

**SERIES 300
INSTRUCTION**

Board Exhibit 342.11

SECTION 504 – PROCEDURAL GUIDELINES

Exhibit A

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.

Student's Name _____ Grade _____ Date _____

School _____ Birth date _____ Sex ☐ M ☐ F

Parent(s) _____ Home Phone _____ Work Phone _____

Primary Home Language: ☐ English ☐ Other/Specify: _____ Is an interpreter needed? ☐ Yes ☐ No

Name of Person Submitting Referral _____ Position _____

Definition of 504 Disables (34 Part 104.3): The person making this referral is concerned that this child may have a physical or mental impairment that substantially limits one or more major life activities, such as: (1) caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working; or (2) the operation of a major bodily function such as, functions of the immune system, special sense organs and skin, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, lymphatic, musculoskeletal, and reproductive functions.

Given the above definition, describe the student's need or area of concern:

Special Education (IDEA) Status: (check one box only)

- ☐ No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA.
- ☐ The student has been evaluated by the IEP Team and does not qualify for IDEA services.
- ☐ The student has received IDEA services in the past, but no longer requires those services. Please check services that were provided:
- | | | |
|--|---|---|
| <input type="checkbox"/> Resource Class | <input type="checkbox"/> Self-contained Class | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Guidance | <input type="checkbox"/> Special School Setting | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Speech-Language | <input type="checkbox"/> 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:

- | | | | | | |
|--|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> caring for one's self | <input type="checkbox"/> speaking | <input type="checkbox"/> breathing | <input type="checkbox"/> eating | <input type="checkbox"/> sitting | <input type="checkbox"/> bending |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> seeing | <input type="checkbox"/> learning | <input type="checkbox"/> sleeping | <input type="checkbox"/> reaching | <input type="checkbox"/> reading |
| <input type="checkbox"/> walking | <input type="checkbox"/> hearing | <input type="checkbox"/> working | <input type="checkbox"/> standing | <input type="checkbox"/> lifting | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> communicating | <input type="checkbox"/> thinking | <input type="checkbox"/> other _____ | | | |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> functions of the immune system | <input type="checkbox"/> special sense organs and skin | <input type="checkbox"/> normal cell growth |
| <input type="checkbox"/> digestive functions | <input type="checkbox"/> bowel functions | <input type="checkbox"/> bladder functions |
| <input type="checkbox"/> neurological functions | <input type="checkbox"/> brain functions | <input type="checkbox"/> respiratory functions |
| <input type="checkbox"/> circulatory functions | <input type="checkbox"/> endocrine functions | <input type="checkbox"/> lymphatic functions |
| <input type="checkbox"/> musculoskeletal functions | <input type="checkbox"/> reproductive functions | <input type="checkbox"/> other _____ |

Action Taken by 504 Team:

- ☐ The student will be evaluated for possible Section 504 eligibility. Evaluation Assignments:

- ☐ No further evaluation at this time. Explain.

504 Team Chairperson Signature

Date

Date sent to parents

SECTION 504 PARENT NOTIFICATION & CONSENT

Date

Parent

Address

City/State/Zip

Re: _____
(Student's Name)

Dear,

This letter is to inform you that a referral for evaluation has been submitted regarding your child. The purpose of this evaluation is to determine if your child qualifies for services under Section 504 of the Vocational Rehabilitation Act of 1973. This evaluation will be completed by school staff who are knowledgeable of your child's education program. You, as parent(s), will also be involved in the evaluation process.

Enclosed you will find copies of the following two documents: *completed referral for 504 services, and notice of parent/student rights*. These items will provide you with the rationale for the evaluation as well as your rights as defined by Section 504.

You will receive a notice of a meeting to review evaluation results, and I encourage you to make every effort to attend. Should you have any questions regarding the evaluation, please contact me. Our school looks forward to working cooperatively with you as we strive to provide your child with an appropriate educational program. Please indicate your consent below and return the form to:

Marshall Public Schools
Attn: Diane Breunig
PO Box 76
Marshall, WI 53559

Sincerely,

XXXXXXX

Elementary School 504 Coordinator
Marshall Public Schools

PARENT PERMISSION FOR EVALUATION

- ☐ **I give my consent** for a Section 504 evaluation Team to evaluate my child. I have received, read, and understand my Notice of Parent/Student Rights in Identification, Evaluation, and Services under Section 504.
- ☐ **I do not** give my consent for a Section 504 Evaluation Team to evaluate my child. I have received, read, and understand my Notice of Parent/Student Rights in Identification Evaluation, and Services under Section 504.

Signature of Parent/Guardian (Student if age 18 or older)_____
Date

PARENT RIGHTS
Section 504 of the Rehabilitation Act of 1973

You have the right to:

1. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;
2. Have the school district advise you of your rights under federal law;
3. Receive notice with respect to identification, evaluation, or placement of your child;
4. Have your child receive a free appropriate public education. This includes the right to be educated with nondisabled students to the maximum 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;
5. Have your child educated in facilities and receive services comparable to those provided nondisabled students;
6. Have your child receive an individualized evaluation and receive specialized education services if s/he is found to be eligible under Section 504 of the Rehabilitation Act;
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by persons who know the student, the evaluation data, and placement options;
8. Have transportation provided to and from an alternative placement setting determined by the school district at no greater cost to you than would be incurred if the student were placed in a program operated by the district;
9. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
10. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program and placement and obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records;
11. Receive a response from the school district to reasonable requests for explanations and interpretations of your child's records;
12. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy or other rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time, and advise you of the right to a hearing;
13. File a local grievance; (*reference the process*)
14. Request an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You and the student may take part in the hearing and have an attorney represent you at your own expense. The impartial Hearing Officer will be selected by the district. Hearing requests must be made to *Barb Sramek, District Administrator, 608-655-3466*.

SECTION 504 TEAM EVALUATION SUMMARY

(Section 504 of the Vocational Rehabilitation Act of 1973)

Marshall Public Schools

Student's Name _____ Grade _____

Address _____ Phone _____

Date of Team Meeting _____ Birth date _____

Participants (parents and other individuals knowledgeable about the child):

<u>Name</u>	<u>Title / Position</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Evaluation Summary:

a. Describe the nature of concern:

b. Identify the physical or mental impairment:

c. Specifically describe how the impairment(s) substantially limits learning and/or another major life activity:

Determination of Whether the Child has a 504 Disability:

Factors which characterize the term "substantially limits" include (1) the nature & severity of the impairment; (2) the duration or expected duration of the impairment; and (3) the permanent or long-term impact of the impairment.

- ☐ Child does not have a physical or mental impairment substantially limiting one or more major life activities.
- ☐ Child does have a physical or mental impairment substantially limiting one or more major life activities (Accommodation Plan required). Is a special education referral recommended? ☐ Yes ☐ No

Recommended Date of Re-Evaluation: _____

**SECTION 504
MEETING INVITATION TO PARENTS**

Dear:**Date**

This letter is to make you aware of the need to review your child's educational program and/or to meet to consider the existence of a disability based on the definition in Section 504 of the Rehabilitation Act of 1973. We are planning a conference as follows:

Student's Name: **XXXXXX**Date of Birth: **XXXXXX**School Name: **Marshall School District, Marshall Elementary**Meeting Location: **XXXXXXXX**Meeting Date/Time: **XXXXXX**Contact Information: **XXXXXXXX****The purpose of this conference will be:**

- ___ to review and discuss your child's present educational status.
- ___ to discuss a referral on your child for possible Section 504 eligibility
- ___ to discuss/evaluate/reevaluate your child.
- ___ to discuss educational/instructional options for your child.
- ___ to discuss at your request: _____
- ___ other: _____

The following persons have been invited to attend this meeting:

LEA Representative
Special Education Teacher
Regular Education Teacher
Parents

Each of these people has been involved in the evaluation of your child. Each will attend the meeting or be represented by someone who is knowledgeable about your child and the evaluation which was done.

Others That May Attend:

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. _____

You and your child have protection under the Parent Rights (Section 504 of the Rehabilitation Act of 1973). The school district must provide you with a copy of your rights.

- ☐ You received a copy of your rights earlier this year. If you would like another copy, please contact the district at (608) 655-3466.
- ☐ A copy of your rights is enclosed with this notice.

Sincerely,

Barb Sramek, District Administrator/Pupil Services

SECTION 504 ELIGIBILITY DETERMINATION

Student's Name _____ Grade _____ Date _____
 School _____ Birth Date _____ Parent(s) _____
 School Contact Person _____ Position _____

Eligibility Team Members:

<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 one used)

_____ 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:

- ☐ caring for one's self ☐ speaking ☐ breathing ☐ eating ☐ sitting ☐ bending
☐ performing manual tasks ☐ seeing ☐ learning ☐ sleeping ☐ reaching ☐ reading
☐ walking ☐ hearing ☐ working ☐ standing ☐ lifting ☐ concentrating
☐ communicating ☐ thinking ☐ other _____

Check the major bodily functions that are affected by the impairment:

- ☐ functions of the immune system ☐ special sense organs and skin ☐ normal cell growth
☐ digestive functions ☐ bowel functions ☐ bladder functions
☐ neurological functions ☐ brain functions ☐ respiratory functions
☐ circulatory functions ☐ endocrine functions ☐ lymphatic functions
☐ musculoskeletal functions ☐ reproductive functions ☐ other _____

3. the term "substantially limits" means that the student is:

- a. unable to perform a major life activity that the average student of approximately the same age can perform
- OR**
- b. significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age. The impairment must be substantial and somewhat unique, rather than commonplace, when compared to the average student of approximately the same age. Discount from the analysis any sub-par performance due to other factors, such as lack of motivation, and the immediate situation or environment. Similarly, make an educated estimate of the mitigation of medication. Use the average student in the general population as the frame of reference for comparison.

4. Indicate on the continuum how severe the major life activity(s) or bodily function(s) is being limited.

<u>Negligibly</u>	<u>Mildly</u>	<u>Moderately</u>	<u>Substantially</u>	<u>Extremely</u>
1	2	3	4	5

Specify justification for rating:

☐ The team's determination was less than 4.0; the student is not eligible for Section 504 protections. Provide notice to parents of their procedural rights, including an impartial hearing.

OR

☐ The team's determination was a "4" or above. The team should determine and list on the 504 Accommodation Plan the specific accommodations that are necessary for the student to have an opportunity commensurate with non-disabled students of approximately the same age in this district.

1. Summary of Evaluation Findings (Add additional pages as necessary)

[illegible]

☐ Does not have a physical or mental impairment

☐ Has a physical or mental impairment

Identify Impairment: _____

3. Determination of Major Life Activity Affected by Impairment

- ☐ No major life activity is affected by the impairment.
- ☐ A major life activity is affected by the impairment.

Check the major life activity that is affected by the impairment:

- | | | | | | |
|--|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> caring for one's self | <input type="checkbox"/> speaking | <input type="checkbox"/> breathing | <input type="checkbox"/> eating | <input type="checkbox"/> sitting | <input type="checkbox"/> bending |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> seeing | <input type="checkbox"/> learning | <input type="checkbox"/> sleeping | <input type="checkbox"/> reaching | <input type="checkbox"/> reading |
| <input type="checkbox"/> walking | <input type="checkbox"/> hearing | <input type="checkbox"/> working | <input type="checkbox"/> standing | <input type="checkbox"/> lifting | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> communicating | <input type="checkbox"/> thinking | <input type="checkbox"/> other _____ | | | |

- ☐ A major bodily function is affected by the impairment.

Check the major bodily functions that are affected by the impairment:

- | | | |
|---|--|--|
| <input type="checkbox"/> functions of the immune system | <input type="checkbox"/> special sense organs and skin | <input type="checkbox"/> normal cell growth |
| <input type="checkbox"/> digestive functions | <input type="checkbox"/> bowel functions | <input type="checkbox"/> bladder functions |
| <input type="checkbox"/> neurological functions | <input type="checkbox"/> brain functions | <input type="checkbox"/> respiratory functions |
| <input type="checkbox"/> circulatory functions | <input type="checkbox"/> endocrine functions | <input type="checkbox"/> lymphatic functions |
| <input type="checkbox"/> musculoskeletal functions | <input type="checkbox"/> reproductive functions | <input type="checkbox"/> other _____ |

4. Determination of a Substantial Limitation

Place an "X" on the following scale to indicate the specific degree that the impairment limits the major life activity:

- An impairment that substantially limits one major life activity need not limit other major life activities.
- Consider whether the student's performance is due to other factors, that is, non-disability related influences, such as normal moods, lack of motivation, or the immediate situation or environment.
- The student's ability to perform a major life activity may be compared with that of most students in the general population.

Note: For an "X" at 3 or above, fill in specific information evaluated by the team that justifies the rating

Rating	Comments
<input type="checkbox"/> 5: Extremely / Severely / Significantly	
<input type="checkbox"/> 4: Substantially	
<input type="checkbox"/> 3: Moderately	
<input type="checkbox"/> 2: Mildly / Minor	
<input type="checkbox"/> 1: Negligibly	

- ☐ The major life activity affected by the impairment **is not** substantially limited.
- ☐ The major life activity affected by the impairment **is** substantially limited.

5. Determination of Whether the Child Has a Disability Under Section 504.

- ☐ Child **does not** have a physical or mental impairment which substantially limits one or more major life activities.
- ☐ Child **has** a physical or mental impairment which substantially limits one or more major life activities (consider need for a Section 504 Accommodation Plan).

6. Section 504 Evaluation Team Members

Name and Title	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Referral to Special Education

The 504 team has determined that this student may be eligible to be considered as a student with a disability under IDEA: ☐ Yes ☐ No

SECTION 504 ACCOMODATION PLAN

Student's Name _____ Grade _____ Date _____

School _____ Birth date _____ Sex ☐ M ☐ F

Disability _____

Initial Evaluation Date _____ Reevaluation Due _____

Beginning Date of this Plan _____ Annual Review Date _____

Describe how the identified disability substantially limits a major life activity:

Accommodation/Action to Be Taken:

Participation in state and district-wide assessment:

- ☐ no accommodations
☐ accommodations as stated above

Team SignaturesPositionDate

_____ School 504 Team Chairperson _____

_____ Parent/Guardian _____

_____ Teacher _____

Parent/guardian authorization for 504 accommodation plan implementation:

- ☐ I give permission for my child to receive the accommodations described in this plan.
☐ I **do not** give permission for my child to receive the accommodations described in this plan.

Signature of Parent/Guardian_____
Date

CLASSROOM AND FACILITY ACCOMMODATIONS

The intent of Section 504 is to ensure that the qualified student with a disability has access to a free and appropriate public education that is comparable to that education available to students without disabilities. As individual students are identified, the classroom teacher may need specific training in the area of the identified disability (e.g., training from the school nurse on danger signs of an impending asthma attack, training from a physical therapist on correct positioning of a wheelchair-bound student at his/her desk, etc.) The following presents examples of ways in which students with disabilities under Section 504 may be successfully accommodated within the regular education environment.

I. Communication

- A. Parent/student/teacher communications. Examples:
 - develop a daily/weekly journal
 - develop parent/student/school contacts
 - schedule periodic parent/teacher meetings
 - provide parents with duplicate sets of texts
 - provide parents with notice of short and long-term assignments
- B. Staff communications. Examples:
 - identify resource staff
 - schedule building team meetings
 - maintain on-going communication with building principal
 - assign a "services coordinator"
- C. School/community agency communication. Examples:
 - With parent consent:
 - identify and communicate with appropriate agency personnel
 - assist in agency referrals
 - provide appropriate carryover in the school environment

II. Organization/Management

- A. Instructional day. Examples:
 - allow student more time to pass in hallways
 - modify class schedule
- B. Classroom organization/structure. Examples:
 - adjust placement of student within classroom (e.g., study carrel, proximity to teacher, etc.)
 - increase/decrease opportunity for movement
 - determine appropriate classroom
 - reduce external stimuli
 - modification of nonacademic times, e.g., lunchroom, recess

SECTION 504 ACCOMMODATIONS

II. Organization/Management (continued)

- C. District policies/procedures. Examples:
- allow increase in number of excused absences for health reasons
 - adjust transportation/parking arrangements
 - approve early dismissal for service agency appointments

III. Alternative Teaching Strategies

- A. Teaching methods. Examples:
- adjust testing procedures (e.g., length of time, administer orally, tape record answers)
 - individualize classroom/homework assignments
 - utilize technology (computers, tape recorders, calculators, etc.)
 - provide peer tutor
 - develop/implement academic/behavioral contracts
 - supplement verbal instructions with visual instructions
 - repeat/simplify instructions about in-class and homework assignments
 - provide note-taker
- B. Instructional materials. Examples:
- utilize legible materials
 - utilize materials that address the student's learning style (e.g., visual, tactile, auditory, etc.)
 - adjust reading level of materials

IV. Student Precautions

- A. Classroom/building climate for health purposes. Examples:
- use an air purifier in classroom
 - control temperature
 - accommodate specific allergic reactions
- B. Classroom/building to accommodate equipment needs. Examples:
- plan for evacuation for wheelchair-bound students
 - schedule classes in accessible areas
- C. Building health/safety procedures. Examples:
- administer medication
 - apply universal precautions
 - accommodate special diets

**SECTION 504
PARENT NOTIFICATION OF ELIGIBILITY**

Date

Parent
Address
City/State/Zip

Re: _____
(Student's Name)

Dear,

At the recent 504 Team Evaluation meeting, the team determined that your child is qualified as a student with a disability under Section 504 and is eligible for a formal accommodation plan. Enclosed you will find the 504 Team Evaluation Summary Report which documents this finding, and the Section 504 Accommodation Plan.

Please sign the plan indicating either your rejection or acceptance. Return one of the signed copies in the enclosed envelope.

Our school staff is confident that the evaluation process and recommended accommodation plan will result in more appropriate educational programming for your child. Please contact me if you have questions or concerns regarding the plan or other enclosed items. Your assistance throughout this process is much appreciated.

Sincerely,

Section 504 Building Coordinator

Xc: Section 504 District Coordinator

BS/db

Enclosure

**SECTION 504
PARENT NOTIFICATION OF INELIGIBILITY**

Date _____

Parent _____
Address _____
City/State/Zip _____

Re: _____
(Student's Name)

Dear ,

At the recent 504 Team Evaluation meeting, the team determined that your child does not require a formal accommodation plan. Enclosed you will find the 504 Team Evaluation Summary Report which documents this finding. Our school staff members are hopeful that the information gathered during the evaluation process will result in more appropriate educational programming for your child.

Please contact me if you have questions or concerns. Your assistance throughout this process was much appreciated.

Sincerely,

Section 504 Building Coordinator

Xc: Section 504 District Coordinator

Legal References: Section 504 of the Vocational Rehabilitation Act of 1973
 Individuals with Disabilities Education Act (IDEA) of 2004
 Americans with Disabilities Act (ADA) of 1990
 Title IX, Education Amendments of 1972
 Title VI, Civil Rights Act of 1964
 Wisconsin Statutes, Sections 111.31, 111.34, 118.13, 119.195

Cross references: 342.11 - Section 504 – Non-discrimination on the basis of disability
 411 – Equal Educational Opportunities
 411br – Student Discrimination Complaint Procedures

Date of Adoption: December 21, 1994
Date of Revision: December 15, 2010