

Identification Form: Section 504/ADA

PART ONE: DOCUMENTATION OF TEAM MEETING

Student: Stansbury High School Tester

DOB: 01/01/2000

Date of 504 Team Meeting: 10/28/2016

Time: _____

Location: _____

Team Members: Team Members must be collectively knowledgeable about the student, the meaning of the evaluation data, and the placement options.

Name:

Title:

Information that was reviewed and considered:

The following information provided by the parents: (Note: attach copies of any report, recommendation, or evaluation provided by the parents and summarize any verbal input)

Grades:

What school year(s)? _____

Academic testing:

Tests? _____ Year(s)? _____

Teacher recommendations:

What teacher(s)? _____

Behavior records:

What school year(s)? _____

Other testing or evaluation:

Be specific: _____

Medical reports, records, recommendations:

Be specific: _____

Other input:

Be specific: _____

PART TWO: CONSIDERATION OF MAJOR LIFE ACTIVITIES

What are the major life activities that may be impaired?

Identification Form: Section 504/ADA

<input type="checkbox"/> Caring for Self	<input type="checkbox"/> Hearing	<input type="checkbox"/> Working
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Speaking	<input type="checkbox"/> Reading
<input type="checkbox"/> Walking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Concentrating
<input type="checkbox"/> Seeing	<input type="checkbox"/> Learning	<input type="checkbox"/> Thinking
<input type="checkbox"/> Communicating	<input type="checkbox"/> Eating	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Standing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Bending
<input type="checkbox"/> Other (Be specific):		

Note: If the major life activity is learning, reading, concentrating, thinking, speaking, or communicating, the Team should consider referring the student for Full Individual Evaluation to determine eligibility for special education under the Individuals with Disabilities Education Act (IDEA).

If the Team suspects that the student may need specially designed instruction due to impairment of any of these major life activities, the Team must refer the student for an evaluation to determine eligibility under IDEA. In that case, the Team will suspend the meeting until a decision is made about special education eligibility. Go to Part Five.

PART THREE: CONSIDERATION OF IMPAIRMENT

What data has the Team considered to establish that the student has a physical or mental impairment?* Be specific, and list all sources of data

*NOTE: if there is no data, or insufficient data, to support the existence of a physical or mental impairment, the school cannot identify the student as an individual with a disability under Section 504/ADA.

Based on the data considered, how long is the impairment expected to affect the student?

Based upon a review of the data cited above, does the student have a physical or mental impairment affecting the major life activities to some degree?

Yes No

If "YES," proceed.

If "NO," the student can be identified as an individual with a disability under Section 504/ADA. However, if the student has a record of any physical or mental impairment that substantially limits a major life activity, the student will not be subjected to discrimination based on that record. Furthermore, if the student is erroneously regarded as having such a physical or mental impairment, the student will not be subjected to discrimination based on that perception. Go to Part Five.

PART FOUR: CONSIDERATION OF IMPAIRMENT

Impairments impact major life activities to varying degrees. If the Team determines that the impairment substantially limits the student's performance of the MAJOR LIFE ACTIVITY, then the student should be identified as an individual with a disability under Section 504 and the ADA.

Identification Form: Section 504/ADA

In assessing the impact of the impairment on the student's performance of the major life activity, the Team will disregard the positive effects of mitigating measures that lessen the impact of the impairment. For example, the Team will disregard medications, medical equipment and supplies, hearing aids, auxiliary aids and services, reasonable accommodations, learned adaptations, and behavioral modifications. The effect of ordinary eyeglasses and/or contact lenses will be considered.

Moreover, with regard to impairments that are episodic or in remission, the Team will consider the impact of the impairment when it is active.

Taking all of that into account:

Does the student's physical or mental impairment substantially limit the student's performance of the major life activity in comparison with how most students in the general population and of the same chronological age perform the major life activity?

Yes

No

PART FIVE: IDENTIFICATION

The Team believes that the student may have a physical or mental impairment that substantially limits learning, or another major life activity, in such a way that the student may require the provision of specially designed instruction. Therefore, the student has been referred for a full individual evaluation to determine eligibility for special education services under the Individuals with Disabilities Education Act. If it is determined that the student is eligible under IDEA, the school will provide a free appropriate public education pursuant to an individual education program for the student. If the student is not eligible for services under IDEA, the 504 Team will reconvene and resume consideration of the student.

OR

The Team has determined that the student cannot be identified as an individual with a disability under Section 504/ADA because there is no data, or insufficient data, to establish the existence of a physical or mental impairment.

OR

The Team has determined that the student cannot be identified as an individual with a disability under Section 504/ADA because the student's physical or mental impairment does not substantially limit the student in a major life activity.

OR

The Team has determined that the student has a physical or mental impairment that substantially limits the student's performance of a major life activity. The impairment is:

Active

Episodic

In remission

If, and only if, this section is checked, proceed to Part Six.

Form B-7

Notice of Rights and Procedural Protections Under Section 504 and the Americans with Disabilities Act

The Tooele County School District does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability in admission, access, treatment, or employment in its programs, services, and activities. Applicants, students, parents/guardians, employees, referral agencies, and all organizations holding agreements with the District are hereby notified of this policy. Any person with concerns regarding the District's compliance with the regulations implementing Title VI, Title IX, Section 504 or the Americans with Disabilities Act is directed to contact:

Name: _____
Position: _____
Address: _____
Phone Number: _____

This document summarizes the procedures and rights you have as the parent of student who may qualify for accommodations or services under Section 504 and the ADA.

INTRODUCTION. Section 504 of the 1973 Rehabilitation Act, along with the Americans with Disabilities Act, (Section 504/ADA), requires that the school district may not discriminate against students with disabilities. Accordingly, the district has adopted policies and procedures to ensure that discrimination does not take place.

IDEA ELIGIBILITY. Many students who meet the definition of an "individual with a disability" under Section 504/ADA also qualify for services under the Individuals with Disabilities Education Act (IDEA). Such students are served pursuant to the requirements of the IDEA. The rest of this document addresses only the rights of parents of students who satisfy the definition of an individual with a disability under Section 504/ADA but do not qualify under IDEA.

AN APPROPRIATE EDUCATION. If it is determined that your child meets the definition of an individual with a disability under Section 504/ADA, then your child will be entitled to a free and appropriate public education. This means that your child's education will be designed to meet his/her individual educational needs as adequately as the needs of non-disabled students are met. A "free" public education means that no fees will be imposed on you except for the same fees that are imposed on parents of non-disabled students. However, insurance companies and other third parties that are obligated to provide or pay for service to your child are still obligated to do so.

NOTICE. You have the right to be notified by the district prior to any action that would identify your child as having a disability, evaluate your child for services under Section 504/ADA, or place your child in a program based on a disability.

EVALUATION. Prior to conducting an evaluation of your child for purposes of service under Section 504/ADA, the district will seek your informed written consent. An evaluation will not be conducted unless you give consent. However, school officials may review existing records, test scores, grades, teacher reports, and recommendations and other such information without your consent to the same extent they would do so for non-disabled students.

If an evaluation is conducted, the school will make sure that

- All testing and other evaluation procedures are validated for the specific purpose for which they are used;
- They are administered by trained personnel in conformity with the instructions provided by the producer;
- They include tests and other evaluation materials designed to assess specific areas of educational need and not merely those designed to elicit a general IQ score; and
- Tests are selected and administered to best ensure that they accurately measure what the test seeks to measure, rather than any sensory, speaking, or manual impairments the student may have (except when the test is designed to measure sensory, speaking, or manual skills)

An evaluation that satisfies these requirements will be conducted prior to your child's initial placement and conducted or reviewed prior to any subsequent significant change in placement.

If your child is identified as an individual with a disability under Section 504/ADA the school will periodically reevaluate your child as appropriate.

Notice of Rights and Procedural Protections Under Section 504 and the Americans with Disabilities Act

PLACEMENT. If your child is identified as an individual with a disability under Section 504/ADA, placement decisions about your child will be made by the school's 504 Team, which will include professional staff members who, collectively, are knowledgeable about your child, the meaning of the evaluation data, and the placement options. You will be invited to participate in any meeting of the 504 Team if your child's placement and/or services are to be discussed. The 504 Team will also ensure that your child is placed in the "least restrictive environment."

LEAST RESTRICTIVE ENVIRONMENT. If your child is identified as an individual with a disability under Section 504/ADA, your child will be placed and served in the "least restrictive environment." This means that your child will be served with non-disabled students in the regular education environment to the maximum extent appropriate. Prior to removing your child from the regular education environment due to his/her disability, the school will consider the use of supplementary aids and services. Your child will be removed from the regular education environment only if he/she cannot be served satisfactorily in that environment, even when supplementary aids and services are provided.

If it becomes necessary to service your child in an alternate setting due to disability, the school will take into account the proximity of the alternate setting to your home.

EXAMINATION OF RECORDS. You have the right to see and examine any educational records that pertain to your child or are relevant in serving your child.

HEARINGS. If you disagree with a decision of the 504 team regarding the identification, evaluation, or educational placement of your child you have the right to an impartial hearing. Parents and school staff should try to work out any differences before moving to due process or filing a complaint with OCR. You have the right to participate in such a hearing and to be represented by a person of your choice, including an attorney.

If you wish to request a hearing, you must make a written request for a hearing within 30 calendar days from the time you receive the written notice of the decision of the 504 Team that you disagree with. Your request for a hearing must be filed with the district's Section 504 Coordinator.

Upon receipt of a timely request for a hearing, the district will notify you of the date, time, and location of the hearing. If you disagree with the decision of the hearing officer, you have the right to a review of that decision by a court of competent jurisdiction.

OTHER COMPLAINTS. You also have the right to file a complaint with the district's section 504 Coordinator pertaining to harassment, retaliation or discrimination against your child in ways that do not involve your child's identification, evaluation, or educational placement.

OFFICE FOR CIVIL RIGHTS. You also have the right to file a complaint with the Office for Civil Rights.

Form B-1

Section 504 Accommodation Plan

Student: Stansbury High School Tester

Date: 10/28/2016

Grade: 10th

School: Stansbury High School (9-12)

Teacher: _____

Yes

No

- | | | | |
|---|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | The student has received an evaluation. | |
| <input type="checkbox"/> | <input type="checkbox"/> | The student has a mental or physical impairment that substantially limits one or more of his/her major life activities. | |
| <input type="checkbox"/> | <input type="checkbox"/> | The impairment substantially affects the student's overall performance at school in regards to: | |
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> doing manual tasks | <input type="checkbox"/> breathing |
| <input type="checkbox"/> walking | <input type="checkbox"/> speaking | <input type="checkbox"/> caring for oneself | <input type="checkbox"/> writing |
| <input type="checkbox"/> learning | <input type="checkbox"/> working | <input type="checkbox"/> sleeping | <input type="checkbox"/> standing |
| <input type="checkbox"/> lifting | <input type="checkbox"/> reading | <input type="checkbox"/> concentrating | <input type="checkbox"/> thinking |
| <input type="checkbox"/> communicating | <input type="checkbox"/> helping | <input type="checkbox"/> eating | <input type="checkbox"/> bending |
| <input type="checkbox"/> showing troubling behavior | | <input type="checkbox"/> operation of a bodily function | |
| <input type="checkbox"/> other: | | | |

Is this student identified to receive a 504 Accommodation Plan? Yes No

Describe what evaluation data was used; Describe this student's circumstances and their educational impact in more detail (that is, document the basis for the 504 Plan):

The case manager for this Section 504 Plan will be: _____

Date of Meeting & Initial Plan: _____

Annual Review scheduled for: _____

Specific Need (How does the impairment impact the student's education and what is needed to eliminate the restriction?)	Special Materials or Training Needed — Who, How, and When?
	Who Will Implement the Accommodations?
	Criteria for Evaluating Success:

Section 504 Accommodation Plan

Section 504 Plan Team:

Signature: _____	Title: _____	Date: _____
Signature: _____	Title: _____	Date: _____
Signature: _____	Title: _____	Date: _____
Signature: _____	Title: _____	Date: _____
Signature: _____	Title: _____	Date: _____

Parent/Guardian:

I, Mr. and Mrs. Tester, as this student's parent/guardian, give do not give permission for my child to receive the accommodations described.

Signed: _____ Date: _____

Copies: Parent, Student file

Form B-8

Section 504 Meeting Parent Input

Student: Stansbury High School Tester Date: 10/28/2016
School: Stansbury High School (9-12) Grade: 10th
Father's Name: _____ Mother's Name: _____
Who has legal authority to make educational decisions for this child? _____
With whom does this student live? _____

Please answer any questions that you think might be helpful to the 504 Team.

What are some of your child's strengths?

Please describe your child's behavior at home:

Have there been any important changes within the family during the last 3 years?

Do you feel your child is experiencing problems in school?

When were you first aware of this problem?

What do you think is causing the problem?

What time does your child go to bed at night?

What methods of discipline are used with your child at home?

What is your child's reaction to discipline?

Has your child mentioned any problems with school? If so, how does he/she feel about the problem?

Health History

Please describe any serious illnesses, accidents or hospitalizations:

Section 504 Meeting Parent Input

Does your child appear to have any physical health problems, including allergies?

Is your child receiving service(s) from another agency?

Is your child currently taking medications? If so, please list.

Are there any known side effects from the medication?

Please tell us anything else that you think would be helpful in planning for your child's success at school.

Form B-4

Invitation to Parents for Initial Section 504 Meeting

Student: Stansbury High School Tester

Date: 10/06/2016

School: Stansbury High School (9-12)

Dear Parent or Guardian:

This letter is to inform you that the Section 504 Team at the school has concerns about your child's academic and/or behavioral progress. Prior to this time, the Team may have developed and implemented academic and/or behavioral interventions with your child. They include the following:

Intervention:	Duration:	Effectiveness:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

After evaluating the Intervention Plan and/or your child's current performance, we believe that additional information is necessary to fully determine your child's educational needs and whether he/she might need accommodations in the general classroom under Section 504. We would like to meet with you to discuss a possible evaluation under Section 504 in order to ensure that your child is afforded an appropriate education.

We have scheduled a meeting on 10/28/2016 at _____.

This meeting will be held at _____.

It would be helpful if you could fill out the attached parent input form and bring it to the meeting or send it to your child's teacher if you cannot attend. If you have any questions, cannot attend, or if this meeting time is not convenient for you, please call me at _____ . We will discuss your questions or arrange a mutually convenient meeting time. A description of your rights under Section 504 is attached.

Sincerely,

School Section 504 Representative

Form B-3

Attachment: Section 504 Parent Rights, Parent Input Form

Notice of Section 504 Meeting To Review Evaluation Results

Date sent/mailed: _____

Student: Stansbury High School Tester

School: Stansbury High School (9-12)

Grade: 10th

Parent(s): Mr. and Mrs. Tester

Address: IL

Home Phone: _____

Work Phone: _____

Dear Mr. and Mrs. Tester,

This letter is to inform you that the Section 504 Team at your child's school would like to meet with you to discuss the results of an evaluation under Section 504. Your insights and contributions will be quite helpful to us in effecting the best decisions possible. If you have not already done so, please fill out and return the Parent Input Form.

Meeting Date: 10/28/2016

Meeting Time: _____

Location: _____

Please call me at _____ if you have any questions or need to arrange an alternative date.

Sincerely,

School Section 504 Representative

Copies: **Parents**
Student file

Attachment: **Parent Input Form**

Form B-6

Section 504 Consent to Evaluate

Student Name: Stansbury High School Tester

School: Stansbury High School (9-12)

Date: 10/28/2016

Following a discussion with school personnel acquainted with my child, I authorize the use of school educational evaluation for my child to determine possible identification for Section 504 accommodations/services. I understand that this evaluation may include administration of the following:

The school is requesting your consent to conduct the following evaluation procedures:

Evaluation Procedures:

Person Responsible:

I understand that following the evaluation, I will be given the opportunity to meet with appropriate school staff to review the evaluation results and plan next steps for my child's education.

I give written consent to have my child evaluated.

Signed

Parent Name (printed)

Date

Copies: Parents
Student file

Form B-5

Section 504 Plan Review

Student: Stansbury High School Tester

Date: 10/28/2016

Case Manager: Melinda Dow

Purpose of meeting: It is necessary to periodically review the student's progress under Section 504 services and make recommendations to continue, modify, or terminate the program(s). 504 plan should be reviewed once each year.

Discussion of progress:

Recommendation:

- Continue present services with no changes.
- Modify the present Accommodation Plan (see new plan attached).
- Conduct additional evaluations.
- Exit from Section 504 services based upon the following evaluation results/rationale.

Discussion of recommendations:

The following members of the Section 504 Team participated in this review:

Signature(s):

_____ Parent/Guardian		_____ Parent/Guardian	
Signature: _____	Title: _____	Date: _____	
Signature: _____	Title: _____	Date: _____	
Signature: _____	Title: _____	Date: _____	
Signature: _____	Title: _____	Date: _____	

Copies: Parents
Student file

Form B-9

Manifestation Determination Worksheet

Student: Stansbury High School Tester

Date: 10/28/2016

Section 504/ADA Disability: _____

Student Number: _____

Team Members (by name and role):

_____	_____
_____	_____
_____	_____
_____	_____

Sources of Information (attachments):

- Evaluations Interviews Observations
 Other:

Summary of Grievance — What is the problem? What are the facts?

How can the problem be solved?

Does the proposed disciplinary action constitute a change of placement?

- If YES, continue with manifestation determination review.
 If NO, proceed with disciplinary action.

Is the proposed disciplinary action based on the student's illegal use of drugs, or for the use or possession of alcohol?

- If YES, the student is subject to the same disciplinary penalty imposed on non-disabled students who engage in the same behavior. The Team will not conduct a manifestation determination, but the Team will consider whether a FBA and/or BIP are appropriate for the student to help prevent recurrence of the inappropriate behavior.
 If NO, continue with the manifestation determination review.

Final Determination

We have reviewed all relevant information, including information that is relevant contained in the student's file, the student's accommodation plan and/or BIP, teacher observations and any information provided by the parents. Based on a review and consideration of all this information we can answer the following questions:

1. Did the student's disability directly cause the misconduct?
 Yes No
2. Does the student's disability have a direct and substantial relationship to the misconduct?
 Yes No
3. Was the student's misconduct the direct result of a failure by the school district to provide the services set out in the student's accommodation plan?
 Yes No

Manifestation Determination Worksheet

If any question is answered YES, the Team will conduct a functional behavioral assessment of the student, unless this had been done prior to the behavior in question. The Team will also implement a behavioral intervention plan (BIP) for the student. If the student already has a BIP, the Team will review and modify the BIP as necessary to address the behavior. The Team will also return the student to the placement from which the student was removed unless 1) the parent and school agree otherwise as part of the modification of the BIP or 2) the student's misconduct involved weapons or the infliction of a serious bodily injury to another person.

If the third question is answered YES, the Team will take immediate steps to remedy the deficiencies in the provision of services to the student.

If all three questions are answered NO, the student is subject to the same discipline procedures applicable to non-disabled students, as long as FAPE is still provided.

Form B-11

Prior Written Notice

(check all boxes that apply)

Student's Name: Stansbury High School Tester Date of Birth: 01/01/2000

Student #: _____ School: Stansbury High School (9-12)

Evaluation:

Your child will be evaluated for Section 504 accommodations based on all available evidence. i.e. medical information, state test, teacher evaluation, observations, attendance and any other available information.

Implement Accommodations:

A Section 504 accommodation plan has been developed based on _____ which substantially limits life activities which include access to the school curriculum.

Reevaluation:

Annually each student qualifying for a Section 504 accommodation plan is reevaluated to assess current student needs. Their Section 504 plan will then be revised or changed according to their current needs.

Exited from Section 504:

If student no longer qualifies based on a disability which substantially limits life activities they will be exited from Section 504 status.

LEA Decision to not initiate or change Section 504 status:

LEA will not initiate or change your child's Section 504 at this time.

LEA/Section 504 Monitor's signature

Parent/Guardian(s) signature

Section 504 Grievance Form

Student: Stansbury High School Tester
School: Stansbury High School (9-12)
Parent(s): Mr. and Mrs. Tester
Address: IL
Phone: _____

1. Summary of Grievance — What is the problem? What are the facts?
2. How can the problem be solved?
3. Who have you spoke to or met with at the school to address this situation? What was the result of this contact?
4. Please describe any corrective action you wish to see taken with regard to this grievance.

Section 504 Grievance Form

Please attach any additional information or documentation you wish the district to consider. You also have the right to file a complaint with the regional office of the U.S. Department of Education's Office for Civil Rights (OCR) without going through the district's grievance procedures.

Signature of Parent

Date

Received by:

Signature of Section 504 Coordinator

Date

Copies: **Parent**
Student file
504 Coordinator file

Form B-10

Section 504 Referral for Evaluation

Utility of Form — to be used as a referral form when an evaluation is being requested

Student: Stansbury High School Tester Date: 10/28/2016
School: Stansbury High School (9-12) Date of Birth: 01/01/2000
Teacher: _____ Grade: 10th
Parent(s): Mr. and Mrs. Tester Phone: _____
Address: Highland, IL 62249
Referred by: _____ Position: _____

1. Reason for referral to evaluate:

2. Accommodations and interventions attempted and how long:

3. Has the student ever been referred, evaluated, and/or received services from special education?
If yes, explain:

4. Referral action:

Signature of Section 504 Coordinator

Date

Form B-2