expression | 1 | 2 | 3 | 4 | 5 | N |
| 4. Spelling | 1 | 2 | 3 | 4 | 5 | N |
| 5. Classroom work | 1 | 2 | 3 | 4 | 5 | N |
| 6. Homework | 1 | 2 | 3 | 4 | 5 | N |
| 7. Tests | 1 | 2 | 3 | 4 | 5 | N |
| 8. Following oral directions | 1 | 2 | 3 | 4 | 5 | N |
| 9. Following written directions | 1 | 2 | 3 | 4 | 5 | N |
| 10. Organizational skills | 1 | 2 | 3 | 4 | 5 | N |
| 11. Classroom discussions | 1 | 2 | 3 | 4 | 5 | N |
| 12. Complete tasks in timely manner | 1 | 2 | 3 | 4 | 5 | N |

Behavior Rating: Rate the student's performance in the following areas **compared to other student of the same age/grade:** Circle one: 1 = poor 2 = below average 3 = average 4 = above average 5 = superior N = not observed

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Appropriate attention and concentration | 1 | 2 | 3 | 4 | 5 | N |
| 2. Compliance with teacher requests | 1 | 2 | 3 | 4 | 5 | N |
| 3. Adapts to new situations without getting upset | 1 | 2 | 3 | 4 | 5 | N |
| 4. Accepts responsibility for own actions. | 1 | 2 | 3 | 4 | 5 | N |
| 5. Makes and keeps friends at school. | 1 | 2 | 3 | 4 | 5 | N |
| 6. Works cooperatively with others. | 1 | 2 | 3 | 4 | 5 | N |
| 7. Has an even, usually happy disposition. | 1 | 2 | 3 | 4 | 5 | N |
| 8. Brings necessary materials to class. | 1 | 2 | 3 | 4 | 5 | N |
| 9. Stays on task, is easily redirected. | 1 | 2 | 3 | 4 | 5 | N |
| 10. Remains in seat. | 1 | 2 | 3 | 4 | 5 | N |
| 11. Takes turns, waits for turn | 1 | 2 | 3 | 4 | 5 | N |

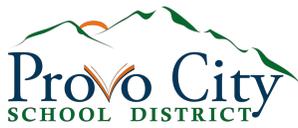
Please answer the following questions based on the student's current service/accommodation plan and the student's use of the accommodation in your class.

Do you have any other concerns not addressed above, if so what are they? _____

Page 2: Student Name _____ School _____ DOB ___/___/___

Are there any accommodations the student is using routinely and effectively and should be added to the student's accommodation plan? _____

Are there any accommodations the student is not using routinely and effectively and should be removed from the student's accommodation plan? _____



Section 504 Notice of Eligibility – Instructions

- A. **General Information:** In the spaces provided, enter the student’s name, identification number, birth date, school name, 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. For audit and future demands, a copy of all information considered should be placed in the student’s Section 504 folder.
- C. **Eligibility:** Using information from a variety of sources, the Section 504 team will answer questions and provide descriptions about the presence of a mental or physical impairment, whether or not an impairment is temporary, episodic, or in remission, and whether or not the impairment substantially limits one or more Major Life Activity (MLA) /Major Bodily Function (MBF).
1. Determining the eligibility requires the Section 504 team to first establish whether or not 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 Section 504 team to consider whether or not cultural, economic or environmental (CEE) factors account for the student’s inadequate learning and behavioral function. Section 504 does not cover limitations of MLA caused by CEE factors. The Section 504 team will indicate whether or not CEE factors account for limitations.
 3. In this section, the Section 504 team describes the impairment and determines whether or not the impairment is temporary or whether or not 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 Section 504 team will answer “yes” or “no” to the question asking whether the impairment limits MLA/MBF. If the team answers “no”, the Section 504 team should skip to the Eligibility Determination. If the answer is “yes”, the team should:
 - 1) indicate the MLA/MBF; 2) describe how and the degree to which the MLA/MBF is limited; and 3) indicate whether or no the impairment is negligible, mild/moderate, substantial, or severe.
- D. **Eligibility Determination:** The Section 504 team will choose from among three eligibility options based on the preponderance of the evaluation information. One, the student is not Section 504 eligible and, as a consequence, is not eligible for an EEOP, i.e., an accommodation plan. If the student is not eligible, the Section 504 may want to consider referring the student to a student support team for a general education plan.

Two, the student is eligible, but an EEOP is not required because the impairment is in remission or is not active, or because of the corrective effects of mitigating measures or because the impairment is episodic or in remission. Three, the student is eligible and requires an EEOP.

- E. **Team Signatures/Title:** Each individual participating in the eligibility determination process must sign the notice and indicate the date and indicate his position, e.g., classroom teacher, psychologist, or nurse. In addition, each person should indicate his/her area of expertise, e.g., knowledgeable of the student, knowledgeable of the meaning of evaluation information. Make sure those school personnel who attend the meeting on the day the eligibility determination was made to 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 Notice of eligibility form, provide the parents with a Notice of Parent Rights and provide parents a copy of the completed Notice of Eligibility.

Occasionally, parents who are not satisfied with the decision will not sign the Notice. On those occasions, the chair of the Section 504 team should annotate the bottom of the form with a note indicating that the parent attended the meeting but elected not to sign the Notice. Provide parents with a copy of the Notice and Section 504 rights.



Section 504 Notice of Eligibility

Name _____ Student ID# _____ DOB ____/____/____

School _____ Grade _____ Date _____

Evaluation Information (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Psychological evaluation | <input type="checkbox"/> Physician's report | <input type="checkbox"/> Report card |
| <input type="checkbox"/> Gen education plan | <input type="checkbox"/> Home and health history | <input type="checkbox"/> Curriculum assessments |
| <input type="checkbox"/> Parental information | <input type="checkbox"/> Scholastic record | <input type="checkbox"/> Work samples |
| <input type="checkbox"/> State test results | <input type="checkbox"/> Teacher | <input type="checkbox"/> Disciplinary history |
| <input type="checkbox"/> Observation data | <input type="checkbox"/> Benchmark assessment | <input type="checkbox"/> Mitigating measures |
| <input type="checkbox"/> Other _____ | | |

(Checked items are maintained in the student's Section 504 folder.)

Eligibility

1. 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) _____

2. Does cultural, environmental or economics account for limitation in a major life
activity? _____ No (If no, go to the next section) _____ Yes (If yes, describe why CEE
limits a MLA/MBF and go to Eligibility Determination Section) _____

3. Describe the impairment: _____

 - A. Is the impairment temporary? (Actual or expected duration of 6 months or less)
_____ No _____ Yes (If yes, consider developing an individual healthcare or
emergency medical plan.)

 - B. Is the impairment episodic, intermittent or in remission? _____ No, continue to
next section. _____ Yes If yes, describe frequency, intensity or expected
duration when active and continue with eligibility determination.

4. Does the impairment substantially impede a MLA/MBF? _____ No (If no, go to
eligibility determination section) _____ Yes (In what ways does the impairment
limit a major life activity?)

A. Describe how and the degree to which the impairment limits MLA/MBF:

B. _____ Negligible _____ Mild _____ Substantial _____ Severe
(Taking into account the evaluation information, check the best descriptor of the MLA/MBF limitation.)

Eligibility Determination

Based on analysis of the evaluation data, does the student have a disability that substantially limits 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.

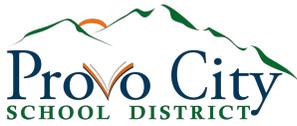
Team Signatures/Title	Date	Area(s) of Expertise
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Parental Notice

I have received a copy of this Notice of Eligibility and have received a copy of the Notice of Parent Rights.

Parent Signature

___/___/___
Date



Section 504 Equal Education Opportunity Plan – Instructions

- A. **Demographics Data.** In the spaces provided, enter the student's name and identification, as well as the date of birth, school name, and current grade.
- B. **School and Classroom Accommodations.** Refer to the evaluation data collected 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, activities, etc. Indicate the: 1) accommodations; 2) setting, e.g., classroom, physical education, cafeteria, or school bus; and 3) the individual responsible for carrying out each accommodation.
- C. **State and Local Option Testing Program.** Again, based on evaluation information the Section 504 team will indicate accommodations or alternative assessments for state and local option testing programs. Keep in mind that state assessment rules typically require that accommodations be routinely used in the instructional program as a condition for accommodations on state assessments. This means that if the Section 504 plan is written immediately prior to a state assessment, the student may not be eligible for accommodations until the next state assessment.
- D. **Team Signatures/Title.** Each individual participating in the eligibility determination process must sign the notice, indicate the date and indicate his position, e.g., classroom teacher, psychologist, nurse, etc. In addition, each person must indicate his area of expertise, e.g., knowledgeable of the student or knowledgeable of the meaning of evaluation information. Make sure that 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.
- E. **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 Parent 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 Section 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 Notice of Parents Rights.

- F. **Annual Review.** Section 504 does not require an annual review; however, it is a best practice for EEOP's to be reviewed at least annually and more often at the request of school personnel or the student's parents. The EEOP provides a mechanism for reviewing the plan and making any changes that may be necessary. At the conclusion of the annual review, meeting participants including parent should sign and date in the spaces provided.
- G. **Additional Service Plans.** Student with health/medical, behavior or transportation need(s) may require additional interventions. Write the service plan, and attach it to the EEOP. If the student is eligible solely because of health and medical issues, the EEOP attachment is sufficient to meet Section 504 requirements.
- H. **EEOP Copies.** Make sure teachers receive a copy of the EEOP. In larger schools, the school-based 504 contact may want to document that teachers have received the EEOP, understand the nature of the accommodation, and have had appropriate training, if needed.



Section 504 Reporting Categories

An LEA's reporting requirements of Section 504 disabilities according to R277-753-3 shall be broken down in the following categories:

(1) "Autism" means a disability of verbal, non-verbal or social interaction that substantially limits one or more major life activities and does not require specialized instruction under special education services.

(2) "Brain injury impairment" or "Concussion impairment" means a short term disability of the brain caused by an external physical force that substantially limits one or more major life activities, and which adversely affects a student's access to the student's education.

(3) "Hearing impairment" means a hearing disability that substantially limits one or more major life activity, which may require assistive technology but does not require specialized instruction under special education services.

(4) "Learning impairment" means a learning disability, which includes, but is not limited to, dyslexia, dysgraphia, and dyscalculia, that substantially limits one or more major life activities, but does not require specialized instruction under special education services.

(5) "Major bodily function impairment" means an impairment to any of the following functions that adversely limit a student's access to the student's education:

(a) immune system function; (b) normal cell growth; (c) genitourinary function; (d) bladder function; (e) brain function; (f) circulatory function; (g) endocrine function; (h) lymphatic function; (i) special sensory organ and skin function; (j) digestive function; (k) bowel function; (l) neurological function; (m) respiratory function; (n) cardiovascular function; (o) hemic function; (p) musculoskeletal function; and (q) reproductive function.

(6) "Medical impairment" means a disability that is chronic or acute in nature, which may be active or in remission, and which substantially limits one or more major life activities, including, but not limited to:

(a) allergies; (b) asthma; (c) attention deficit disorder or attention deficit hyperactivity disorder; (d) chemical sensitivities; (e) diabetes; (f) epilepsy; (g) a heart condition; (h) hemophilia; (i) lead poisoning; (j) leukemia; (k) cancer; (l) arthritis; (m) nephritis; (n) rheumatic fever; (o) sickle cell anemia; (p) Tourette syndrome; (q) HIV/AIDS; or (r) an acquired brain injury adversely affecting a student's access to the student's education, which may result from health problems such as:

(i) an hypoxic event; (ii) encephalitis; (iii) meningitis; (iv) brain tumor; or (v) stroke.

(7) "Mental health impairment" means a mental disability that is chronic or acute in nature, and which substantially limits one or more major life activities, including, but not limited to:

(a) anxiety; (b) attention deficit disorder or attention deficit hyperactivity disorder; (c) depression; (d) post-traumatic stress disorder; or (e) emotional or mental illnesses.

(8) "Orthopedic impairment" means a physical disability, which may be on-going or short term in nature, that substantially limits one or more major life activities, and which adversely affects a student's access to the student's education.

(9) "Other impairment" means any other disability not specifically defined in this rule, which substantially limits one or more major life activities.

State and Local Option Testing Program

Before implementing accommodations on statewide and local option assessments, the accommodations must have been routinely used in the instructional program.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Service Plans

Please attach appropriate plan(s) -

- Health care plan
- Behavior plan
- Transportation plan
- Other

<u>Team Signatures/Title</u>	<u>Date</u>	<u>Area(s) of Expertise</u>
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Parent Response

I consent for my son/daughter to receive accommodations and services outlined on his/her EEOP and I understand that:

1. The Section 504 team may be reconvened at least annually and more often at my request or the request of school personnel;
2. At least every three years a re-evaluation will be conducted; and
3. My consent is voluntary and may be revoked at any time.

I do not give my consent for my son/daughter to receive accommodations and services outlined on his/her EEOP. I understand that my child will not receive the accommodations or safeguards provided by Section 504 of the 1973 Rehabilitation Act.

- I have received a copy of the Notice of Eligibility.
- I have received a copy of the Notice of Parent Rights.
- I understand that I may give consent at a later time.

Parent Signature

_____/_____/_____
Date

Please outline and estimate the staffing and/or financial resources you are requesting.

Please send a copy of this completed form to the District 504 Director, Douglas Finch

District Director _____

_____/_____/____

Check all applicable (Attach additional documentation)

- Identify immediate responders
- Protocol training
- Special field trip instructions
- Substitute teacher plan
- Emergency contact plan
- Other _____

Team Signatures/Titles	Date	Area(s) of Expertise
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

I participated in the development of this accommodation plan, give consent for its implementation and have a received a copy of the Notice of Parents Rights.

_____ /____/____
 Parent Signature Date

Please outline and estimate the staffing and/or financial resources you are requesting.

Please send a copy of this completed form to the District 504 Director

District Director _____ /____/____



Annual EEOP Review

Name _____ Student ID# _____ DOB ____/____/____

School _____ Grade ____ Disability _____

Disability Category: (Check at least 1, See Section 504 Reporting Categories)

- Autism Brain injury impairment Hearing impairment Learning impairment
- Major bodily function impairment Medical impairment Mental health impairment
- Orthopedic impairment Other impairment: _____

_____ Discontinue services. The student no longer needs the 504 accommodations.

_____ 504 Team recommends no changes to the EEOP. All current accommodations will remain in place for the coming year. Please attach a copy of the original EEOP. If staffing and/or financial resources are necessary please complete the funding section on the second page and submit for approval.

Use the following section to document annual review decisions to add or delete EEOP accommodations. If adding an accommodation be sure to note in the narrative who is responsible for implementing any necessary actions.

EEOP Changes: _____ addition _____ deletion
(Use a separate page if necessary and attach to this document)

EEOP Change: _____ addition _____ deletion
(Use a separate page if necessary and attach to this document)

EEOP Change: _____ addition _____ deletion
(Use a separate page if necessary and attach to this document)

I acknowledge that I have received the service plan designate by the 504 Committee for the student named above.

I also acknowledge that:

1. I am required to implement this plan for this student
2. I understand how to implement the plan; and
3. I can contact the 504 Coordinator if I need further clarification or training.

Team Signatures/Title	Date	Area(s) of Expertise
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

I participated in the review of this accommodation plan, give consent for it's implementation and have received a copy of the Notice of Parent Rights.

_____	___/___/___
Parent Signature	Date

Please outline and estimate the staffing and/or financial resources you are requesting.

Please send a copy of this completed form to the District 504 Director, Douglas Finch

District Director _____	___/___/___
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Section 504 Due Process Hearing Procedures

Impartial hearings are available under Section 504 to resolve disagreements between a parent or guardian and the school district over matters related to the identification, evaluation, or educational placement of a student with a disability. See 34 C. F. R. § 104.36

A parent or guardian who wishes to challenge a district's action or omission with regard to the identification, evaluation, or placement of a disabled child must submit a written request for a Due Process Hearing to the district's §504 Coordinator within ninety (90) calendar days of the dispute giving rise to the hearing request. The term "days" in regards to these procedures shall mean any day that the child's school is open during the regular school year. The written request should include:

- A statement that the parent or guardian is requesting a Due Process Hearing before an impartial Hearing Officer;
- The name of the student, the address of the student and the name of the school the student is attending;
- A description of the decision(s) in dispute, including facts relating to the decision;
- The remedy the parent or guardian is seeking.

Within ten (10) days of the date of receipt of the request, the district will appoint an impartial Hearing Officer to preside over the hearing and issue a decision. The Hearing Officer will be hired by the district as an independent contractor at no expense to the parent or guardian. The Hearing Officer need not be an attorney, but shall be familiar with the requirements of §504 and the District's Hearing Procedures under §504.

Within ten (10) days, the appointed Hearing Officer shall issue notice to the parent or guardian and the district's §504 Coordinator setting a date, time and location for a hearing to be held within fifteen (15) days of the notice.

Then parent or guardian shall notify the Hearing Officer at Least seven (7) days prior to the set hearing date of their desire to be represented by an attorney and whether they wish the hearing be open to the public.

The hearing shall be conducted in an informal, non-adversarial manner. The Rules of Evidence and Procedures will not apply. Each party will have an opportunity to present evidence relevant to the dispute. As part of their presentations, the parties may submit any reports, evaluations, correspondence, notes, or any other documents that may support their positions and that the Hearing Office will admit at his or her discretion.

The due process hearing will be tape-recorded. The parent or guardian may obtain a copy of the tape recording at his or her request.

At the conclusion of all presentations, the Hearing Officer may make an oral ruling at the conclusion of the hearing or take the case under advisement. In either case, the hearing officer must make a decision within fifteen (15) working days in writing, addressing and ruling on all issues raised by the parent or guardian and indicating what corrective action, if any, the District must take.

If not satisfied by the decision of the Hearing Officer, parent or guardian may seek review of the hearing decision in a court of competent jurisdiction, generally the closest federal district court.

At any time, a parent or guardian may file a complaint with OCR if he or she believes that the district has violated any provision or regulation of §504. The filing of a complaint does not affect the hearing process or the time lines set forth above. OCR addresses §504 complaints separately and independently of the local hearing process, in accordance with the guidelines set forth in OCR's Complaint Resolution Manual.



Grievance Resolution Procedures

Step 1 The parent/legal guardian should complete and submit a Section 504 Grievance to the District 504 Director, Douglas Finch, at 280 West 940 North Provo, Utah 84604. Email douglasf@provo.edu, office 801-374-4814 and fax 801-374-4985.

Step 2 The District 504 Director will review the complaint with the District 504 Committee and invite the parent/legal guardian to hear their concerns. The District 504 Director and committee will decide whether to seek to mediate the dispute between the parent/legal guardian and school or render a decision regarding the complaint and submit in writing to the parent/legal guardian and the school. If the mediation is unsuccessful or if the parent/legal guardian is not satisfied with the decision rendered by the District 504 Director and committee. The parent/legal guardian may give written notice to the Superintendent requesting an impartial hearing (step 3).

Step 3 Upon receiving a written request for an impartial due process hearing, the Superintendent or designee will promptly refer the complaint to a due process hearing conducted by an impartial hearing officer. The Superintendent will select two impartial hearing officers for the parent/legal guardian to select from. The hearing officer shall meet the following criteria: (a) Must be knowledgeable about Section 504; (b) must not have a personal or professional conflict of interest; and (c) must not participate in the formulation of state policy affecting students with disabilities. The appointed hearing officer will schedule a due process hearing to occur as soon as reasonably practicable for the parent/legal guardian and District. The parent/legal guardian and District may be represented by legal counsel at the hearing, may examine relevant records, and participate in the hearing. Within Ten (10) business days after the conclusion of the hearing, the hearing officer will render a written decision. The written decision shall include applicable findings of fact and conclusions of law. The hearing officer shall submit the written decision to the parent/legal guardian and the Board of Education of Provo City School District. The decision of the hearing office shall constitute the final administrative decision of the Section 504 matter.

Step 4 Should the parent/legal guardian not find satisfaction with the decision rendered by the hearing officer in Step 3, the parent/legal guardian may initiate federal legal proceedings in the United States District Court, District of Utah or other court of competent jurisdiction.

Step 5 The parent has the right at any point to end or not seek involvement in the Grievance Procedures and instead make a complaint to the regional office of the U.S. Department of Education's Office for Civil Rights (OCR). The Grievance Procedures are meant to provide for a prompt and equitable resolution to a complaint.

The Utah State Office of Education (USOE) and the United States Department of Education, Denver Office for Civil Rights (OCR) investigates complaints against school districts within their jurisdiction and monitors and enforces compliance of Section 504 laws and regulations.



Grievance Report

Provo City School District commits to complying with Section 504 Law and regulations and that no discrimination on the basis of disability will be 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 the District 504 Director Douglas Finch at Provo City School District 280 West 940 North Provo, Utah 84604. Email address – Douglasf@provo.edu, office 801-370-4631 and fax 801-374-4985.

Student Name _____ Date ____/____/____

Complainant _____ Address _____

Parent/Guardian _____ Phone _____

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

2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred (attach additional pages if needed).

3. Please describe how you propose to resolve this issue (attach additional pages if needed).

Complainant's Signature

Original: 504 Folder



Section 504 Manifestation Determination

Student _____ School _____ Date ___/___/___

Briefly describe the behavior/incident under consideration.

In making the determination, the team determined if the conduct was caused by, or had a direct and substantial relationship to the student’s disability. In reaching a conclusion the team considered the factors listed below.

(List either yes, no or not applicable and the basis for the decision for each question listed below)

1. Was the behavior(s) a reason for the student being initially referred for 504 accommodations? 1. _____
2. Does psych educational testing and information (if any) received from the parent indicate this type of behavior? 2. _____
3. Are the student’s current accommodations and placement appropriate? 3. _____
4. Have the student’s accommodations been consistently implemented? 4. _____
5. Does the student have a behavior plan that contains goals, objectives or interventions that address this type of behavior? 5. _____
6. Has there been an observed pattern of this type of behavior in the past with the student? 6. _____
7. Is there a record of behavior incidents subject to discipline? 7. _____
8. Did the typical behavioral characteristics associated with the student’s disability contribute to the initiation and /or continuation of the behavior? 8. _____

9. Was the behavior affected by psychosocial events unrelated to the disability (e.g. death, illness, family conflict)? 9. _____

The relevant team members listed below are knowledgeable about the student and the student's disability and have made the determination regarding the relationship between the student's disability and the incident described.

Determination

_____ The conduct leading to removal WAS caused by or had a direct and substantial relationship to the student's disability, or was a direct result of the LEA's failure to implement the 504. The 504 plan will be amended to assist the student in avoiding this type of behavior in the future. An Annual Review Form will be used to denote all changes and modifications.

_____ The conduct leading to removal WAS NOT caused by and did not have a direct and substantial relationship to the student's disability, or was not a direct result of the LEA's failure to implement the 504. The student will be disciplined using general education guidelines.

Signature _____ Date ___/___/___ Position _____
Signature _____ Date ___/___/___ Position _____
Signature _____ Date ___/___/___ Position Principal/ 504 Manager

I participated in the Manifestation Review and have received a copy of the Notice of Parent Rights.

Parent Signature _____ Date ___/___/___

(Parent has the right to appeal the Manifestation Determination to the School Principal and or the Executive Director of Student Services, Douglas Finch)

Original: 504 Folder

Copy: Parent

Attachment: Notice of Parent Rights

