

## SECTION 504 PROCEDURES CHECKLIST

1. “Child Find” activities are implemented both inside and outside of the school setting. These activities would include:
  - a. Providing information to parents/guardians and to staff regarding Section 504 obligations, including examples of disabilities covered under Section 504;
  - b. Examining files of incoming students to see if there are existing 504 plans;
  - c. Examining files of incoming students/performance of existing students to see if there are red flags suggesting the possibility of a disability (e.g., cumulative days of suspension, repeated school retention, poor school performance/not benefiting from instruction or educational interventions, reports of chronic health problems or serious illness, medical treatments, including psychotropic medications that impact school performance, evaluations for/receipt of special education services where the student was subsequently determined ineligible or services were terminated.)
2. A situation is recognized that calls for consideration of a referral: a disability is suspected. This may result from screening the records of newly enrolled students, from Individuals with Disabilities Education Act (IDEA) activities, or from staff working with existing students who come to suspect that the students in question may have a disability under Section 504. A Section 504 Referral, Form A, is completed.
3. A 504 Committee meeting is scheduled to review the referral and discuss the possible need to evaluate or reevaluate the student. If the parent is not the referral source, the parent is sent a copy of the Section 504 referral. The parent is also invited to the 504 meeting (Meeting Invitation to Parents, Form B), and provided with a copy of Parent/Student Rights, Form C. If not already done as part of child find, staff will complete the Student Record Review, Form D in preparation for the 504 meeting. The building principal (Building 504 Coordinator) serves as the chair and assures that staff attendees will include staff knowledgeable about the student, evaluation data, and program/placement options.
4. At the 504 Committee meeting the team discusses the referral and determines the need for additional evaluation. The team may decide that no additional information is required to make an eligibility decision or that additional evaluation is required. This determination is documented on the bottom portion of the Section 504 Referral Review, Form E. If it is determined that further evaluation is needed, a written evaluation plan is developed and the parent is asked for consent to evaluate (Permission for the Section 504 Evaluation, Form F). If permission is denied, either at the meeting or subsequently contact the District 504 Coordinator (District Coordinator). The Parent/Student Rights form, 504 Referral Review form, and the Parent Permission for Section 504 Evaluation (evaluation plan), if one is developed, are provided to the parent.
5. When the evaluation is completed (within 60 calendar days), the Evaluation Report and a 504 Meeting Invitation to Parents, Form B, are sent to the parent. The Invitation should note that the 504 meeting is scheduled to discuss the evaluation results and to determine 504 eligibility.

6. The 504 meeting must include persons knowledgeable about the student, the evaluation results, and program and service options. At the meeting the 504 Eligibility Determination, Form G, is completed to document the team's decision. A copy of the 504 Eligibility Determination form is given to the parent, along with Parent/Student Rights, Form C.
7. If the student is determined to be ineligible under Section 504, no 504 Plan will be developed, but the team should consider the development of a general education intervention plan. If the student is eligible under Section 504, the Section 504 Plan, Form H, is developed at the meeting. With parent consent, implementation begins as promptly as possible. The 504 Plan is placed in the 504 file, with all other 504 documentation. A copy is kept in the student's cumulative folder. Copies of the 504 Eligibility Determination, Form G, and the 504 Plan, Form H, are given to the parent and sent to the District 504 Coordinator.
8. If the parent disputes the 504 Plan (either at the time of its creation or after implementation) and files a written request for due process hearing, "stay put" is triggered, meaning that the student will stay in the status quo as of the time that the hearing was requested and during the pendency of the hearing. Section 504 Procedures and a copy of Parent/Student Rights, Form C, should be given to any parent filing a written hearing request or seeking information on how to file a hearing request. A copy of the hearing request must be immediately sent to the District 504 Coordinator.
9. Progress monitoring of 504 Plan implementation and efficacy will be done on a quarterly basis.
10. Unless otherwise agreed by the 504 committee and the parent, the 504 Committee will convene at least annually to review the 504 Plan. A Meeting Invitation to Parents, Form B, is sent to the parents. The 504 Committee will review progress monitoring data and determine whether the plan continues to be appropriate as is, requires modification, or whether reevaluation is needed to make decisions regarding continuing disability status and/or 504 Plan content. Notes of the 504 Plan Review meeting are kept on Form I. An updated 504 Plan, Form H, is developed as appropriate unless following a reevaluation, a reconvened 504 Committee determines, as documented on the 504 Eligibility Determination, Form G, that the student is no longer eligible. A copy of Parent/Student Rights, Form C, and other forms are given to the parent and also sent to the District 504 Coordinator.
11. A reevaluation is conducted at least every three years, or whenever there is a question of continued eligibility or a significant change in placement. A Meeting Invitation to Parents, Form B, is sent to the parent, and a meeting is held to formulate an evaluation plan. Upon completion of any necessary reevaluation, a 504 Committee meeting is convened, again with Meeting Invitation to Parents, Form B, and the 504 Eligibility Determination, Form G, is completed. A new 504 Plan, Form H, is developed if appropriate. A copy of those forms and Parent/Student Rights, Form C, is given to the parent.
12. When a student with a current 504 Plan graduates, the student will be given a copy of Summary of Performance Upon Completing School, Form J. Copies are placed in the 504 file and sent to the District 504 Coordinator.

## SECTION 504 REFERRAL

*Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving Federal financial assistance. If you feel the student identified may qualify for civil rights protection under Section 504, please complete the following information and submit the form to the building principal and 504 Coordinator.*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M F

Parent(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Person Submitting Referral \_\_\_\_\_ Position \_\_\_\_\_

Describe the student's suspected impairment and related needs: \_\_\_\_\_

---

---

---

referral – form a

## Parent Invitation to Section 504 Meeting

Dear Parent(s)/Guardian(s):

This letter is to make you aware of the need to consider whether your child, due to a possible disability, is entitled to certain protections under Section 504 of the Rehabilitation Act of 1973, and/or of the need to review your child's educational program. We are planning a conference as follows:

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Meeting Location: \_\_\_\_\_ Meeting Date/Time: \_\_\_\_\_

The purpose of this conference will be:

\_\_\_\_\_ To review and discuss your child's present education status/504 Plan.

\_\_\_\_\_ To discuss a referral on your child for possible Section 504 eligibility.

\_\_\_\_\_ To discuss the possible need to evaluate/reevaluate your child.

\_\_\_\_\_ To discuss evaluation results and make a determination regarding 504 eligibility.

\_\_\_\_\_ To discuss educational/instructional options for your child.

\_\_\_\_\_ To discuss at your request: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

The following persons have been invited to attend this meeting:

1. \_\_\_\_\_  
(Name) (Title)

2. \_\_\_\_\_  
(Name) (Title)

3. \_\_\_\_\_  
(Name) (Title)

4. \_\_\_\_\_  
(Name) (Title)

Enclosed please find a copy of your rights under Section 504. Please complete the reply form below and return it to the Building 504 Coordinator by: \_\_\_\_\_.  
(date)

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

\_\_\_\_\_  
(Building 504 Coordinator) (Date) (Telephone No.)

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Meeting Location: \_\_\_\_\_ Meeting Date/Time: \_\_\_\_\_

\_\_\_\_\_ I will attend the Section 504 Committee meeting and I acknowledge receipt of the parent(s)/guardian(s) rights.

\_\_\_\_\_ I will not attend the Section 504 Committee meeting. I acknowledge receipt of the parent(s)/guardian(s) rights.

\_\_\_\_\_ Please send a copy of the appropriate records after the meeting.

\_\_\_\_\_ The student will attend the Section 504 Committee meeting.

You are welcome to bring any information, including formal or informal test results, work samples, medical records, etc., to the meeting. Please write the names of additional persons you would like to attend the meeting or any additional persons you would like to bring to the meeting.

1. \_\_\_\_\_ 2. \_\_\_\_\_

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

\_\_\_\_\_  
Date

parent invitation – form b

**\*NOTICE OF RIGHTS FOR DISABLED STUDENTS  
AND THEIR PARENTS UNDER SECTION 504 OF THE  
REHABILITATION ACT OF 1973**

The Rehabilitation of 1973, commonly known as “Section 504” (§504), is a federal law passed by the United States Congress with the purpose of prohibiting discrimination against persons with disabilities who may participate in, or receive benefits from, programs receiving federal financial assistance. In the school setting §504 applies to ensure that eligible students with disabilities are provided with educational benefits and opportunities equal to those provided to non-disabled students. You are receiving this document because you are either an adult student or the parent of a minor student who has or is suspected of having a disability under §504.

Under §504, a student is considered “disabled” if he or she suffers from a physical or mental impairment that substantially limits one or more of their major life activities, such as learning, walking, seeing, hearing, breathing, working, caring for oneself, eating, sleeping, standing, lifting, bending, speaking, reading, concentrating, thinking, communicating, and performing manual tasks. Section 504 also applies to students with a record of having a substantially limiting impairment, or who are regarded as being disabled even if they are truly not disabled. Students can be considered disabled, and can receive accommodations and/or services under §504, even if they do not qualify for, or receive, special education services.

The purpose of this Notice is to inform parents and student of the rights granted to them under §504. The federal regulations that implement §504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR). They include the following rights:

1. You have a right to be informed about your rights under §504. [34 CFR 104.32]. The public school that you or your child attends must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in this notice, please contact the 504 Coordinator for the school that you or your student is attending. (Building 504 Coordinator).
2. A child who has a physical or mental impairment that substantially limits a major life activity (“eligible child”) has the right to a free appropriate public education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met. [34 CFR 104.33].
3. An eligible child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students.

***\*Section 504 Policy and Procedures – Attachment A***

4. To the maximum extent appropriate, an eligible child has the right to be educated with children who are not disabled. The eligible child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. [34 CFR 104.34].
5. The eligible child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34].
6. The District must undertake an evaluation of your child prior to determining eligibility under Section 504 and developing his or her appropriate educational placement or program of services under §504, and also before any subsequent significant change in placement. [34 CFR 104.35].
7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR 104.35]. The District will consider information from a variety of sources in making its determinations, including, for example: aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, and parent input, among others. [34 CFR 104.35].
8. Placement decisions regarding your child must be made by a group of persons (a 504 Committee) knowledgeable about your child, the meaning of the evaluation data, possible placement options, and the requirement that to the maximum extent appropriate, children with disabilities should be educated with non-disabled children. [34 CFR 104.35].
9. If your child is eligible for services under §504, he or she has a right to periodic reevaluations to determine if there has been a change in educational need. Generally, a reevaluation will take place at least every three years. [34 CFR 104.36].
10. You have the right to be notified prior to any action (be it a proposal or refusal) regarding the identification, evaluation, or placement of your child. [34 CFR 104.36].
11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identifications, evaluation, and placement of your child under 504). [34 CFR 104.36]
12. You have the right to request an impartial due process hearing if you wish to contest any District action with regard to your child's identification, evaluation, or placement under 504. [34 CFR 104.36]. You have the right to participate personally at the hearing and to be represented by an attorney, if you wish to hire one.

13. If you wish to request an impartial due process hearing, you must submit a written Request for Hearing to the District 504 Coordinator at the address below.
14. An impartial hearing officer will be appointed. You will be notified in writing of the hearing date, time, and place. Further details about the hearing process are set forth in the District's 504 procedures. The 504 procedures are available from either the Building or the District Coordinator.
15. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction.
16. If you feel that the District has violated an express term of its §504 policies and procedures, you have the right to present a grievance to the District 504 Coordinator. Further details about the grievance process are set forth in the District's 504 procedures. The 504 procedures are available from either the Building or District 504 Coordinator.
17. If you feel the District has violated Section 504, you also have a right to file a complaint with the Office for Civil Rights (OCR) of the U.S. Department of Education. The address of the OCR Regional Office that covers Michigan is:

**Office for Civil Rights  
Cleveland  
U.S. Department of Education  
600 Superior Avenue East  
Suite 750  
Cleveland, OH 44114**

notice of rights – form c

**STUDENT RECORD REVIEW**

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

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Reviewer: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**IEP** yes no    **504 Plan** yes no    **LEP** yes no    Native Language: \_\_\_\_\_

I. Current Concern: (check as apply)

- |                                 |  |
|---------------------------------|--|
| ___ excessive absences          | ___ at risk; potential for dropping out        |
| ___ consideration for expulsion | ___ consideration for retention                |
| ___ physical injury             | ___ pattern of not benefiting from instruction |
| ___ chronic health condition    | ___ pattern of suspensions from school         |
| ___ substance abuse             | ___ other _____                                |

II. Attendance: Identify number of days absent at each grade level:

\_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 11<sup>th</sup> \_\_\_ 12<sup>th</sup>

Identify any absence patterns: \_\_\_\_\_

Grades repeated (indicate which grades): \_\_\_\_\_

Factors affecting school attendance: \_\_\_\_\_

III. Describe any significant changes in academic achievement scores over the past three years: \_\_\_\_\_

IV. Discuss any patterns or evident problems in grades over the past three years: \_\_\_\_\_

V. List any individual evaluations that have been conducted:

<u>Type of Evaluation/Evaluator</u>	<u>Date</u>	<u>Recommendations</u>	<u>Action Taken</u>
-------------------------------------	-------------	------------------------	---------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VI. Disciplinary actions for current year and last year: \_\_\_\_\_

	<u>Current Year</u>	<u>Last Year</u>	<u>Any Pattern?</u>
--	---------------------	------------------	---------------------

# days in-school suspension: \_\_\_\_\_

# days out of school suspension: \_\_\_\_\_

VII. List student involvement with other agencies (state agencies, medical, counseling, courts):

Agency	Date	Reason for Involvement	Result of Involvement
_____	_____	_____	_____
_____	_____	_____	_____

VII. List any identified health factors which may contribute to student's school problems:

Condition	Diagnosed By	Date	Impact
_____	_____	_____	_____
_____	_____	_____	_____

Current Medications	Dosage	Why Taken
_____	_____	_____
_____	_____	_____

Comprehensive Medical	When	By Whom	Status
_____	_____	_____	_____
_____	_____	_____	_____

IX. Are there references to substance abuse?  No  Yes Describe: \_\_\_\_\_

\_\_\_\_\_

X. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title 1; instructional modifications; 504 Plan; IEP):

Instructional/Behavioral Intervention	Date Begun/Ended	Impact on target skill/ Behavior
_____	_____/____	_____
_____	_____/____	_____
_____	_____/____	_____

XI. Anticipated Action at this time: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 504 REFERRAL REVIEW**

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

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

Student's Name: _____ Birth Date: _____ Sex: _____ Grade: _____			
Parent's Name: _____ Phone(Home/Work/Cell): _____			
Parent's Address: _____			
Street	City	State	Zip

**Meeting Participants and Attendance**

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

_____	_____
	Parent/Guardian
_____	_____
Building 504 Coordinator	Student
_____	_____
Teacher of Record	Other
_____	_____
Other	Other

1. Student Record Review – See Form D
2. Parent Input \_\_\_\_\_  
\_\_\_\_\_
3. Staff Input \_\_\_\_\_  
\_\_\_\_\_
4. Student Input \_\_\_\_\_  
\_\_\_\_\_

5. Special Education (IDEA) Status:

- There is no current reason to suspect a disability under IDEA. No referral to special education is necessary.
- The student has been evaluated by the IEP Team but found ineligible for IDEA services. (Date: \_\_\_\_\_)
- The student received IDEA service in the past, but was found no longer eligible when reevaluated. (Date: \_\_\_\_\_) Please check services that were provided:
  - Resource Class     Self-contained Class     Occupational Therapy
  - SSW Services     Special School Setting     Physical Therapy
  - Speech-Language     Other \_\_\_\_\_

**Section 504:**

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the following major life activities when compared to the average student:

- caring for one's self     speaking     breathing     standing     lifting
- performing manual tasks     seeing     learning     eating     bending
- walking     hearing     working     sleeping     reading
- communicating     concentrating     thinking
- major bodily functions (list) \_\_\_\_\_

1. Recommendation of 504 Team:

- The student should be evaluated for possible Section 504 eligibility. Evaluation Assignments: See Form F, Parent Permission for Section 504 Evaluation.
- The student should be evaluated for possible IDEA eligibility.
- No further evaluation at this time. Explain.

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

\_\_\_\_\_  
Building 504 Coordinator Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Referral review – form c

**PARENT PERMISSION FOR SECTION 504 EVALUATION**

Student Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

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

Parent(s) Name: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. Notice:

a. A referral for a 504 evaluation has been initiated in order to determine eligibility and possible intervention(s) for a suspected disability (a physical or mental impairment substantially limiting a major life activity). The reasons for this referral are:

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

b. Options considered and general education intervention procedures previously employed:

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

c. Proposed Assessment/Techniques/Personnel: (specify)

<u>Assessment Area</u>	<u>Evaluation Technique</u>	<u>Possible Evaluation/ Consultation Personnel</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Permission:

I understand that the evaluation will be conducted within 60 calendar days of receipt of parent permission, and that a 504 Meeting will be held to discuss evaluation results, eligibility, and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box below:

- Permission is given voluntarily to conduct the evaluation process as described.
- Permission is denied.

3. Rights and Options:

- I have received a written copy of the Parent/Student Rights under Section 504 of the Rehabilitation Act.

Parent/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

parent permission for evaluation – form f

**504 ELIGIBILITY DETERMINATION**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Center Coordinator: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Address \_\_\_\_\_

**504 Team Members:** (fill in names and check areas of knowledge)

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of evaluation data</u>	<u>Accommodations/ Placement options</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Variety of sources of evaluation information:** (indicate each area where information reported and reviewed)

_____ achievement tests	_____ teacher recommendations/observations
_____ adaptive behavior	_____ student work samples
_____ medical report	_____ cognitive assessments
_____ other (specify): _____	

1. Specify the mental or physical impairment: \_\_\_\_\_
2. Check the major life activity that is affected by the impairment:
 

<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> caring for one's self	<input type="checkbox"/> breathing
<input type="checkbox"/> walking	<input type="checkbox"/> learning	<input type="checkbox"/> performing manual tasks	<input type="checkbox"/> working
<input type="checkbox"/> speaking	<input type="checkbox"/> bending	<input type="checkbox"/> lifting	

  
 other (circle, as appropriate: eating, sleeping, reading, concentrating, thinking, communicating)  
 operations of major bodily functions (circle, as appropriate: immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, or reproductive functions)
3. Determine the impact of the impairment on the major life activity:
  - a. The team must focus on the major life activity as a whole (e.g., learning), not on a particular class (e.g., math) or sub-area (e.g., socialization; study skills).
  - b. The term "substantially limits" means that the student is restricted as to the conditions, compared to the average student in the general population. The restriction is material/important.



## SECTION 504 PLAN

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Building 504 Coordinator: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Address \_\_\_\_\_

**504 Team Members:** (fill in names and check areas of knowledge)

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of evaluation data</u>	<u>Accommodations/ Placement options</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Describe the nature of the concern: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Summary of evaluation information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Student \_\_\_\_\_ is disabled under 504  
 \_\_\_\_\_ is not disabled under 504

4. If disabled under 504, state how the disability substantially limits a major life activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Accommodation(s) [actions or services to meet the educational needs of the student]:  
 \_\_\_\_\_ Required (proceed to item 6)  
 \_\_\_\_\_ Not required (do not proceed to item 6, but provide explanation why not required):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## SECTION 504 PLAN REVIEW

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Building 504 Coordinator: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Address \_\_\_\_\_

**504 Team Members:** (fill in names and check areas of knowledge)

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of evaluation data</u>	<u>Accommodations/ Placement options</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Review of performance in affected major life activity: \_\_\_\_\_  
 \_\_\_\_\_

Does the existing 504 Plan still meet the student's educational needs?

\_\_\_\_\_ Yes (sign the commitment statement below)

\_\_\_\_\_ No/Unsure (The team should develop a revised 504 Plan on a new Form H, or consider a reevaluation if additional information is needed prior to determining the need for any revisions.)

### Commitment Signatures

**District Commitment:** The District will continue to implement the 504 Plan developed on

\_\_\_\_\_

Date of Implementation: \_\_\_\_\_

\_\_\_\_\_  
 Building 504 Coordinator

\_\_\_\_\_  
 Date

**Parent:**

\_\_\_\_\_ I have been informed of my due process rights and procedural safeguards and have received a copy of the Section 504 Policy and Procedures.

\_\_\_\_\_ I agree with the determination and recommendations of this committee.

\_\_\_\_\_ I disagree with the determination and recommendations of this committee but will allow implementation.

The reasons for my disagreement are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I disagree with the determination and recommendations of this committee and would like information on how to request a due process hearing.

The reasons for my disagreement are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Copy: Student's Cumulative File

plan review – form i

## SUMMARY OF PERFORMANCE UPON COMPLETION OF SCHOOL

*(This is a summary of academic and functional performance provided for a student who had a 504 Plan and has graduated. This summary includes recommendations for assisting the student to meet postsecondary goals.)*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Impairment identified in 504 Plan \_\_\_\_\_ High School Program: \_\_\_\_\_  
 Date of Initial Eligibility: \_\_\_\_\_  
 Date of Last Evaluation: \_\_\_\_\_

**Past Testing Results (Standard Scores)**

**Cognitive Assessment**

Test Name:	
Year Administered:	Standard Score
Full Scale IQ or General Ability Index	
Verbal Comprehension	
Perceptual Reasoning	
Working Memory	
Processing Speed	

**Achievement Assessment**

Test Name:		
Year Given:	Standard Score	Grade Equivalent
Basic Reading		
Reading Comp.		
Basic Writing		
Written Expression		
Basic Math		
Math Reasoning		

**Other Assessment Information:**

---

---

---

---

---

---

---

---

**Current Academic Achievement and Functional Performance:**

---

---

---

---

---

---

---

---

**Recommendations for Assisting Student to Meet Postsecondary Goals:**

---

---

---

---

---

---

---

---