



# Section 504 Plan

**Farmersville Unified School District**

**Revised By**

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## Checklist for Section 504 Eligibility Review

- ☐ Referral from SST (based upon request from parent, teacher or outside professional/agency) is received, logged in & dated by Section 504 Site Coordinator. For parent(s)/teacher(s) referral, use **Notice of Referral for Section 504 Evaluations (Form 504-1a)** and **Notice of Parent and Student Rights (Form 504-1b)** and **A Parent's Guide to Section 504 (Form 504-1c)**.
- ☐ The Section 504 Site Coordinator schedules the Section 504 Team to meet and consider the referral. The Section 504 Team consists of the Section 504 Site Coordinator, all serving teachers, counselor (high school only), school psychologist, nurse, and parent/guardian. In order to determine the need for an evaluation, all existing school records and modifications attempted are reviewed in order to answer the question, **"Does the team suspect there may be a disability that substantially limits a major life activity, like learning, walking, hearing, speaking, or breathing; or restricts access to participating in school, like diabetes?"**
- ☐ If the team **agrees to the request for evaluation**, the Section 504 Site Coordinator proceeds with the referral and provides the parent(s)/guardian(s) with **Notice of Section 504 Evaluations Parent Consent (Form 504-3)** and **Notice of Parent and Student Rights (Form 504-1b)** and obtains signatures on **"Authorization to Release Information"** if appropriate.
- ☐ **Next, the Section 504 Site Coordinator schedules the evaluation.**
  - The Section 504 Team reviews all current evaluation information; decides what other information (if any) is needed to determine:
    - (a) The nature of the student's disability and**
    - (b) If there is a substantial limitation or restriction due to the disability.**
  - The Section 504 Site Coordinator lists what each team member will be doing for the assessment (i.e., record review; observation; talking with parents, etc.) on **Notice of Section 504 Evaluation (Form 504-3)**.
- ☐ If the Section 504 Team **denies the request for evaluation**, the Section 504 Site Coordinator will provide parent(s)/ guardian(s) a written denial of their request for an Individualized Section 504 Evaluation using the Review of Referral for Section 504 Evaluations (Form 504-2); and the Notice of Parent and Student Rights (Form 504-1b).
  - If parent(s)/guardian(s) disagree with the Section 504 Team's decision, they may file a grievance using the **Section 504 Grievance Form (Form 504-9)**.
  - If a request for the Individualized Section 504 Evaluation is denied, the team can decide to provide a General Education Intervention Plan.
- ☐ If the team **agrees to the request**, the Section 504 Site Coordinator schedules the Section 504 Team Meeting and provides parents with **two copies** of the Notice of **Section 504 Team Meeting (Form 504-4)**, and notifies school staff. One copy is **returned signed by parent(s)/guardian(s) to Section 504 Site Coordinator; other copy is retained by parent.**
- ☐ At Section 504 Initial Team Meeting, the team determines eligibility and completes the **Individualized Section 504 Plan (Forms 504-6 a) with parent(s)/guardian(s)**.
  - Assessment team members complete their reports and determine Section 504 eligibility
  - Copies of paperwork go to all serving teachers; Section 504 folder; parent(s)/guardian
  - Confidential reports go in the Nurse's Health Record
- ☐ Review student's Individualized Section 504 Plan at least annually; complete reevaluation every three years. Section 504 Site Coordinator requests teachers to prepare written input (**Form 504-1a**) for the meeting. At the Section 504 review meeting, the team compiles the final version of the **Individualized Section 504 Plan (Form 504-6b)** and provides **Notice of Parent and Student Rights (form 504-1b)**.
- ☐ Prior to consideration of expulsion or change of placement due to discipline of a Section 504 eligible student, the team must provide parent(s)/guardian(s) with the **Notice of Parent and Student Rights (Form 504-1b); Section 504 Discipline/Manifestation Formal Letter (Form 504-8a)** update their evaluation; hold a Section 504 Manifestation Determination Meeting and complete a **Section 504 Manifestation Determination Individualized Plan Addendum (Form 504-8b)**.
- ☐ If a plan is no longer needed by the student, it must be officially terminated through review by the Section 504 Eligibility Team. Completing and attaching the one page **Section 504 Termination Form (Form 504-7)** to the front of the plan does this. Terminated plans are filed in the student's cumulative file.



## Notice of Referral for Section 504 Evaluations

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Referred By: \_\_\_\_\_ Date Referred: \_\_\_\_\_

What are your specific concerns about the student's performance?

Academic:

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Behavioral:

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What interventions have been tried to help the student? What were the results? *(Attach Student Study Team Notes)*

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What other problems, concerns, or observations would you like to share?

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Referral Received By: \_\_\_\_\_

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





# Notice of Parent and Student Rights Under Section 504 of the Rehabilitation Act of 1973 Americans with Disabilities Act



The Farmersville Unified 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. This document summarizes the procedural protections and rights you have as the parent of the student who may qualify for accommodations or services under Section 504 and the ADA. The purpose of this notice is to describe the rights granted by federal law to students with disabilities. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights and procedural safeguards.

Section 504 of the Rehabilitation Act of 1973 states: "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..."

**Title 29 united States Code § 794**

## INTRODUCTION

Section 504 of the 1973 Rehabilitation Act, along with the Americans with Disabilities Act (ADA), prohibits discrimination against persons with a disability in any program receiving federal financial assistance. Section 504 defines a person with a disability as anyone who . . . "The school district has the responsibility to provide accommodations and services to eligible individuals with disabilities." The district acknowledges its responsibility under Section 504 to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability shall knowingly be permitted in any program or practice in the school.

### *An eligible student under Section 504 is a student who:*

- Has a mental or physical impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, sleeping, standing, lifting, reading, concentrating, thinking, communicating, helping, eating, bending, or operation of a bodily function.

## PARENT RIGHTS

The following is a description of some student and parent rights under Section 504 (34 CFR,104.36) and other federal laws. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

- Have the right for your child to take part in, and receive benefits from public education programs without discrimination because of his or her disability.
- Receive written notice of the District's intent to identify, evaluate, and/or provide 504 interventions for your child.
- Participate in the 504 Team meeting where 504 eligibility and interventions for your child will be determined.
- Have the right for your child receive interventions or the use of supplementary services if he or she is found eligible under Section 504.
- Have evaluation, educational, and placement decisions made based upon a variety of information sources and by individuals who know the student, disability, evaluation data, and placement options. Review all relevant educational records regarding your child and obtain copies at reasonable cost.
- Have the right for an evaluation and educational decisions will be made based upon a variety of information sources, and by a team that is knowledgeable about the student, the evaluation data, and 504 intervention options.
- Have the right for assessments to be completed by qualified staff.
- Receive notice with respect to identification, evaluation, program, or placement of your child.
- Have your child receive a free appropriate public education. This includes the right to be educated with other students to

the maximum extent appropriate. It also includes the right to have the school make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.

- Have your child educated in facilities and receive services comparable to those provided for students without disabilities.
- Have the right for periodic reviews of the Individualized 504 plan and reevaluation before any significant changes are made in the educational setting or towards the interventions.
- Use the local complaint procedure\* to file a grievance.
- Request an impartial hearing.

***\* If you disagree with actions regarding your child's identification, evaluation, or educational interventions, with opportunity for parental participation in the hearing and representation by an attorney.***

## CHILDREN'S RIGHTS

- Receives a Free and Appropriate Public Education (FAPE);which includes the right to be educated with students without disabilities to the maximum extent appropriate.
- Have the right for an equal opportunity to participate in nonacademic and extra-curricular activities offered by the school for which he or she is otherwise qualified.
- Have the right for privacy and confidentiality of all personal records.





# Notice of Parent and Student Rights Under Section 504 of the Rehabilitation Act of 1973 Americans with Disabilities Act (continued)



## **Individuals with Disabilities Education Act (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). This document does not address these students or their parents. 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.

## **Free and Appropriate Public Education (FAPE)**

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 FAPE. This means that your child's education will be designed to meet his/ her individual educational needs; as adequately as the needs of nondisabled 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 nondisabled students. However, insurance companies and other third parties that are obligated to provide or pay for services 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 services 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 nondisabled students.

If an evaluation is conducted, the school will insure 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 intellectual ability scores; and
- Tests are selected and administered to best ensure that they accurately measure what the assessment 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 current school of placement of the student will periodically reevaluate your child as appropriate.

## **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 at least three 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 (LRE).

## **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 nondisabled 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 serve 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. 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 at (559)592-2010 ext 1117.

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 a 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 United State Office for Civil Rights. The office is part of the U.S. Department of Education. The regional office is located at 400 Maryland Avenue, SW, Washington, D.C. 20202-1100.

# A Parent's Guide to Section 504

## Rehabilitation Act of 1973 Americans with Disabilities Act

A Parent Guide to Section 504 is designed to give parents a short overview of Section 504 of the Rehabilitation Act of 1973 as it pertains to Farmersville Unified School District. Frequently asked questions and an overview of our program are in this handbook

### ***What is Section 504?***

Section 504 of the Rehabilitation Act of 1973 states: "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..."

Title 29 United States Code § 794

### ***Who is protected?***

**An eligible student under Section 504 is a student who:**

Has a mental or physical impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, sleeping, standing, lifting, reading, concentrating, thinking, communicating, helping, eating, bending, or operation of a bodily function.

### ***Accommodations or Modifications?***

There is no modification of the essential elements for Section 504 students. Section 504 is not about reducing expectations for disabled students, but providing the types of accommodations that will compensate for their disabilities so that Section 504 students have an equal chance to compete in the classroom.

### ***Section 504 students and drugs***

The Office of Civil Rights has determined that if a student is currently using illegal drugs or alcohol, and is to be disciplined by the school for use or possession, the student loses the procedural protections provided by Section 504.

### ***What are my rights as a Parent under Section 504?***

As a parent or guardian, you have the right to:

1. Receive notice regarding the identification, evaluation, and/or placement of your child;
2. Examine relevant records pertaining to your child;
3. Request an impartial hearing with respect to the district's actions regarding the identification, evaluation, or placement of your child, with an opportunity for the parent/guardian to participate in the hearing, to have representation by an attorney, and have a review procedure;
4. File a complaint with your school district Section 504 Coordinator, who will investigate the allegations regarding Section 504 matters other than your child's identification, evaluation, and placement.
5. File a complaint with the appropriate regional Office for Civil Rights. For additional information, contact:

Office for Civil Rights  
U.S. Department of Education Washington, D.C., 20202-1100  
800-421-3481  
[www.ed.gov/ocr](http://www.ed.gov/ocr) Email: [ocr@ed.gov](mailto:ocr@ed.gov)

### ***What types of accommodations will my child receive if determined eligible under Section 504?***

Each child's needs are determined individually. Determination of what is appropriate for each child is based on the nature of the disabling condition and what that child needs in order to have an equal opportunity to compete when compared to the non-disabled. There is no guarantee of A's or B's or even that the student will not fail. Students are still expected to produce. The ultimate goal of education for all students, with or without disabilities, is to give students the knowledge and compensating skills they will need to be able to function in life after graduation.

### ***What criteria are used to determine Section 504 eligibility?***

Section 504 students are entitled to a free appropriate public education (FAPE). And appropriate education for a Section 504 disabled student may require the provision of specific accommodations and related services in order to meet the needs of the student. Section 504 focuses on insuring a level of access to educational services and the learning process for qualified disabled students that is equal to that given non-disabled students.

Students eligible for Section 504 services must meet three criteria. The three criteria are 1) A mental or physical impairment (or history of an impairment or regarded by a recipient of federal funding as having such an impairment), 2) which substantially limits, 3) one or more major life activities. All three criteria must be present for a student to be eligible for a Section 504 plan.

#### ***Mental or physical impairment:***

This includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems. Additionally, this can include any mental or psychological disorder. This criterion does not limit eligibility to specific diseases or categories of medical conditions. The law was intentionally written this way to avoid limiting the range of diseases or medical conditions that might be considered for Section 504 eligibility.

#### ***Substantially limits:***

Section 504 does not specifically define the term "substantially limits". The basis for evaluating this criterion is the impact a disability has on one or more of a student's major life activities. For a student to qualify for Section 504 the impairment must impose "considerable" or "to a large degree" a limitation to one or more major life activities. The eligibility team will consider the nature and severity of the disability as well as how long the disability is expected to last. Simply having a condition or disability does not automatically qualify a student for Section 504 protection. The condition must present a barrier to the students' ability to access the same educational opportunities as a non-disabled student. Mitigating factors may also be considered on a case by case basis.

#### ***Major life activities:***

Major life activities include, but are not limited to, caring for one's self, performing manual tasks, walking, hearing, seeing, speaking, breathing, learning, and working.

### ***What is the process to decide if a student is eligible for a Section 504 plan?***

A Student Study Team (SST) or similar group will convene with information regarding the student. The members of the SST will review the information to determine the nature of the student's need. If based on this preliminary review, the SST determines that the student is eligible for a Section 504 plan, the group will reconvene to create an individualized 504 plan for the student.

A second method for eligibility is for a student that is exiting Special Education services. A recommendation from the school psychologist for a student exiting special education needs to be sent to the 504 Coordinator. The information will be reviewed at an IEP meeting, and a plan will be developed.

Information for this handbook taken from the following websites and Attorney at Laws:

[www.kidsource.com/kidsource/content3/ada.idea.html](http://www.kidsource.com/kidsource/content3/ada.idea.html)  
[www.schwablearning.org/articles.asp?r=777](http://www.schwablearning.org/articles.asp?r=777)  
[www.504idea.org](http://www.504idea.org)

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**Fresno, CA**

David M. Richards, Attorney at Law  
Jefferson County Public Schools, Golden, Colorado



## Review of Referral for Section 504 Evaluations

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

Dear: \_\_\_\_\_  
*Parent/Guardian*

On : \_\_\_\_\_ the Section 504 Team met to consider the referral of your child,  
*School Name*

\_\_\_\_\_ for an Individualized Section 504 Evaluation. Based upon a review of your child's existing records,  
*Student Name*  
including academic, social, and behavioral records, the Section 504 Team has made the decision that an Individualized Section 504 Evaluation is not appropriate; due to no indicated disability; which substantially limits one or more major life activities. Therefore, the Section 504 Team will not be completing an evaluation at this time.

If you disagree with our determination, I would be happy to meet with you to discuss your concerns. It is possible that a Student Study Team intervention plan can be developed, with your participation, and implemented by the teacher(s) in your child's classroom or classes.

If you have any questions or would like to schedule a meeting, please do not hesitate to contact me at (Contact Phone). If we are unable to address your concerns, you then have the right to use the District's Complaint Procedure to file a grievance or request an impartial hearing within thirty (30) days of this decision. Please contact the Farmersville Unified School District (559.592.2010), for further information and assistance.

*Sincerely,*

*Section 504 Site Coordinator*



## Notice of Section 504 Evaluations Parent Consent

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Members of our Section 504 Team would like to complete an Individualized Section 504 evaluation to determine whether or not your child is eligible to receive accommodations under the Section 504 of the Rehabilitation Act of 1973 Americans with Disabilities Act. The results of the evaluation will be used to determine how to best meet your child's educational needs in his or her classroom.

School staff may be involved in observations, interviews, administration of behavior checklists, review of cumulative records, work samples, and/or other data collection. When indicated, the school nurse will complete a review of medical records and update the student's health history.

Method(s) of Data Collection:	Team Member/Title:

If you agree to have your child evaluated as indicated above, Please Sign and Return this Form. The results of the evaluation will be shared with you at the Section 504 Team Meeting and a notice of this meeting will be sent to you. If you have any questions about this evaluation, please call:

Section 504 Site Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

☐ I give permission for the proposed Initial Section 504 Evaluation to be completed.

☐ I do not give permission for the proposed Initial Section 504 Evaluation to be completed.

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

\_\_\_\_\_  
*Date*





## Notice of Section 504 Team Meeting

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Date:

Dear: \_\_\_\_\_  
Name of Parent / Guardian

The \_\_\_\_\_ Section 504 Team requests your attendance at a meeting to:  
Name of School

- ☐ Determine Eligibility for Section 504 Plan (Initial)
- ☐ Review of Individualized Section 504 Plan (Annual)
- ☐ Review Individualized Section 504 Evaluation results
- ☐ Other: \_\_\_\_\_

### The Section 504 meeting is scheduled for:

**Student:**

**Date:**

**Time:**

**Location:**

This process encourages parents and school staff, working as a team, to combine their knowledge of the student and their expertise to assist the student in his/her education program. You are a vital part of this process. Please sign and return the section below to your child's classroom teacher as soon as possible. If you have any questions, please call me at:

\_\_\_\_\_  
Contact Number

*Sincerely,*

**Section 504 Site Coordinator**

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- ☐ Yes, I will be able to attend the Section 504 team meeting.
- ☐ NO, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me. I understand the Section 504 and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.
- ☐ I do not plan to attend the meeting, but I am available by teleconference.
- ☐ NO, I cannot attend, but I will send \_\_\_\_\_ as my representative to speak for me. I understand the Section 504 and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.
- ☐ I request a different time and/or place. Please call me at \_\_\_\_\_

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

\_\_\_\_\_  
Date



## Section 504 Parent Interview

Student:		Parent/Guardian:	
Student ID:		Contact Phone:	
Date of Birth:		Date of Interview:	
General Education Teacher:		Name of Interviewer:	
School:		Use of an Interpreter:	
Grade:		Name of Interpreter:	

Do you have legal authority to make educational decisions for this child?

With whom does the student live with?

Child's interest(s) and strengths

Describe your child's behavior at home

Have there been any significant changes within the family during the last three years?

Do you feel your child is experiencing difficulties at school?

☐ Yes

☐ No

If so, please explain.

What do you think is causing the issue(s)?

Estimated time you child go to bed

Please indicate your child's breakfast habits

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

What is your child's reaction to the discipline?

Has your child mentioned any problematic behaviors related to school?

☐ Yes

☐ No

If so, how does he or she feel about the issue(s)?

### MENTAL HEALTH/ HEALTH HISTORY

Please indicate and describe any serious illnesses, accidents, or hospitalizations

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

☐ Yes

☐ No

Is your child receiving any services from other outside agencies?

☐ Yes

☐ No

Is your child currently taking any medications?

☐ Yes

☐ No

If so, please provide the name(s) and dosage(s)

Are there any known side effects from the medication(s)?

☐ Yes

☐ No

Please provide any other relevant information.





## Initial Individualized Section Plan

Student:		Date of Birth:		School/Grade:	
Home Address:		City:		State/Zip Code:	
Parent/Guardian:		Parent/Guardian:		Contact Phone:	
Primary Language:		Use of an Interpreter:		Name of Interpreter:	
Meeting Date:		School/Grade:		Next Scheduled Review Date:	

### INITIAL INDIVIDUALIZED SECTION 504 PLAN:

☐ **Not eligible for Section 504 services based upon the following evaluation results/rationale.**

- ☐ The student does not exhibit a 504 disability.
- ☐ The student does not exhibit substantial limitations in any major life activities.

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☐ **The student is eligible for an Individualized Section 504 Plan**

### INDICATED DISABILITIE(S):

Primary:

Secondary:

### MAJOR LIFE ACTIVITY

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### THE SEVERITY OF IMPAIRMENT

Describe how the students' degree of impairment substantially limits and affects a major life activity in the involvement and progress in the general education setting.

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### CONSIDERATIONS OF IMPAIRMENT(S)

☐ Physical Impairment      ☐ Mental Impairment

The impairment is currently:

☐ Active      ☐ Episodic      ☐ In Remission



# Considerations of Major Life Activity Severity 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. If the Team determines that the impairment limits the student to a MILD or MODERATE degree, then the student should not be identified as an individual with a disability under Section 504 and the ADA. However, the Team may proceed to consider non-disability related accommodations or services that would be helpful to the student; if appropriate.

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. The Team will disregard:

- Medications
- Reasonable accommodations
- Medical equipment/supplies
- Learned adaptations
- Hearing Aids
- Behavioral modifications
- The effect of ordinary eyeglasses/contact lenses
- Auxiliary Aids/services

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

## MAJOR LIFE ACTIVITY

What is the MAJOR LIFE ACTIVITY that may be impaired?

<input type="checkbox"/> Caring for self	<input type="checkbox"/> Learning
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Eating
<input type="checkbox"/> Walking	<input type="checkbox"/> Lifting
<input type="checkbox"/> Seeing	<input type="checkbox"/> Working
<input type="checkbox"/> Communicating	<input type="checkbox"/> Reading
<input type="checkbox"/> Standing	<input type="checkbox"/> Concentrating
<input type="checkbox"/> Hearing	<input type="checkbox"/> Thinking
<input type="checkbox"/> Speaking	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Breathing	<input type="checkbox"/> Bending
<input type="checkbox"/> Not Otherwise Specific (Be Specific)	

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What is the nature of the impairment of the MAJOR LIFE ACTIVITY

## THE SEVERITY OF IMPAIRMENT

Describe how the student's degree of impairment substantially limits and affects the major life activity and the involvement and progress in the general education setting.



## Identification Considerations of Accommodations Interventions & Supports

- ☐ The Team has determined that the student has been identified as an individual with a disability under Section 504/ ADA; due to the existence of a physical or mental impairment; which substantially limits the student's performance in a major life activity. The impairment is currently:
- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Active and presently       | <input type="checkbox"/> Requires | <input type="checkbox"/> Does not require accommodations/services in the school setting |
| <input type="checkbox"/> Episodic and presently     | <input type="checkbox"/> Requires | <input type="checkbox"/> Does not require accommodations/services in the school setting |
| <input type="checkbox"/> In Remission and presently | <input type="checkbox"/> Requires | <input type="checkbox"/> Does not require accommodations/services in the school setting |
- ☐ The student's disability does not presently impair the student's performance of a major life activity in a way that requires any accommodations or services at this time. However, the Team will reconsider the need for an individualized plan 1) At an annual meeting of the 504 Team and/or 2) At any other time upon parent/guardian request.
- ☐ 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.
- ☐ 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.
- ☐ 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 (IDEA). If it is determined that the student is eligible under IDEA, the school will provide a Free Appropriate Public Education (FAPE) pursuant to an Individualized Education Plan (IEP) for the student. If the student is not eligible for services under IDEA, the 504 Team will reconvene and resume consideration of the student.

### INTERVENTIONS AND SUPPORTS

#### Discipline

- ☐ The student's disability does not interfere with their ability to comply and/or understand school rules; therefore, the student will be accountable for following school site procedures and rules.
- ☐ The student's disability does interfere with their ability to comply and/or understand school site procedures and rules; therefore, a Behavior Support Plan (BSP) is recommended.

#### Health

- ☐ The student's health does not warrant any concerns at this time.
- ☐ The student's health does warrant a Health Plan to address their medical concerns.
- ☐ The student's health does warrant accommodations and/or modifications in the school setting.

### ACCOMMODATIONS & SERVICES

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Indicated Disability:** \_\_\_\_\_

(At the high school level, counselors provide a record review to include overall credits, academic strengths/deficiencies, behavioral concerns, etc.)

Accommodations still require a student earn a regular grade  
Modifications fundamentally alter the curriculum or assignments; Modified grade

There are NO MODIFICATIONS of the essential elements for Section 504 students. Section 504 is not about reducing expectations for disabled students, but providing the types of accommodations that will compensate for their disabilities so that Section 504 students have an equal chance to compete in the classroom.

Area(s) of Need	Action, Strategies, Accommodations	Person(s): Responsible	By When?	Comments

#### Section 504 Team Comments

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# Initial Individualized Section 504 Review of Identification Parent Consent

## TEAM ACTION

☐ Student does have a disability pursuant to Section 504

**INDICATED DISABILITY(ES):**

☐ Student does not have a disability pursuant to Section 504 because:

☐ Student does not exhibit a Section 504 disability

☐ Student does not exhibit substantial limitations in any major life activities

## TEAM RECOMMENDATIONS

☐ Section 504 Eligible

☐ Section 504 Interventions in the regular program (see attached plan)

☐ Refer for Special Education assessment

☐ Student found Not Eligible for Section 504 services

☐ Other \_\_\_\_\_

## PARENT CONSENT

☐ I agree to all parts of the Individualized Section 504 Plan recommendations

☐ I agree with the Individualized Section 504 Plan recommendations; with the exception of

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

☐ I decline the offer of initiation of the Individualized Section 504 Plan recommendations

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

☐ I have received a copy of the Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

☐ I have received a copy of the Individualized Section 504 Plan

## SECTION 504 TEAM SIGNATURES

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

\_\_\_\_\_  
**Student** **Date**

\_\_\_\_\_  
**General Education Teacher** **Date**

\_\_\_\_\_  
**Administrative Designee** **Date**

\_\_\_\_\_  
**Additional Participants** **Date**

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

\_\_\_\_\_  
**Section 504 District Coordinator** **Date**

\_\_\_\_\_  
**Section 504 Site Coordinator** **Date**

\_\_\_\_\_  
**Additional Participants** **Date**

\_\_\_\_\_  
**Additional Participants** **Date**



## Annual Individualized Section Plan

Student:		Date of Birth:		School/Grade:	
Home Address:		City:		State/Zip Code:	
Parent/Guardian:		Parent/Guardian:		Contact Phone:	
Primary Language:		Use of an Interpreter:		Name of Interpreter:	
Meeting Date:		School/Grade:		Next Scheduled Review Date:	

### ANNUAL INDIVIDUALIZED SECTION 504 PLAN:

☐ **Not eligible for Section 504 services based upon the following evaluation results/rationale.**

- ☐ The student does not exhibit a 504 disability.
- ☐ The student does not exhibit substantial limitations in any major life activities.

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☐ **The student is eligible for an Individualized Section 504 Plan**

### INDICATED DISABILITIE(S):

Primary:

Secondary:

### MAJOR LIFE ACTIVITY

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### THE SEVERITY OF IMPAIRMENT

Describe how the students' degree of impairment substantially limits and affects a major life activity in the involvement and progress in the general education setting.

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### CONSIDERATIONS OF IMPAIRMENT(S)

☐ Physical Impairment      ☐ Mental Impairment

The impairment is currently:

☐ Active      ☐ Episodic      ☐ In Remission



# Considerations of Major Life Activity Severity 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. If the Team determines that the impairment limits the student to a MILD or MODERATE degree, then the student should not be identified as an individual with a disability under Section 504 and the ADA. However, the Team may proceed to consider non-disability related accommodations or services that would be helpful to the student; if appropriate.

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. The Team will disregard:

- Medications
- Learned adaptations
- The effect of ordinary eyeglasses/contact lenses
- Reasonable accommodations
- Hearing Aids
- Auxiliary Aids/services
- Medical equipment/supplies
- Behavioral modifications

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

## MAJOR LIFE ACTIVITY

What is the MAJOR LIFE ACTIVITY that may be impaired?

<input type="checkbox"/> Caring for self	<input type="checkbox"/> Learning
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Eating
<input type="checkbox"/> Walking	<input type="checkbox"/> Lifting
<input type="checkbox"/> Seeing	<input type="checkbox"/> Working
<input type="checkbox"/> Communicating	<input type="checkbox"/> Reading
<input type="checkbox"/> Standing	<input type="checkbox"/> Concentrating
<input type="checkbox"/> Hearing	<input type="checkbox"/> Thinking
<input type="checkbox"/> Speaking	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Breathing	<input type="checkbox"/> Bending
<input type="checkbox"/> Not Otherwise Specific (Be Specific)	

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What is the nature of the impairment of the MAJOR LIFE ACTIVITY

## THE SEVERITY OF IMPAIRMENT

Describe how the student's degree of impairment substantially limits and affects the major life activity and the involvement and progress in the general education setting.



## Identification Considerations of Accommodations Interventions & Supports

- ☐ The Team has determined that the student has been identified as an individual with a disability under Section 504/ ADA; due to the existence of a physical or mental impairment; which substantially limits the student's performance in a major life activity. The impairment is currently:
- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Active and presently       | <input type="checkbox"/> Requires | <input type="checkbox"/> Does not require accommodations/services in the school setting |
| <input type="checkbox"/> Episodic and presently     | <input type="checkbox"/> Requires | <input type="checkbox"/> Does not require accommodations/services in the school setting |
| <input type="checkbox"/> In Remission and presently | <input type="checkbox"/> Requires | <input type="checkbox"/> Does not require accommodations/services in the school setting |
- ☐ The student's disability does not presently impair the student's performance of a major life activity in a way that requires any accommodations or services at this time. However, the Team will reconsider the need for an individualized plan 1) At an annual meeting of the 504 Team and/or 2) At any other time upon parent/guardian request.
- ☐ 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.
- ☐ 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.
- ☐ 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 (IDEA). If it is determined that the student is eligible under IDEA, the school will provide a Free Appropriate Public Education (FAPE) pursuant to an Individualized Education Plan (IEP) for the student. If the student is not eligible for services under IDEA, the 504 Team will reconvene and resume consideration of the student.

### INTERVENTIONS AND SUPPORTS

#### Discipline

- ☐ The student's disability does not interfere with their ability to comply and/or understand school rules; therefore, the student will be accountable for following school site procedures and rules.
- ☐ The student's disability does interfere with their ability to comply and/or understand school site procedures and rules; therefore, a Behavior Support Plan (BSP) is recommended.

#### Health

- ☐ The student's health does not warrant any concerns at this time.
- ☐ The student's health does warrant a Health Plan to address their medical concerns.
- ☐ The student's health does warrant accommodations and/or modifications in the school setting.

### ACCOMMODATIONS & SERVICES

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Indicated Disability:** \_\_\_\_\_

(At the high school level, counselors provide a record review to include overall credits, academic strengths/deficiencies, behavioral concerns, etc.)

Accommodations still require a student earn a regular grade  
Modifications fundamentally alter the curriculum or assignments; Modified grade

There are NO MODIFICATIONS of the essential elements for Section 504 students. Section 504 is not about reducing expectations for disabled students, but providing the types of accommodations that will compensate for their disabilities so that Section 504 students have an equal chance to compete in the classroom.

Area(s) of Need	Action, Strategies, Accommodations	Person(s): Responsible	By When?	Comments

#### Section 504 Team Comments

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# Annual Individualized Section 504 Review of Identification Parent Consent

## TEAM ACTION

☐ Student does have a disability pursuant to Section 504

**INDICATED DISABILITY(ES):**

☐ Student does not have a disability pursuant to Section 504 because:

☐ Student does not exhibit a Section 504 disability

☐ Student does not exhibit substantial limitations in any major life activities

## TEAM RECOMMENDATIONS

☐ Section 504 Eligible

☐ Section 504 Interventions in the regular program (see attached plan)

☐ Refer for Special Education assessment

☐ Student found Not Eligible for Section 504 services

☐ Other \_\_\_\_\_

## PARENT CONSENT

☐ I agree to all parts of the Individualized Section 504 Plan recommendations

☐ I agree with the Individualized Section 504 Plan recommendations; with the exception of

\_\_\_\_\_

☐ I decline the offer of initiation of the Individualized Section 504 Plan recommendations

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

\_\_\_\_\_  
*Date*

☐ I have received a copy of the Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

☐ I have received a copy of the Individualized Section 504 Plan

## SECTION 504 TEAM SIGNATURES

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Education Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Participants

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section 504 District Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section 504 Site Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Participants

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Participants

\_\_\_\_\_  
Date





## Section 504 Plan Termination Form

Student:		Student ID:		Date of Birth:	
Address:		City / State:		Zip Code:	
Parent/Guardian:		Home Phone:		Work Phone:	
504 Site Coordinator:		Referred By:		Date:	

In the space below, briefly describe the reason for terminating (Student Name) Individualized Section 504 Plan; referencing the qualifying criteria listed below:

- A physical or mental impairment (has a history of having a physical or mental impairment) that substantially limits one or more major life activities

The Section 504 Team has determined that the Individualized Section 504 Plan and the Section 504 Accommodation Plan currently in place for \_\_\_\_\_, is no longer needed.

***(I understand that, if I disagree with the content of this termination form, I have the right to ask for a Section 504 Review Meeting by filing a written request with the Section 504 site coordinator.)***

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

\_\_\_\_\_  
Date

### SECTION 504 TEAM SIGNATURES

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Education Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Participants

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section 504 District Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section 504 Site Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Participants

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Participants

\_\_\_\_\_  
Date



## Section 504 Discipline Manifestation Determination Formal Letter

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Date:

Dear: \_\_\_\_\_  
*Name of Parent / Guardian*

This is to inform you that your child has allegedly committed an offense which may lead to a recommendation for expulsion. The reason for this action is that he/she was allegedly in violation of Section ( \_\_\_\_\_ ) of the California Education Code, which means that he/she is ( \_\_\_\_\_ ).  
*California Code*  
*Conduct Violation Description*

Recommendation to proceed with expulsion from the Farmersville Unified School District may follow the Section 504 Manifestation Determination Team Meeting. The Section 504 Team will notify you of the meeting.

If the Section 504 Team determines that a recommendation for expulsion may be considered, it will be necessary for you and your son/daughter to have a conference with the Superintendent at the Farmersville Unified District Office.

As a result of his/her actions, your child has been suspended from our school site for ( \_\_\_\_\_ ) days.  
*Number of Days*

During the time of this suspension, the following conditions are in effect:

1. Your son/daughter is not to be on or around any school campus in the Farmersville Unified School District, nor is he/she to attend any school functions on or off campus.
2. Your son/daughter should be under adult supervision at all times pending an official determination of his/her status.
3. You have the right to inspect school records of your son/daughter and to request removal of objectionable information, or to include a written statement or response to objectionable information.

If the date/time is not convenient, please call the Farmersville Unified District Office at (559) 592-2010 to request a more convenient time for the conference. If the Section 504 Team determines at the Section 504 Manifestation Determination meeting that consideration for expulsion will not occur, this appointment may be cancelled.

*Sincerely,*

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**Section 504 Site Coordinator**



## Section 504 Discipline Manifestation Determination Individualized Plan Addendum

Student:	Meeting Date:	Name of Interpreter:
Address:	Date of Birth:	Administrative Designee:
Parent/Guardian:	Parent/Guardian:	Section 504 Coordinator:
Language:	City / State:	Work Phone:
School:	Zip Code:	Home Phone:
Grade:	Use of interpreter:	Date of Last Individualized 504 Plan:

### Reason for Individualized Section 504 Discipline Manifestation Determination Addendum Meeting:

Was an Individualized Section 504 Plan in place?

☐ Yes ☐ No

Was a Behavior Support Plan implemented as described in the Section 504 Plan?

☐ Yes ☐ No

Was a Behavior Support Plan implemented as described in the Section 504 Plan?

☐ Yes ☐ No

Summary of Student's Disability:

Was the conduct in question caused by a direct and/or substantial relationship to the student's identified disability?

☐ Yes ☐ No

Please explain, in detail, as to whether the conduct in question was caused by a direct and/or substantial relationship to the students' identified disability.

Was the conduct in question a Manifestation of the student's disability?

☐ Yes ☐ No

Please explain, in detail, as to whether the conduct in question was a Manifestation of the students' identified disability.

I, the Parent/ Guardian, have received a copy of the Notice of Section 504 Parent and Student Rights.

\_\_\_\_\_  
Initials

### SECTION 504 MANIFESTATION DETERMINATION TEAM SIGNATURES

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

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
General Education Teacher Date

\_\_\_\_\_  
Administrative Designee Date

\_\_\_\_\_  
Additional Participants Date

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

\_\_\_\_\_  
Section 504 District Coordinator Date

\_\_\_\_\_  
Section 504 Site Coordinator Date

\_\_\_\_\_  
Additional Participants Date

\_\_\_\_\_  
Additional Participants Date



## Section 504 Grievance Form

Student:

Student ID:

Address:

Date of Birth:

Parent/Guardian:

Parent/Guardian:

School:

Contact Phone:

Grade:

General Education Teacher:

Please provide a Summary of Grievance-What is the problem? What are the facts?

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How can the problem be solved?

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Whom have you spoken to or met with at the school to address this situation? What was the result of this contact?

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Please describe any corrective action you wish to see taken with regards to this grievance.

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*Please attach any additional information/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 of Civil Rights (OCR) without going through the district's grievance procedures.*

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

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

\_\_\_\_\_  
Section 504 District Coordinator                      Date

\_\_\_\_\_  
Grievance Form Received By:

\_\_\_\_\_  
Date