

# Waterford School District

## REHABILITATION ACT OF 1973

### Administrative Guidelines

Section 504

December, 2010



**TABLE OF CONTENTS**

INTRODUCTION .....1

SECTION 504 – OVERVIEW .....2

DEFINITIONS UNDER SECTION 504 .....3

POLICY OF NONDISCRIMINATION .....4

CHILD FIND .....5

PRE-REFERRAL STRATEGIES .....5

PARENTAL RIGHTS – SECTION 504 .....5

SECTION 504 – THE PROCESS.....6

    A. Referral .....6

    B. Evaluation .....6

    C. Eligibility Determination .....7

    D. Section 504 Accommodation Plan.....7

    E. Review .....8

    F. Reevaluation .....8

    G. Time Frame .....8

SUSPENSION AND EXPULSION OF STUDENTS SERVED UNDER SECTION 504.....8

IMPARTIAL DUE PROCESS HEARINGS .....9

COMPLAINTS/GRIEVANCES.....10

**FORMS:**

- FORM A: SECTION 504 CHECKLIST
- FORM B: SECTION 504 REFERRAL
- FORM C: NOTICE OF PROCEDURAL SAFEGUARDS – SECTION 504
- FORM D: PARENT NOTICE – SECTION 504 REFERRAL
- FORM E: CONSENT FOR SECTION 504 EVALUATION

FORM F:	AUTHORIZATION FOR RELEASE AND EXCHANGE OF STUDENT EDUCATIONAL AND MEDICAL INFORMATION
FORM G	COVER LETTER TO PHYSICIAN
FORM H:	PHYSICIAN'S STATEMENT
FORM I:	GENERAL EDUCATION TEACHER REPORT – SECTION 504 EVALUATION
FORM J:	EVALUATION TEAM MEETING INVITATION
FORM K:	SECTION 504 ELIGIBILITY DETERMINATION REPORT
FORM L:	PARENT NOTICE – SECTION 504 ELIGIBILITY OR NON-ELIGIBILITY DETERMINATION
FORM M:	PARENT INVITATION – SECTION 504 ACCOMMODATION PLAN MEETING
FORM N:	SECTION 504 ACCOMMODATION PLAN
FORM O:	SECTION 504 DUE PROCESS HEARING REQUEST FORM
FORM P:	SECTION 504 MANIFESTATION DETERMINATION REVIEW
FORM Q:	GRIEVANCE / COMPLAINT PROCEDURE
FORM R:	SECTION 504 GRIEVANCE/COMPLAINT FORM

## **INTRODUCTION**

Section 504 of the Rehabilitation Act of 1973 (commonly referred to as “504”) prohibits discrimination against students on the basis of their disability.

The purpose of this manual is to inform School District employees about Section 504 and the School District’s procedures and forms that have been developed to comply with the requirements of Section 504. This manual reflects the School District’s commitment to address the educational needs of ALL children.

The School District expects employees to be knowledgeable about the School District procedures concerning Section 504, with a particular emphasis on parent and student rights. If you have Section 504 questions concerning either current students or prospective students, please contact:

Nadine M. Milostan  
Executive Director of Student Support Services and  
District Section 504 Coordinator

Waterford School District  
Crary Administration Building  
501 N. Cass Lake Road  
Waterford, Michigan 48328  
(248) 682-3242

## SECTION 504 – OVERVIEW

Section 504 of the Rehabilitation Act of 1973 is a federal law which prohibits discrimination against persons with disabilities. The law provides:

No otherwise qualified individual with a disability. . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. . . .

29 USC 794.

The principal purpose of Section 504 is to assure that students with disabilities are not denied access to educational facilities, programs and opportunities on the basis of their disability.

For a student to qualify for Section 504 protection, the student must: **(1) have a mental or physical impairment, (2) which substantially limits, (3) one or more major life activities.** All three criteria must be met before the student is eligible for Section 504 protection.

Section 504 requires that the School District offer a Free Appropriate Public Education (“FAPE”) to each eligible student who has a physical or mental impairment that substantially limits a major life activity. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services that are designed to meet the student’s individual educational needs as adequately as the needs of non-disabled students, and in accordance with Section 504 requirements pertaining to educational setting, evaluation, placement and procedural safeguards. The FAPE obligation extends to all students described in this paragraph, regardless of the nature or severity of their disability.

## DEFINITIONS UNDER SECTION 504

**“Free Appropriate Public Education” (“FAPE”)** – A “free appropriate public education” is the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of disabled persons as adequately as the needs of non-disabled persons are met.

**“Individual with a disability”** – An “individual with a disability” is a person who:

1. Has a physical or mental impairment which substantially limits one or more of such person’s major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

**“Major Life Activities”** – A “major life activity” includes, but is not limited to functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Major life activities also include standing, lifting, bending, reading, concentrating, thinking and communicating. The term also includes the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**“Physical or mental impairment”** – a “physical or mental impairment” is:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
2. Any mental or psychological disorder such as cognitive impairment, organic brain syndrome, emotional or mental illness and specific learning disabilities.

**“Substantially Limits”** – A student who has a physical or mental impairment that *substantially limits* a major life activity may be found to have a disability under Section 504. This determination is made on a case-by-case basis.

Except for ordinary eye glasses or contact lenses, the effects of mitigating measures (*e.g.*, medications, prosthetics, hearing aids, *etc.*) may not be considered when assessing whether a student has an impairment that substantially limits a major life activity. To the extent feasible, only the impact the impairment has on a major life activity without mitigating measures may be considered when determining whether the disability substantially limits a major life activity.

If a student has an impairment that is episodic or in remission, the School District must consider whether the impairment, *when active*, would substantially limit a major life activity. If so, then the student meets the definition of a student with a disability.

## **POLICY OF NONDISCRIMINATION**

It is the intent of the Board of Education that no otherwise qualified student with a disability shall be excluded from participation in, denied the benefits of, or be subjected to discrimination solely on the basis of his/her disability in any program or activity conducted by the School District.

It is further the intent of the Board of Education to identify, evaluate and provide a free appropriate public education to each qualified student with a disability within its jurisdiction regardless of the nature or severity of the disability.

The Superintendent of the Waterford School District has appointed Nadine M. Milostan, Executive Director of Student Support Services to serve as the District Section 504 Coordinator and implement this policy within the Waterford School District. An administrator or designee from each building will be identified as the building Section 504 Coordinator.

A grievance procedure has been established for addressing complaints of discrimination on the basis of disability. A description of this procedure and other relevant information may be obtained by contacting the School District's Section 504 Coordinator.

## **CHILD FIND**

The School District attempts to identify and locate every student residing in the School District who may be a student with a disability under Section 504, regardless of whether he or she is currently receiving a public education. The School District will notify those students and their parents of their rights under Section 504.

The School District may satisfy the Section 504 notification obligation by advertising, by posting notices in places likely to be visited by qualified students with disabilities and their parents, by including notices in School District publications and on its web site, and by directly contacting parents of students the School District believes may be eligible.

The School District will also ensure that the information in its Section 504 notices is written in a manner that would reasonably be easily understandable to a parent. The notices will contain the name and contact information for the School District's Section 504 coordinator.

## **PRE-REFERRAL STRATEGIES**

Pre-referral team strategies are an important first step in providing educational opportunities and services to students who are experiencing difficulties in school. The implementation of such strategies helps teachers vary instructional and behavioral methodologies and expectations, and, by so doing:

- 1) Assists teachers with students who present a wide variety of educational and behavioral needs;
- 2) Strengthens educational opportunities within the general education program; and
- 3) May reduce the need for more formal referrals over time because students with identified needs are successfully accommodated and served appropriately within the general education programs.

It must be emphasized that the pre-referral procedures are **not** intended to impede any necessary referrals for consideration of eligibility under the Individuals with Disabilities Education Act ("IDEA") or Section 504. If, at any time, a teacher, counselor, administrator, or other professional staff member suspects that the student's difficulties are attributable to a disability, the student should be referred for an evaluation. If a parent/guardian at any time requests an evaluation, the School District must either honor that request or notify the parent/guardian of his/her due process rights under the IDEA, or Section 504, as applicable.

## **PARENTAL RIGHTS – SECTION 504**

Section 504 guarantees certain rights to parents of students with disabilities. The intent of these procedural protections is to keep the parent/guardian fully informed concerning educational decisions about their child, and to inform the parent/guardian of their rights if they disagree with any of these decisions. At age 18, these rights transfer to the student. A Notice of Procedural Safeguards – Section 504 (**Form C**) has been developed for distribution to parents.

## SECTION 504 – THE PROCESS

- Referral
- Evaluation
- Eligibility Determination
- Development of Accommodation Plan
- Review

### **A. Referral**

A student who, because of a suspected mental or physical impairment, is believed to be in need of accommodations or educational services under Section 504, may be formally referred by a parent, teacher, other certified school employee(s), or the adult aged student himself/herself.

- A Section 504 Referral form (**Form B**) should be completed.
- Upon receipt of a Section 504 referral from a staff member, the parent should be provided the form letter “Parent Notice – Section 504 Referral” (**Form D**).
- Whether the referral is made by the parent or by school staff, the parent should be provided with copies of “Consent for Section 504 Evaluation” (**Form E**) and “Notice of Procedural Safeguards – Section 504.” (**Form C**).

### **B. Evaluation**

A determination of Section 504 eligibility (*i.e.*, a physical or mental impairment that substantially limits a major life activity within the school environment) must be based on a multi-source evaluation. The evaluation procedures to be followed may, but need not, include all of those which are followed in evaluating students under the Individuals with Disabilities Education Act (“IDEA”). The nature and extent of the information needed to make a Section 504 eligibility decision is determined on a case-by-case basis by a group of persons knowledgeable about the student and the meaning of evaluation data.

The evaluation process should begin with a thorough review of the student’s educational records, and will include completion of the General Education Teacher Report (**Form I**). The following may also be considered:

- Observations of the student;
- Standardized tests or other assessments by school staff;
- Parent/Student/Teacher interviews;
- Behavior rating scales or other checklists;
- Pertinent medical information; and
- Information provided by the parent.

Where formal testing is determined to be necessary, the evaluation procedures must ensure that:

1. Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer.
2. Tests and evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient.
3. Tests are selected and administered so as to best ensure that when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the facets that the tests purport to measure).

If a student is suspected of having a physical impairment and the School District does not already have a current diagnosis documented by a physician, input from a physician may be sought as part of the evaluation process. (See Cover Letter to Physician (**Form G**), Authorization for Release and Exchange of Student Educational and Medical Information (**Form F**) and Physician's Statement (**Form H**)). **Please note that a diagnosis of a physical or mental impairment does not, in and of itself, determine eligibility under Section 504.** As mentioned above, there must also be separate findings that the impairment substantially limits a major life activity.

### **C. Eligibility Determination**

The eligibility determination should be made by a group of persons knowledgeable about the student, the meaning of the evaluation data and placement options (the "Team"). The parent(s)/guardian(s) of the student should be given a meaningful opportunity to provide input into the evaluation process and invited to the meeting concerning the eligibility determination. (**Form J**).

A final determination regarding eligibility shall be made by the Team through completion of the Section 504 Eligibility Determination Report. (**Form K**).

### **D. Section 504 Accommodation Plan**

Where a student is found to be eligible under Section 504, a Section 504 Accommodation Plan (**Form N**) will be developed. The building Section 504 Team, which includes the parents, will be responsible for determining the special accommodations and services that are needed to ensure that the student receives a free appropriate education. The Plan will specify how services will be provided and by whom.

The Section 504 Accommodation Plan shall be signed by the Building Administrator/Designee. Prior to implementation, a copy of the Plan shall be provided to the parent(s)/guardian(s), which indicates the School District's intent to implement the plan. A copy of the Notice of Procedural Safeguards – Section 504 (**Form C**) shall accompany the notice of the intent to implement.

If a Section 504 Accommodation Plan is developed for a student, all school personnel with implementation responsibilities shall be informed of the existence and particulars of the Plan, on a “need to know” basis.

**E. Review**

The teacher or other person(s) designated by the Section 504 Team shall monitor the student’s progress and the effectiveness of the student’s Plan. The teacher or other designated person will meet with the parent(s) at least annually to determine whether the Accommodation Plan continues to be appropriate or whether any changes are thought to be necessary. If changes are to be considered, the Section 504 Team will be convened.

**F. Reevaluation**

A multi-source evaluation should be completed periodically to redetermine eligibility under Section 504 and before any significant changes are made in the Accommodation Plan.

**G. Time Frame**

A time frame of thirty (30) school days will be followed for completion of the identification, evaluation, and, if necessary, development of a Section 504 Accommodation Plan for each student who is referred pursuant to the School District’s Section 504 policy.

**SUSPENSION AND EXPULSION OF STUDENTS**  
**SERVED UNDER SECTION 504**

Students who are eligible under Section 504 have certain additional protections when charged with a violation of the Code of Student Conduct which may result in a suspension or expulsion. Similar to suspension or expulsion of a student with a disability under the IDEA, it is necessary to conduct a manifestation determination for a Section 504 disabled student when:

- The suspension or expulsion will be for more than ten (10) consecutive school days. As is true under the IDEA, a suspension/expulsion of more than ten (10) consecutive days constitutes a significant change in placement and requires the School District to determine if the cause of the behavior is the disability identified in the student’s Section 504 Plan.
- A series of suspensions that total more than ten (10) school days in a school year may create a pattern of exclusion. If cumulative suspensions/expulsions for a student on a Section 504 Plan total more than ten (10) school days in a school year, it must be determined if a significant placement change has occurred. This is done on a case-by-case basis. If a group of short suspensions creates a pattern of exclusion, then this constitutes a change in placement and the School District must conduct a manifestation determination meeting before further suspensions or expulsions occur. The Office for Civil Rights has identified some of the key factors in determining the existence of a “pattern of exclusion.” These include the length of each suspension, the proximity of one suspension to another, the similar or dissimilar nature of the behavior, and the total amount of time the student is excluded from school.

Section 504 allows a student to be disciplined, without going through the manifestation determination review process, where the student is charged with and found to be currently engaging in the illegal use of drugs or alcohol, in violation of the Code of Student Conduct.

### **IMPARTIAL DUE PROCESS HEARINGS**

Parents or persons in a parental relationship who disagree with the identification, evaluation, placement or provision of a free appropriate publication for a student with a disability have the right to request an impartial due-process hearing. Request for a Section 504 due process hearing must be made to the School District Section 504 Coordinator. Upon receipt of such a request, the necessary arrangements will be made by the School District, including the selection of a hearing officer. A hearing may not be conducted by a person who is an employee of the School District, or by any person having a personal or professional interest which would conflict with his or her objectivity in the hearing.

Any party to a hearing has the right to:

1. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities;
2. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
3. Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five days before the hearing;
4. Request that the hearing officer bar as evidence any evaluation or recommendation completed but not disclosed to the other party at least five business days prior to the hearing;
5. Obtain a written or electronic verbatim record of the hearing or obtain alternate forms of the verbatim record to be provided in the parent's native language; and
6. Obtain written or electronic findings of fact and decisions.

The School District will adhere to the following timeframes in the event of a request for a due process hearing:

1. A hearing will be scheduled not less than fifteen (15), nor more than thirty (30) calendar days following receipt of a written request from the parent.
2. The Hearing Officer will, not later than thirty (30) calendar days after the hearing, do both of the following:
  - a. Reach a final decision regarding the matter; and
  - b. Send a written copy of the decision to each party.
3. In the absence of an appeal, the decision of the Hearing Officer will be implemented by the School District within fifteen (15) calendar days of the School District's receipt of the decision.

## COMPLAINTS/GRIEVANCES

A person who believes that he/she has been discriminated against by the Waterford School District on the basis of his/her disability may pursue a grievance/complaint through Waterford School District' Grievance/Complaint Procedure. (**Form R**).

# Waterford School District

## REHABILITATION ACT OF 1973

### Section 504 Forms



The Identification, Evaluation And Education Of Students Who Are Qualified Persons With A Disability Within The Meaning Of Section 504 Of The Rehabilitation Act Of 1973



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM A: SECTION 504 CHECKLIST**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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

1. If, at any time, a parent or a teacher, counselor, administrator or other professional staff member suspects that a student may have a disability, and the student is experiencing difficulties in school, a Section 504 Referral (**Form B**) should be completed. The form should be filed with the Section 504 Coordinator. \_\_\_\_\_  
(Date)
2. The building Team Leader receives the Section 504 Referral (Form B). \_\_\_\_\_  
(Date)
3. The Team Leader determines whether or not a Section 504 evaluation will be conducted. If it is determined that an evaluation will *not* occur, the Team Leader records this decision, including the rationale, on the bottom of the Section 504 Referral (Form B). If the Referral was made by the parent, the parent must be informed of the decision not to proceed with the evaluation and provided with Notice of Procedural Safeguards – Section 504. (Form C). \_\_\_\_\_  
(Date)
4. If it is determined that an evaluation will occur, the Team Leader sends Parent Notice – Section 504 Referral (Form D) to parent/guardian to advise of proposed evaluation. Notice of Procedural Safeguards – Section 504 (Form C) and Consent for Section 504 Evaluation (Form E) are also sent. (If applicable, **Form F**, Authorization For Release And Exchange Of Student Educational And Medical Information should also be sent.) \_\_\_\_\_  
(Date)
5. If applicable, **Form F**, Authorization For Release And Exchange Of Student Educational And Medical Information, **Form G**, Cover Letter to Physician and **Form H**, Physician’s Statement should be sent to physician. \_\_\_\_\_  
(Date)
6. Team Leader should send **Form I**, General Education Teacher Report – Section 504 Evaluation to Student’s general education teachers. \_\_\_\_\_  
(Date)
7. The Team Leader identifies members of the Section 504 Team and sends Evaluation Team Meeting Invitation (Form J). \_\_\_\_\_  
(Date)
8. The Section 504 Team evaluates the child’s reported impairment and completes the Section 504 Eligibility Determination Report (Form K). **The Team Leader is to send a hard copy of the completed Form L to the School District Section 504 Coordinator, regardless of evaluation outcome.** \_\_\_\_\_  
(Date)

9. The Team Leader provides parent(s)/guardian(s) with Parent Notice – Section 504 Eligibility or Non-Eligibility Determination (Form L) and Notice of Procedural Safeguards – Section 504 (Form C), either in person or by mail. **The Team Leader is to send a hard copy of this completed form to the School District Section 504 Coordinator, regardless of the evaluation outcome.**

---

(Date)

10. If the student is found eligible under Section 504, the Team Leader sends Parent Invitation – Section 504 Accommodation Plan meeting. **(Form M)**.

---

(Date)

11. Where a student is found eligible, a Section 504 Accommodation Plan (Form N) is developed. The Team Leader is responsible for ensuring that teachers and other staff members who have implementation responsibilities are made aware of the existence of the Plan and its terms, on a need to know basis. **The Team Leader is to send a hard copy of this completed form to the School District Section 504 Coordinator.**

---

(Date)



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM B: SECTION 504 REFERRAL**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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

1. **Reason for Referral.** (Please state the nature of your concern(s)).
  - A. Academic concern(s):
  - B. Behavioral concern(s):
  - C. Motor/Movement:
  - D. Social/Emotional:
  - E. Medical:
  - F. Other:
2. **Observations of student.** (Please describe any supporting observations).
3. **Pre-referral Interventions.** (Please describe any interventions that have been tried at home or at school).
4. **Records.** (Please attach a copy of the student's most recent grades and/or standardized test scores, if available. Also, attach any medical documentation that supports the student's physical or mental disability).

<b>Signature of Person Making Referral</b>	<b>Relationship to Student</b>	<b>Date of Referral</b>
_____	_____	_____

**FOR SCHOOL DISTRICT USE ONLY:**

**ACTION TAKEN:**

- Notice sent to parent(s) requesting consent to conduct a Section 504 evaluation on (date) \_\_\_\_\_.
- Section 504 Team Leader (school principal or his/her designee) determined not to conduct a Section 504 evaluation at this time.



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM C: NOTICE OF PROCEDURAL SAFEGUARDS – SECTION 504**

The following is a summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities. The intent of the law is to keep you fully informed about decisions concerning your child, to have you be an active participant in the educational planning for your child, and to inform you of your rights in the event you disagree with any decisions concerning your child.

You have the right to:

1. Have the Waterford School District advise you of your rights under federal law;
2. Receive notice with respect to Section 504 identification, evaluation, and/or eligibility determinations of your child;
3. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by a team of persons who are knowledgeable about the student, the evaluation data, and placement options;
4. Examine all education records related to your child, including those concerning the decisions regarding your child's Section 504 identification, evaluation, educational program, and placement;
5. Obtain copies of educational records at a reasonable cost, unless the fee would effectively deny you access to the records;
6. Receive a response from the Waterford School District to reasonable requests for explanations and interpretations of your child's records;
7. Request an 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 rights of your child. If the Waterford School District refuses this request for amendment, the School District shall notify you within a reasonable time and advise you of your right to an impartial hearing;
8. Have your child receive special education services and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act or appropriate educational services and related services if he/she is found to be eligible under Section 504 of the Rehabilitation Act;
9. Have your child take part in, and receive benefits from, the School District's education programs without discrimination because of his/her disabling condition(s);

10. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the Waterford School District make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities;
11. Have your child educated in facilities and receive services comparable to those provided non-disabled students;
12. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the Waterford School District;
13. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the Waterford School District;
14. Request an impartial due process hearing regarding the Section 504 identification, evaluation, eligibility, placement or provision of a Free Appropriate Public Education (“FAPE”) for your child.
15. File a complaint in accordance with the Waterford School District Section 504 grievance procedure.



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM D: PARENT NOTICE – SECTION 504 REFERRAL**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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

**[Insert Date]**

**Via First Class Mail**

[Insert Parent/Legal Guardian Name]

[Address Line 1]

[Address Line 2]

Dear [Insert Parent/Legal Guardian Name]:

As part of our continuing efforts to monitor the educational performance of our students, we have found that **[Insert Child’s First Name]** is experiencing some difficulties. I am prepared to form an evaluation team to determine if **[Insert Child’s First Name]** may have a qualifying disability under Section 504 of the Rehabilitation Act. Members of the evaluation team would collect and review information on your child’s learning and behavior. Your child’s teacher(s), the school’s guidance counselor, school psychologist, and other staff members may be involved in observations, assessments and other data collection activities.

Once the information has been collected, a meeting will be scheduled to discuss the results. You will receive notice of the meeting and are welcome to attend and participate in the discussion and decision making process.

Under Section 504 you have specific rights concerning this evaluation process, which are designed to keep you fully informed concerning decisions about your child. These rights are summarized in the Notice of Procedural Safeguards – Section 504 document that is enclosed with this letter. Also enclosed is a Consent for Section 504 Evaluation. Please sign and return the form to me so that we may begin the evaluation process.

If you have any questions with regard to the evaluation process, please feel free to contact me at (\_\_\_\_) \_\_\_\_-\_\_\_\_.

Sincerely,

**[Insert Name]**, Section 504 Team Leader

Enclosures



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM E: CONSENT FOR SECTION 504 EVALUATION**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_

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

I understand that my child has been referred for an evaluation under Section 504. The evaluation will draw upon information from a variety of sources, which may include, but are not limited to: a school records review, observations of the student, parent/child/teacher input or interviews, assessments and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504.

**(Check All That Apply)**

- I have received information regarding the Section 504 evaluation procedures and have been informed of the procedural safeguards afforded under Section 504.
- I consent to the above evaluation for my child.
- I refuse permission for the above evaluation for my child.

Dated: \_\_\_\_\_

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



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]  
[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM F: AUTHORIZATION FOR RELEASE AND EXCHANGE OF STUDENT EDUCATIONAL AND MEDICAL INFORMATION**

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

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

I hereby authorize the release and exchange of otherwise confidential educational and medical information between the Waterford School District and:

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Phone Number

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Fax Number

I understand that any information released or exchanged will be treated in a confidential manner and will not be transmitted to a third party without my permission. This authorization is valid for a period of ninety (90) days unless earlier revoked by me in writing.

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

\_\_\_\_\_  
Signature of Parent, Guardian or Adult Student  
Relationship to Student: \_\_\_\_\_

**PLEASE FORWARD DOCUMENTS TO:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM G      COVER LETTER TO PHYSICIAN**

[Insert Date]

**Via First Class Mail**

[Insert Physician's Name]

[Insert Company Name]

[Address Line 1]

[Address Line 2]

**Re:    *[Insert Student's Name]***

Dear [Insert Physician Name]:

[Insert Student's Name] is currently being evaluated by the Waterford School District for the purpose of determining eligibility as a person with a disability under Section 504 of the Rehabilitation Act of 1973. The student may be eligible for educational support accommodations under Section 504 if he/she has a mental or physical impairment which substantially limits a major life activity.

Enclosed is an authorization for release of information to the School District which has been signed by the student's parent(s)/guardian(s). We ask that you please assist us by completing and returning the enclosed Physician's Statement no later than [Insert Date] to:

**[Insert Name, Title and Address]**

If you have any questions, please do not hesitate to contact me at (\_\_\_\_) \_\_\_\_-\_\_\_\_. Thank you for your cooperation in this matter.

Sincerely,

**[Insert Name], [Insert Title]**

Section 504 Team Representative



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM H: PHYSICIAN'S STATEMENT**

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

**Parents:** The following items are to be completed by the physician. Return completed form to the building your child attends.

1. Does the student have a mental or physical condition?  Yes  No

If yes, specify diagnosis: \_\_\_\_\_

2. Prognosis: This student's mental or physical condition is:

Stable  Deteriorating  Improving

3. Describe the nature and extent of possible change in this student's condition:

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

4. What are the anticipated effects of the physical or mental impairment on the student's ability to access, participate in, or benefit from the school/educational experience?

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

5. Has the student been prescribed any medication about which the School District should be aware?

No  Yes; explain: \_\_\_\_\_

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

6. Are there any other medical factors of which the School District should be aware which could affect this student's performance in a school setting?

No                       Yes; explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Physician's Signature

Physician's Name & Title (Type or Print): \_\_\_\_\_

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

Phone #: \_\_\_\_\_



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM I: GENERAL EDUCATION TEACHER REPORT –**  
**SECTION 504 EVALUATION**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Subject: \_\_\_\_\_

1. The student comes to class with appropriate materials  
 less often than other students of his/her age/grade; or  
 with about the same frequency as others
  
2. The student attends and participates appropriately in class discussions/activities  
 less often than other students of his/her age/grade; or  
 with about the same frequency as others
  
3. The student completes homework assignments  
 less often than other students of his/her age/grade; or  
 with about the same frequency as others
  
4. Based on collected data, the student's reading skills are  
 adequate to handle the material/work that is expected in this class; or  
 inadequate to handle the material/work that is expected in this class; or  
 unknown at this time due to the short time student has been in class; or  
 unknown at this time due to lack of work output upon which to base an assessment
  
5. Based on collected data, the student's writing skills are  
 adequate to handle the material/work that is expected in this class; or  
 inadequate to handle the material/work that is expected in this class; or  
 unknown at this time due to the short time student has been in class; or  
 unknown at this time due to lack of work output upon which to base an assessment
  
6. Based on collected data, the student's math skills are  
 adequate to handle the material/work that is expected in this class; or  
 inadequate to handle the material/work that is expected in this class; or  
 unknown at this time due to the short time student has been in class; or  
 unknown at this time due to lack of work output upon which to base an assessment

7. The student's grade to date in this class is: \_\_\_\_\_

8. In order for the student to earn this grade, have you provided accommodations/ interventions which are outside the range of what you would expect to provide for a typical student in this age/grade range?

No

Yes, explain \_\_\_\_\_

9. The student's behavior

is manageable within the general education classroom setting; or  
 is not manageable within the general education classroom setting.

If you checked "**is not**," describe the types of behaviors you see that are problematic within the classroom:

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

If you checked "**is not**," describe how you have attempted to deal with the problematic behaviors, and how the student has responded to the interventions:

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

10. Based on your observations, interactions, and evaluation(s), does the student's mental or physical condition significantly limit his/her ability to participate in or benefit from the educational experience?

Explain: \_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Teacher

Please return to Section 504 Team Leader by **[Insert Date]**.



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]  
[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM J: EVALUATION TEAM MEETING INVITATION**

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

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

You are invited to attend a Section 504 Evaluation Meeting to discuss the results of your child's evaluation. The purpose of this meeting is to determine if your child is eligible to receive or continues to need special accommodations/services under Section 504 in order that he/she can have access to and can receive an appropriate education. If it is determined that your child is or continues to be eligible, a Section 504 Accommodation Plan will be developed (or reviewed and revised) at this meeting. You are encouraged to attend this meeting.

The meeting will be held at:

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

Location: \_\_\_\_\_

Persons invited to the 504 evaluation team meeting:

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

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

\_\_\_\_\_  
Student

\_\_\_\_\_  
Student's Teacher

\_\_\_\_\_  
Additional School Staff

\_\_\_\_\_  
Additional School Staff

\_\_\_\_\_  
Additional School Staff

\_\_\_\_\_  
Additional School Staff

\_\_\_\_\_  
Administrator/Designee

\_\_\_\_\_  
Other

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Invitation Sent: \_\_\_\_\_

**.....  
PLEASE TEAR OFF & RETURN THIS PORTION IN THE ENCLOSED ENVELOPE**

- \_\_\_ I will attend the scheduled Section 504 Evaluation Team Meeting
- \_\_\_ I am unable to attend the scheduled meeting, and am requesting the meeting be rescheduled.
- \_\_\_ I am unable to attend the scheduled meeting, but am requesting that the process continue and that the paperwork be sent to my home address.
- \_\_\_ I would like my child to attend the Section 504 Evaluation Team Meeting.
- \_\_\_ I do not want my child to attend the Section 504 Evaluation Team Meeting.



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]  
[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM K: SECTION 504 ELIGIBILITY DETERMINATION REPORT**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_  Initial Section 504 Evaluation  Section 504 Reevaluation

**ELIGIBILITY:** Based on the evaluation data gathered from a variety of sources, the Section 504 Team is to answer the following questions to determine Section 504 eligibility:

1.  Yes  No Does the student have a physical or mental impairment? If so, check the impairment. The Section 504 regulations define a "physical or mental impairment" as: 1. any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems:

- neurological,  musculoskeletal,  special sense organs,  respiratory,  speech organs
- cardiovascular,  reproductive,  digestive,  genito-urinary,  hemic and lymphatic,
- skin or endocrine; or

2. any mental or psychological disorder such as  mental retardation,  organic brain syndrome,  emotional illness,  mental illness, specific learning disabilities, or  other. If "other," then state: \_\_\_\_\_

2.  Yes  No Does the physical or mental impairment affect one or more major life activities? If so, which major life activity or activities are affected?

- caring for oneself,  performing manual tasks,  seeing,  hearing,  eating,  sleeping,  walking, standing, lifting,  bending,  speaking,  breathing,  learning,  working,  reading,  concentrating,  thinking,  communicating,  the operation of a major bodily function (includes, but is not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions),  other.

3.  Yes  No Does the physical or mental impairment SUBSTANTIALLY limit a major life activity? That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner or duration under which the student of the same age/grade level in the general population can perform that same major life activity?

**If all three questions are answered "Yes," the student is eligible for a free, appropriate public education under Section 504, and an Accommodation Plan should be developed. If any answer is "No," the student is not eligible.**

**SOURCES OF DATA:** (Check the data obtained for the evaluation. All data obtained must be carefully considered.)

Grades _____	Parent Report _____	Classroom Teacher(s) Report _____
School Records _____	Medical Reports _____	Individual Achievement Tests _____
Work Samples _____		Group Achievement Test _____
Other _____		Psycho-education Evaluation (date) _____

**TEAM OF EVALUATORS:**

<b><u>Name:</u></b>	<b><u>Title:</u></b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Send a hard copy of this completed form to the School District Section 504 Coordinator.

*"We provide exemplary education for all students while developing the whole learner in a safe and caring environment. Our students will thrive in a rapidly changing, interconnected and competitive world, supported by collaborative relationships with staff, families and the community."*



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM L: PARENT NOTICE – SECTION 504**  
**ELIGIBILITY OR NON-ELIGIBILITY DETERMINATION**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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

[Insert Date]

**Via First Class Mail**

[Insert Parent/Legal Guardian Name]

[Address Line 1]

[Address Line 2]

***Re: Eligibility Determination Under Section 504***

Dear [Insert Parent/Legal Guardian Name]:

On \_\_\_\_\_, an evaluation team met to determine whether your child has a qualifying disability under Section 504 of the Rehabilitation Act. Based on the team’s review of all of the information collected, the evaluation team determined that:

- Your child has a qualifying disability under Section 504 of the Rehabilitation Act and may require an Accommodation Plan to ensure that he/she receives an appropriate education.
- Your child does not have a disability or condition that meets the definition of a qualifying disability under Section 504. Therefore, your child is not entitled to accommodations under Section 504.

Enclosed is a copy of the Notice of Procedural Safeguards – Section 504 form. This document summarizes your rights and the rights of your child under Section 504.

If you have any questions or would like to schedule a meeting to discuss this determination, please do not hesitate to contact me.

Sincerely,

[Insert Name], Building Principal

Enclosure

cc: School District Section 504 Coordinator



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM M: PARENT INVITATION – SECTION 504  
ACCOMMODATION PLAN MEETING**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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

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

**[Insert Date]**

**Via First Class Mail**

[Insert Parent/Legal Guardian Name]

[Address Line 1]

[Address Line 2]

***Re: Section 504 Meeting Invitation***

Dear [Insert Parent/Legal Guardian Name]:

You are invited to attend a meeting to develop a Section 504 Accommodation Plan for your child. You are encouraged to attend this meeting. The meeting will be held at:

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

Location: \_\_\_\_\_

The school staff members listed below have been involved in the education of your child. Each person will attend the meeting or be represented by someone else who is knowledgeable about your child and the information that will be reviewed in the meeting.

If you have any questions, please feel free to contact me.

Sincerely,

**[Insert Name]**, Section 504 Team Leader

Section 504 Team:

_____	_____
_____	_____
_____	_____
_____	_____



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM N: SECTION 504 ACCOMMODATION PLAN**

**STUDENT INFORMATION**

Meeting Date	Previous Date	Date of Birth:	Gender-Circle One	Building
			Male    Female	
Student's Last Name, First Name Middle Initial				Student No.
Student's Home Address, City, Zip Code				Home No.
Parent(s)/Guardian(s) Last Name, First Name		Work No.	Cell No.	
Parent(s)/Guardian(s) Address, City, Zip Code				Native Language
				Parent:
				Student:

**MEETING PURPOSE**

Initial

Review

Redetermination

**PARENT CONTACT**

Professional personnel contacted the parent(s)/guardian(s) to ensure that they would have an opportunity to attend this meeting, and to explain the purpose of this meeting and the role of the participants.

**MEETING PARTICIPANTS IN ATTENDANCE**

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

\_\_\_\_\_  
Administrator/Designee

\_\_\_\_\_  
Student

\_\_\_\_\_  
Student's Teacher

\_\_\_\_\_  
Additional School Staff

\_\_\_\_\_  
Additional School Staff

\_\_\_\_\_  
Additional School Staff

\_\_\_\_\_  
Additional School Staff

*"We provide exemplary education for all students while developing the whole learner in a safe and caring environment. Our students will thrive in a rapidly changing, interconnected and competitive world, supported by collaborative relationships with staff, families and the community."*

All information used must be documented in writing and attached to this report.

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

---

---

---

Evaluation Summary Information: \_\_\_\_\_

---

---

**ELIGIBILITY**

Student qualifies under Section 504 criteria

Student does not qualify under Section 504 criteria

**ACCOMMODATIONS**

AREA OF NEED	ACCOMMODATIONS	PERSON(S) RESPONSIBLE

**NOTICE OF INTENT TO IMPLEMENT SECTION 504 ACCOMMODATION PLAN**

Date Section 504 Accommodation Plan will be implemented \_\_\_\_\_

Location: Building \_\_\_\_\_  Regular Classroom  Other

Person responsible for implementation/review \_\_\_\_\_

Anticipated duration of Section 504 Accommodation Plan  One school year  Other \_\_\_\_\_

**SCHOOL DISTRICT COMMITMENT**

Signature of Building Principal will indicate intent to implement Section 504 Accommodation Plan as written:

Dated: \_\_\_\_\_  
Building Principal

**ANNUAL REVIEW**

[Insert Name] will periodically monitor the student’s progress and the effectiveness of this Plan.

[Insert Name] will meet with the parents at least annually while this Plan remains in effect to determine whether it continues to be appropriate or whether any changes are thought to be necessary. If changes are to be considered, the Section 504 Team will be convened.

**PARENT NOTICE**

A complete copy of the Section 504 Accommodation Plan, together with Notice of Procedural Safeguards – Section 504 (Form C), was provided to the parent(s)/guardian(s) on:

Dated: \_\_\_\_\_  
Contact

Method of Contact:  U.S. Mail to home address  Delivered personally to parent(s)/guardian(s)  Other – specify method \_\_\_\_\_

Parent signature indicates agreement with the Section 504 Accommodation Plan.

Dated: \_\_\_\_\_  
Parent(s)/Guardian(s)

**PARENT AGREEMENT / DISAGREEMENT**

- I have received notice of the procedural safeguards.
- I agree with the determination above.
- I disagree with the determination above and request mediation.
- I disagree with the determination above and request a due process hearing.

Date: \_\_\_\_\_  
Parent/Guardian Signature



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM O: SECTION 504 DUE PROCESS HEARING REQUEST FORM**

**STUDENT INFORMATION:**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Name of School the Student is Attending (if different from School District of Residence):

\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

(if different from student address):

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

**PROBLEM AND FACTS:** What is the nature of the problem and what are the facts that relate to the problem? (You may list more than one problem).

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

(Use additional pages if necessary)

**PROPOSED SOLUTION:** Describe the actions or services that you believe will resolve the issues based on the information available to you.

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

(Use additional pages if necessary)

\_\_\_\_\_  
**Signature of Individual Submitting Request:    Date:**

Please print name here: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL DISTRICT'S  
SECTION 504 COORDINATOR.**



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM P: SECTION 504 MANIFESTATION DETERMINATION REVIEW**

Date of Review	Date of Current Section 504 Plan	Date of Birth	Grade
Student's Name		Student ID Number	

**PARENT CONTACT**

Written invitation including purpose of meeting, role of participants and procedural safeguards was sent to the parent(s) on

Date \_\_\_\_\_ By \_\_\_\_\_

Additional efforts to arrange a mutually agreeable time and place:

Method \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 504 MEETING PARTICIPANTS AND ATTENDANCE**

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

\_\_\_\_\_  
Public Agency Representative

\_\_\_\_\_  
Student

\_\_\_\_\_  
General Education Teacher/Provider

\_\_\_\_\_  
Other

\_\_\_\_\_  
Section 504 Evaluation Committee Representative

\_\_\_\_\_  
Other

\_\_\_\_\_  
Other

**CONSIDERATIONS FOR REVIEW**

Describe the behavior or incident that is subject to disciplinary action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In carrying out a manifestation determination review, the Section 504 committee team (as determined by the parent and the manifestation team) shall review:

All relevant information in the student's file – Describe: \_\_\_\_\_

\_\_\_\_\_

The student's Section 504 Plan. \_\_\_\_\_

\_\_\_\_\_

Any teacher observations of the student. \_\_\_\_\_

\_\_\_\_\_

Relevant information provided by the parent. \_\_\_\_\_

\_\_\_\_\_

### MANIFESTATION DETERMINATION

In relationship to the conduct in question:

Was the conduct caused by the student's disability or did it have a direct and substantial relationship to the student's disability?  No  Yes

Was the conduct a direct result of the School District's failure to implement the Section 504 Accommodation Plan?  No  Yes

If the determination of the Section 504 Committee is "Yes" to either of the statements below, then the behavior must be considered a manifestation of the student's disability.

**The determination of the Section 504 Committee is that the behavior subject to discipline is:**

Not a manifestation of the disability [pertinent records are to be transferred to general education for disciplinary procedures].

Is a manifestation of the disability.

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

\_\_\_\_\_  
Signature of Section 504 Coordinator or Designee

**PARENT NOTICE AND AGREEMENT**

- I have received Notice Of Procedural Safeguards – Section (**Form C**).
- I agree with the determination above.
- I disagree with the determination above and request mediation.
- I disagree with the determination above and request a due process hearing.

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

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



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM Q: GRIEVANCE / COMPLAINT PROCEDURE**

The Waterford School District has adopted the following Grievance/Complaint Procedure for addressing complaints of discrimination:

**Step 1:** A person who believes that he/she has been discriminated against by the Waterford School District shall discuss the matter informally with the immediate supervisor in the case of an employee, or the building principal, in the case of a student. [NOTE: If it is the immediate supervisor or building principal who is the subject of the complaint, the employee or student may, instead, contact the applicable School District Section 504 Coordinator]. The person receiving the complaint shall verbally convey his/her findings to both the person who alleged the violation and the person who is the subject of the complaint within 10 days.

**Step 2:** If the informal Step 1 process does not resolve the matter, a written complaint may be submitted to the employee's immediate supervisor (to the school's principal if by a student). A complaint may also be filed directly with the applicable School District Section 504 Coordinator. The complaint shall include: 1) the employee's or student's name; 2) the facts of the incident or action complained about; 3) the date of the incident or action giving rise to the complaint; 4) the type of discrimination alleged to have occurred; and 5) the specific relief sought. A Step 2 meeting shall be conducted within 10 days following the submission of the written complaint. Within the next 10 days, the immediate supervisor or principal shall issue a written disposition, with copies to be given to both the person who alleged the violation and the person who is the subject of the complaint.

**Step 3:** If the supervisor or principal's reply does not resolve the matter, a written complaint may be submitted to the applicable School District Section 504 Coordinator within 10 business days of the Step 2 disposition. A meeting shall be conducted at which both parties shall have the right to present witnesses and offer other evidence. Following the meeting, the Section 504 Coordinator shall reply in writing to the complainant and the person who is the subject of the complaint within 10 business days.

**Step 4:** If the complainant wishes to appeal the decision of the Section 504 Coordinator, he/she may submit a written appeal to the Superintendent of Schools within 10 business days after receipt of the Section 504 Coordinator's reply. The Superintendent or his designee shall meet with all parties involved and respond to the complaint, in writing, within 10 business days of the date of the appeal. Copies shall be provided to both the complainant and the person who is the subject of the complaint.

The Waterford School District hereby provides assurance that it strictly prohibits any form of retaliation against persons who utilize this Grievance/Complaint Procedure.



**WATERFORD SCHOOL DISTRICT**

[INSERT BUILDING NAME]

[Insert Building Address]

[INSERT NAME], [INSERT TITLE]

PHONE: [INSERT DID]

FAX: [INSERT FAX]

EMAIL: [INSERT EMAIL]

**FORM R: SECTION 504 GRIEVANCE/COMPLAINT FORM**

Waterford School District pledges that the School District complies with Section 504 of the Rehabilitation Act of 1973, 29 USC § 794, and its implementing regulations, and that no discrimination on the basis of disability is permitted in the programs or activities that the School District operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to your school's principal or the School District Section 504 Coordinator, located at [Insert Address of Section 504 Coordinator].

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

On behalf of: \_\_\_\_\_

Complainant is:  Student: \_\_\_\_\_

Student's parent(s): \_\_\_\_\_

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

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

Street

City

State

Zip

Telephone: \_\_\_\_\_

Home

Work

1. Describe the alleged violation of Section 504 in specific terms. Include: (1) the specific incident or activity that is viewed as discrimination; (2) the individuals involved; (3) dates, times, and locations involved; and (4) the disability that forms the basis of the complaint (attach additional pages if needed).
  
2. Describe any 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.
  
3. Please describe how you propose to resolve this issue.
  
4. Do you wish this complaint to be mediated by the School District Section 504 Coordinator or designee?  No  Yes

**PLEASE RETURN THIS FORM TO YOUR SCHOOL'S PRINCIPAL OR TO THE SCHOOL DISTRICT SECTION 504 COORDINATOR.**