

Newton Community School District

Section



504

Handbook

*The Newton Community School District will do whatever it takes to
ensure all students learn to think, innovate, and succeed.*

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Introduction and Purpose

Section 504 of the Rehabilitation Act of 1973 directs schools receiving federal funding to eliminate discrimination, based on disability, from all aspects of school operation. It states:

“No otherwise qualified individual with a disability shall solely rely 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.”

As a recipient of federal funds, the Newton Community School District provides students meeting Section 504 eligibility equal access (both physical and academic) to services, program, and activities as those offered to the general population as referenced in School Board Policy 602.1:

Each student of this school district will have equal educational opportunities regardless of race, color, creed, gender, national origin, marital status, religion, age gender identity, sexual orientations, socioeconomic status or disability.

Further, no student shall, on the basis of gender, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any educational program or activity conducted by the district.

The Board of Directors will designate an individual to serve as the school system’s Title IX compliance officer, and will publicize the name, office address, and business telephone number of the designee. Inquiries about the enforcement of this nondiscrimination policy can be directed to the compliance officer, or to the Director of the Office of Civil Rights, Washington, D.C.

Date of Adoption: 08/14/1989

Revised: 11/22/2010

Section 504 is a civil rights and not an education statute. Therefore, it is the responsibility of general education staff and administration to implement practices and procedures necessary for a school to fulfill the requirements of Section 504 of the Rehabilitation Act of 1973. It is also important to understand that the Newton Community School District receives no additional funding to implement Section 504 accommodations. At each school, the responsibility for insuring Section 504 compliance rests with the school principal. Please note that when working with students with a disability, Section 504 and the ADA (Americans with Disabilities Act) are related. Schools primarily utilize Section 504, however

Section 504 regulations require recipients of federal financial assistance to provide a free appropriate public education (FAPE) to each qualified person with who lives within district boundaries. This education must be designed to meet the individual needs of the person with disabilities as adequately as the needs of non-disabled persons are met.

Typical General Education Accommodations

Many forms of accommodations occur within general education classrooms to ensure student learning needs are met. These typical accommodations are good instructional strategies and are done without the necessity of a Section 504 Accommodation Plan.

- Provide alternative books with similar concepts, but at an easier reading level
- Provide audiotapes of textbooks and have the student follow the text while listening
- Provide interesting reading material at or slightly above the student’s comfortable reading level
- Use a peer helper
- Ask student to repeat/paraphrase context to check understanding
- Use index cards to record major themes

- Provide the student with a list of discussion questions before reading the material
- Keep workspaces clear of unrelated materials
- Provide a structured learning environment
- Reduce visual distractions in the classroom (mobiles, etc.)
- Provide a computer for written work
- Seat the student close to the teacher or a positive role model
- Seat the student away from windows or doorways
- Provide an unobstructed view of the chalkboard

The determination of eligibility for Section 504 accommodations is a responsibility of the Newton Community School District.

IDEA, Section 504 and Individual Health Plan

There are fundamental differences between an Individual Health Plan, Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA). The purpose of IDEA is to formulate procedurally sound individualized educational programs. Section 504 is an anti-discrimination law designed to provide accommodations necessary for the educational needs of a student with a disability to be met as adequately as the needs of non-disabled peers. Section 504 falls under management responsibility of the general education program. No state or federal funding is provided to assist in complying with Section 504. All costs are the obligation of the local school. Under the IDEA, the focus is on specialized instruction. Under Section 504, schools must provide equal educational opportunity to students with disabilities by accommodating their disabilities.

A student with impairment who does not meet the standards for eligibility under the IDEA may or may not fit within the Section 504 definition. Eligibility for services under Section 504 is not automatically granted to a student who is referred for a special education evaluation and who is subsequently determined not to be eligible for service under IDEA. Students provided services under IDEA have equal protection under Section 504 through the Individual Education Program without the need for a separate Section 504 Plan. Further, a student who is exited from the IDEA is not automatically eligible for services under Section 504. A separate evaluation for Section 504 must be conducted but information obtained through special education evaluation or service delivery may be used to add data to the Section 504 evaluation.

The Individual Health Plan (IHP) is a written document detailing the required special health services for general and special education students. The IHP documents health needs that affect a student's daily function and impact education or the educational environment. Considered in the plan are the student's physical, social, emotional, cognitive, behavioral, and daily living skills needs. The IHP incorporates the steps of the nursing process: assessment, nursing diagnoses, outcome/goals, planning, implementation, and evaluation.

Eligibility Determination

A student must be determined, as a result of an evaluation, to have a "physical or mental impairment" that "substantially limits one or more major life activities and/or major bodily functions." U.S. Office of Civil Rights establishes the standard for substantial limitation of a student's ability to learn by inference, "by definition, a person who is succeeding in regular education does not have a disability which substantially limits the ability to learn." When examining whether the impact of a disability substantially limits a major life activity and/or major bodily function, the focus should be on the elements of that activity that are of central importance to the general population.

Eligibility for Section 504 accommodations is decided by evaluating and determining that all three criteria are met: 1) The student must have a mental or physical impairment; 2) That mental or physical impairments must be substantially limiting; and 3) The impairment must substantially or have the potential to substantially limit one or more major life activities and/or major bodily functions. If any of the three criteria is missing or if there is no impact on the student’s access to school programs or services because of the disability, the student is not eligible for services or accommodations under Section 504. The condition must present a barrier to the student’s ability to access the same educational opportunities as that afforded a non-disabled student, or a substantial limitation does not exist.

<i>Individual Health Plan</i>	<i>Section 504</i>	<i>IDEA</i>
Type and Purpose		
<ul style="list-style-type: none"> Iowa Law Provides health services for “desired” student outcomes 	<ul style="list-style-type: none"> A federal civil rights law to prohibit discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance. To provide health services, learning modifications or accommodations to students determined eligible. 	<ul style="list-style-type: none"> A federal education act to provide federal financial assistance to State and local education agencies to provide specially designed education programs including special education and related services to eligible children with disabilities based on individual specific educational needs.
Scope		
<ul style="list-style-type: none"> Deals with chronic health concerns of both general education and special education students Services provided through school nurse(s) and other appointed staff as necessary 	<ul style="list-style-type: none"> Any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment or (3) is regarded as having such an impairment. Examples of major life activities include but are not limited to walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks. Primary recipients of 504 are general education students with mental or physical disabilities not included in special education. Is a whole school process. 	<ul style="list-style-type: none"> Children ages 3-21 who are determined by a multidisciplinary team to be eligible within one or more of 13 specific disability categories and who need special education and related services.
Eligibility		
<ul style="list-style-type: none"> Criteria for eligibility is presence of its chronic nature Services are derived from a written Individual Health Plan 	<ul style="list-style-type: none"> Criteria for eligibility is the determination that the presence of disability has substantial impact on school success. Parental consent is required before evaluation. Section 504 requires that students be educated with their non-disabled peers to the maximum extent appropriate. A comprehensive evaluation is required. Eligible determination team evaluates the child, and parental consent is required before evaluation. The eligibility decision is made by a group of persons who know about the student, the evaluation data, and placement options; and that the placement decision serves the student in the least restrictive environment. 	<ul style="list-style-type: none"> A comprehensive evaluation is required. Eligible determination team evaluates the child, and parental consent is required before evaluation. The eligibility decision is made by a group of persons who know about the student, the evaluation data, and placement options; and that the placement decision serves the student in the least restrictive environment.
Protections and Procedural Safeguards		
<ul style="list-style-type: none"> Plans reviewed annually 	<ul style="list-style-type: none"> Plan reviewed annually Eligibility re-evaluated every three years Section 504 requires notice to parents only before a significant change in placement 	<ul style="list-style-type: none"> Individual Educational Program reviewed annually with a comprehensive re-evaluation conducted at least every three years IDEA requires written notice to parents regarding identification, evaluation, and/or placement. Further, written notice must be made prior to any change in placement. The Act delineates the required components of the written notices.
Funding		
<ul style="list-style-type: none"> Services provided through school nurse(s) 	<ul style="list-style-type: none"> State and local jurisdictions have responsibility. No special funds are 	<ul style="list-style-type: none"> IDEA provides federal funds under Parts B and C to assist states and local

	available. IDEA funds may not be used to serve children found eligible under Section 504.	education agencies in meeting IDEA requirements to serve infants, toddlers and youth with disabilities.
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Definitions

Major life activities means functions such as (but is not restricted to) caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major bodily functions includes (but is not limited to) reading, concentrating, thinking, sleeping, eating, lifting, bending, communicating, and the operation of a major bodily function such as the immune system, normal cell growth, digestive, bowel, and bladder functions.

Has a record of such an impairment means has a history of, or has been classified as having, a mental or physical impairment that substantially limits one or more major life activities and/or major bodily functions.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs or (b) any mental or psychological disorder, emotional or mental illness and specific learning disability.

Is regarded as having an impairment means (A) has a physical or mental impairment that does not substantially limit major life activities and/or major bodily functions but that is treated by a recipient as constituting such a limitation; (B) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or (C) has none of the impairments defined above but is treated by a recipient as having such an impairment.

Eligibility Review

A parent, guardian, teacher, counselor, related service providers, other school staff and administration, and/or community agencies can request a Section 504 eligibility review. Someone wanting to initiate a Section 504 eligibility review should contact the student's assigned school counselor to initiate the process.

Common misuses of the Section 504 Review Request and Eligibility Determination process include the following:

- A parent and/or doctor presents the school with a disability diagnosis and a Section 504 Accommodation Plan is written without first determining, through an evaluation, if the disability causes substantial limitation of a major life activity.
- A student is placed on a Section 504 Accommodation Plan solely because the parent wants the student to have additional time on examinations (e.g. Iowa Assessments, ACT, SAT).
- A student fails to qualify for special education support and is automatically signed up for a Section 504 Accommodation Plan without first qualifying based on Section 504 criteria.
- A student is automatically placed on a Section 504 Accommodation Plan when the student no longer qualifies for special education services without first qualifying them based on the three Section 504 criteria, which are different from special education criteria.
- A student is placed on a Section 504 Accommodation Plan as an alternative way to receive special education services because the parent refuses to "label" a student by including them in a special education program.

Eligibility Determination Team

In order to determine eligibility for Section 504 services, a team of individuals who are familiar with the student must collect pertinent information and the results must be shared at a team meeting in which parents or caregivers are invited.

A Section 504 Eligibility Determination Team includes core members with additional members flexibly determined based upon the nature of the disability and accommodations considered. Core team members include the school principal, the student's school counselor, classroom teacher(s), parents/family, and the student as developmentally appropriate. Other members included may be the Newton Community School District Section 504 Coordinator, Heartland AEA staff, school nurse, and other agency representation as appropriate.

Accommodations

If it is determined that a student has a disability and is eligible for services under Section 504, the school must develop and implement the delivery of all needed services and/or accommodations. Section 504 does not require a public school district to provide students with disabilities with potential maximizing education, only accommodations that give those students the same access to the benefit of a public education as all other students. A Section 504 Accommodation Plan does not guarantee success.

An accommodation is any technique that alters the academic setting or environment allowing a student with a disability to complete the same assignment or test as other students, but with a change in the timing, formatting, setting, scheduling, response and/or presentation. This accommodation does not alter in any significant way what the test or assignment measures. Examples of accommodations include a student who is blind taking a Braille version of a test or a student taking a test alone in a quiet room.

A modification, as used in this document, is an adjustment to an assignment or a test that changes the standard or what the test or assignment is supposed to measure. Examples of possible modifications include a student completing work on part of a standard assignment or a student completing an alternate assignment that is less rigorous than the standard assignment. Some intervention tools might be seen as either an accommodation or a modification depending on the situation or on the implementation enabling an individual student with disabilities to participate in the general education program.

Section 504 accommodations or modifications fall under the responsibility of general education and should not change the level, content, or performance criteria of the lesson, class, or activity and should not change the reliability and validity of any assessment.

Section 504 Accommodations

General program accommodations/adjustments or services are always made on a case-by-case basis and individualized. Accommodations are intended to provide persons with disabilities compensation for their functional limitation(s) due to a mental or physical impairment. Where Section 504 is concerned, accommodations are made to bring a student with a disability to the same starting points as a non-disabled student. Consequently, the accommodations defined in a Section 504 plan are those individualized accommodations that are not available to all students.

An appropriate education for a student eligible under Section 504 may consist of education in general classes with accommodations and programs designed to meet the student's unique needs.

Accommodations or modifications are changes made by the classroom teacher(s) and other school staff to help students access the educational program. A Section 504 Accommodation Plan must be written to outline services and accommodations required by an eligible student. The Office of Civil Rights does not recognize undocumented accommodations or modifications with or without a Section 504 Accommodation

Plan. Please note that a Section 504 Plan is written to provide access to NCSD. It does not provide access to other organizations or services (i.e. ACT testing will not honor extended time on testing from the school district's 504, but rather, a student must apply for accommodations and provide requested documentation).

Roles and Responsibilities

District Section 504 Coordinator (NCS D Director of Educational Services)

The District Section 504 Coordinator helps each school meet requirements under Section 504, provides resources, and helps educators and administrators understand their responsibilities under Section 504. The District Section 504 Coordinator also helps create an ongoing program to support problem-solving teams in accommodating student needs. The District Section 504 Coordinator also answers questions and addresses issues about Section 504 in the school setting.

The Newton Community School District Section 504 Coordinator has the following responsibilities:

- Facilitate 504 professional development for school administrators
- Inform educators and administrators regarding their Section 504 responsibilities
- Ensure the implementation of eligibility determination
- Ensure the documentation and accuracy of active Section 504 Accommodation Plans
- Monitor the implementation of Section 504 Accommodation Plans
- Ensure the publication of Section 504 information and forms
- Facilitate Iowa Department of Education Equity Review

School Administrator

The school administrator has the responsibility to ensure that all school staff adhere to Section 504 procedures.

- Facilitate Section 504 professional development for school staff
- Facilitate appropriate and inclusive 504 teams
- Ensure the integrity of Section 504 eligibility determination
- Complete and maintain Section 504 forms/plans (copies appropriately filed)
- Maintain school database of active Section 504 Accommodation Plans
- Provide a copy of active Section 504 plans to the District Section 504 Coordinator
- Monitor and assess Section 504 plan accommodations
- Ensure the annual review of active Section 504 plans with appropriate and inclusive 504 teams
- Communicate inactive Section 504 plans to the District Section 504 Coordinator

School Section 504 Coordinator (Student's School Counselor)

The Section 504 School Coordinator helps the school meet Section 504 requirements, coordinates resources, and documents and communicates necessary records as required in this plan. With other administrators and teachers, the Section 504 School Coordinator helps create an ongoing program to support problem-solving teams in accommodating student needs. The Section 504 School Coordinator has the further responsibility to serve as a core member of the School Section 504 Eligibility Determination Team. The Section 504 School Coordinator also answers questions and addresses issues about Section 504 in the school setting and monitors students who are eligible for Section 504 protections but not in need of a plan.

Classroom Teacher

Beyond those typical general education accommodations identified previously, teachers have the following responsibilities to ensure that accommodations are made for students eligible for Section 504 services.

- Assist in the eligibility determination process
- Implement identified Section 504 accommodations

- Provide evidence on the effectiveness of the Section 504 accommodations as needed
- Participate in the Section 504 Accommodation Plan annual review

School Nurse

The school nurse can be a member of a team who contributes to the identification and evaluation of students who may be eligible for services under Section 504. Through shared responsibility with other team members, the school nurse assists in the planning and implementation of individual accommodation plans as needed. Specialized areas of assessment and implementation may include the following:

- Assess student health status through communication with the parents and health care providers
- Consult with the classroom teacher and counselor on health issues related to the student
- Develop an Individual Health Plan to meet student specific health needs during a school day
- Monitor student health and progress
- Serve as the team liaison to private health service providers; and
- Maintain open communication with the family regarding the health status of the student

The school nurse also plays an important role in identifying health-related limitations on major life functions and interpreting the scope of health-related disabilities for administrators and parents.

Parents

Parents should be encouraged to share concerns with the school early. If a Section 504 meeting is held, parents are to be involved, helping to develop required accommodations and/or services. Parents should encourage their child to self advocate and to partner with school staff. Parents are encouraged to work with the school to resolve concerns. Current Office of Civil Rights (OCR) guidelines require that parents receive prior notice of a Section 504 Eligibility meeting. However, it is not necessary to secure parental consent in order to conduct an initial eligibility meeting. Parent permission is to be secured before initiating an evaluation to determine Section 504 eligibility.

Review

An Eligibility Determination Team review of active Section 504 Accommodation Plans should occur annually with more frequent reviews occurring as needed. While not required, it is advisable to invite parents to participate in the review process and to issue prior notice explaining the proposed action. Every three years, the student must be re-evaluated to determine if their disability still qualifies for services under Section 504.

Suspension and/or Expulsion

Should a student with an active Section 504 Plan commit a rule violation, it may be necessary to conduct a manifestation determination meeting. If the suspension or expulsion will be for more than 10 consecutive or cumulative school days, this constitutes a significant change in placement and requires schools to determine if the cause of the misconduct is the disability identified in the student's Section 504 Accommodation Plan. Those involved in a manifestation determination meeting need to be knowledgeable about the student and the meaning of the data being reviewed. When possible, convene those individuals who designed the student's Section 504 Accommodation Plan. When this is not possible, teachers, parents, health professionals, counselors, etc. can serve on the team that makes a manifestation determination provided they have knowledge of the student and the data being reviewed. Those responsible for school disciplinary procedures, such as the school principal or school board officials cannot make the determination. The purpose of this meeting is to determine whether the student's alleged

misconduct is a manifestation of the student's educational disability by following the Section 504 Manifest Determination Review protocol. It is not an opportunity to dispute the alleged misconduct or disciplinary action. Unlike special education, a district is not obligated to provide educational services to a student who is expelled and eligible for Section 504, unless they provide this service to nondisabled students.

If there is evidence that the student is a current drug or alcohol user, the 504 committee can skip the manifestation determination, and the student is subject to the regular disciplinary process that would take place in the case of a drug or alcohol offense by a nondisabled student. If the committee does not believe that the student is a current user, it must proceed to make the manifestation determination. OCR has determined that mere possession is not itself evidence of current use of drugs or alcohol.

Section 504 Plan Termination

The first step in terminating a Section 504 Accommodation Plan is for the Eligibility Determination Team to review current student need and determine that the plan is no longer needed to provide the student equal access or that the student no longer has a qualifying disability. Once this is determined, the Eligibility Determination Team is to complete a Section 504 Accommodation Plan Eligibility form and check the box for termination. This completed form is attached to the front of the existing Section 504 Accommodation Plan and kept in the student cumulative file to support the future efforts of staff that might need to consider some type of future intervention for the student.

Grievance

The best solutions to address concerns occur at the school level. Therefore, the first step in insuring due process and resolving a complaint involves the parent/guardian and student working informally with the School Administrator, School Coordinator and/or other appropriate staff to reach a joint resolution of the issue. If a parent, guardian or individual disagrees with the determination made by Eligibility Determination Team, he/she has a right to a grievance procedure by submitting a completed Section 504 Grievance Form to the School Administrator of the student's school of attendance. The School Administrator will respond in writing within ten working days.

If the complaint is not resolved at the school level, the parent, guardian or individual may submit a copy of the Section 504 Grievance Form to the District Section 504 Coordinator within 15 days of the alleged event. Following an investigation and meeting with the parent, guardian or individual and Eligibility Determination Team, a written report regarding action to be taken will be sent to all involved parties within a reasonable time.

If the complaint is not resolved, the complainant may appeal in writing to the Superintendent within five working days after receiving the written report of action to be taken from the District Section 504 Coordinator. The complainant may request a meeting with the Superintendent or her/his designee. The Superintendent or her/his designee has the option of meeting with the complainant to discuss the appeal. A decision by the Superintendent will be made within a reasonable time.

If the concern remains unresolved, the complainant may appeal to the Board of Education within five working days of the receipt of the written report from the Superintendent. It is within the discretion of the Board of Education to determine whether to hear the appeal.

A rejection of services offered under IDEA amounts to a rejection of services under Section 504. A parent cannot compel a placement under Section 504 other than that recommended by the Eligibility Determination Team.

The US Department of Education maintains regional civil rights offices to enforce Section 504 and other civil rights laws. All parents have the right to directly contact their regional Office for Civil Rights (OCR) if they believe their student is being discriminated against based upon disability. Most differences with schools, however, can be resolved before contacting the OCR.

U.S. Department of Education
Office for Civil Rights, Chicago Office
500 W. Madison Street Suite 1475
Chicago, IL 60661
Tel# (312) 730-1560
FAX# (312) 730-1576
TDD (312)730-1609
Email: OCR.Chicago@ed.govStaff Development

The Newton Community School District will make Section 504 information readily available for all staff working in the district. Periodic training and consultation will be provided to staff involved in the identification, evaluation, or implementation of Section 504 Accommodation Plans. All new staff will be provided basic information on Section 504 and will be informed of how to access more detailed Section 504 resources.

This procedure is in accordance with School Board Policy 602.1 R (Nondiscrimination):

Public laws provide for the resolution of complaints brought by patrons, students or staff of the school district toward any activities sponsored or undertaken by the school district.

The complaint form is to be filed with the building administrator. In the event the complainant is not satisfied with the resolution at the building level, an appeal may be made to the district compliance officer.

Complaints will be investigated and resolved within ten (10) calendar days of receipt of same, unless exceptional circumstances exist. Where special circumstances exist, the resolution shall not exceed thirty (30) calendar days.

Date of Adoption: 08/14/1989

Reviewed: 08/13/2007

The following forms have been modified and used with permission of MaryAnn Strawhacker, AEA Special Education Nurse and are copyrighted to Heartland AEA.



Section 504 Checklist

Referral

- 1. Parent/teacher/counselor/ nurse suspects disability. Complete building specific SAT form.
- 2. If SAT team determines further investigation is necessary, check 504 evaluation box on the SAT form.
- 3. Complete the Section 504 Referral Form and send a copy to District 504 Coordinator (Tina Ross).
- 4. Parents will be notified of referral by providing them a copy of the Section 504 Notification Letter to Parents. A copy of their parental rights is included on this form. The Parent Consent portion of this letter must be signed. Send a copy of the Parental Consent to the District 504 Coordinator (Tina Ross).

Evaluation (Completed in < 60 days from the time signed consent is returned)

- 1. District 504 Coordinator will distribute Section 504 Teacher Input form for evaluation to teachers and determine time frame to gather information.
- 2. Counselor will send the 504 Parent Questionnaire to parents.
- 3. Teacher(s) will design and implement interventions and accommodations and document results. Teachers will return the 504 Teacher Input form and any documentation to District 504 Coordinator.
- 4. District 504 Coordinator will send information to the student's counselor.
- 5. Counselor will compile information from the Parent Questionnaire, Teacher Input forms, and school records (attendance, academic performance, standardized testing scores) along with any outside agency information requested and received.
- 6. Counselor places the information in a red file within the cumulative file.
- 7. Counselor schedules an eligibility determination meeting. Invites should include: building principal, parents, and at least one general education teacher.

Eligibility Determination

- 1. Data is summarized and team determines eligibility based on findings.
- 2. 504 Eligibility Determination Form is completed
 - If eligible, team may finalize a drafted plan, create a plan, or schedule another meeting to write the plan. See written plan.
 - If eligible and an Individual Education Plan should be considered, refer to AEA Special Education Consultant or School Psychologist. Team assigned to your building for disability suspected meeting decides if a 504 plan should be written and instituted during IEP evaluation.
 - If not eligible, complete eligibility form and provide parents with a copy of the form. Keep documentation in red file.

** If eligible, mark 504 tab under enrollments and under flags in Infinite Campus**

Written Plan

- 1. Team creates a plan using the Section 504 Plan form to address need for accommodation.
- 2. Counselor will oversee communication, plan implementation and serves as contact person.
- 3. Final copy of the 504 plan is mailed to the parent.

Ongoing Requirements

- 1. Annual review of the current 504 plan.
- 2. Students are to be reevaluated every 3 years.
- 3. Transition meetings should be held for present and future counselors before a student switches buildings.

*Student Assistance Team
At-Risk Referral Form*

STUDENT _____ GRADE _____

TEACHER _____ DATE _____

ACADEMIC PERFORMANCE

IEP ____

504 PLAN ____ 504

Referral ____

<p><i>List 2 positives about this student:</i></p> <p>1.) _____</p> <p>2.) _____</p>
--

- _____ Current Grade
- _____ Incomplete Work
- _____ Work not handed in
- _____ Decline in quality of work
- _____ Working up to ability
- _____ Decline in grade earned

COMMENTS/OTHER/INCLUDE PREVIOUS INTERVENTION WITH STUDENT OR FAMILY

BEHAVIOR

- | | | |
|--|--|------------------------------|
| _____ Behavior is fine | _____ Inattentiveness | _____ Sleeping in class |
| _____ Disruptive | _____ Lack of motivation | _____ Extreme negativism |
| _____ Defiant | _____ Frequently needs discipline | _____ Inappropriate comments |
| _____ Abuse suspected | _____ Tardiness | _____ Mood swings |
| _____ Aggressive | _____ Disorganized | _____ Seems Depressed |
| _____ Defensive | _____ Withdrawn | _____ Peer Concerns |
| _____ Frequent Hyperactivity/nervousness | _____ Inconsistent day-to-day behavior | |
| _____ Seeks adult attention without a specific problem | _____ Talks freely about risky behaviors | |
| _____ Bullying or harassment issues | _____ Mention of Suicide or hurting others | |
| _____ Substance abuse suspected | | |

Health _____ Weight Gain _____ Weight Loss _____ Hygiene _____ Other

****PLEASE RETURN FORM TO COUNSELING OFFICE**

Section 504 Referral Form



This form is to be completed and submitted to the Newton Community Schools 504 Coordinator/ Compliance officer. A copy must also be placed in a red file within the cumulative folder.

1. STUDENT’S PERSONAL INFORAMTION

Student: _____ Date of Birth _____

Student ID/SS# _____ Phone: _____

Parent/Guardian _____ School: _____

Address: _____ Grade _____

Referred by _____ Referral Date _____

2. BACKGROUD INFORMATION

A. Reason for Referral

An individual has a disability under Section 504 that requires FAPE (Free Appropriate Public Education) if he/she: Has a physical or mental impairment that substantially limits one or more major life activities. Major Life Activities under Section 504 include, but are not limited to, caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, working, and learning, or 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, or endocrine functions.

B. Indicate which major life activity(s) appear to be limited:

C. Indicate specifically how the major life activity(s) is being limited:

D. Indicate how severe the major life activity(s) is being limited:

___ Mildly ___ Moderately ___ Substantially

E. List strategies/interventions to date.

F. List all medications or devices that are currently being used by the student.

G. Attach any additional information (i.e. previous evaluations, medical reports, standardized test scores) that may be helpful in determining 504 eligibility.

If the school evaluation team finds it necessary to obtain relevant information regarding the student from outside providers, please complete an Authorization to Release and secure parent/legal guardian signature.

Authorization for the Release of Health and/or Educational Information

Student Name: _____ **Birthdate:** ____/____/____

Address: _____ **Phone:** _____

On behalf of the above named student, I authorize _____
(name of health care provider, agency, or medical institution)

to release evaluation records to Newton Community School District for the purpose of determining eligibility for and/or provision of Section 504.

School Counselor: _____ District Contact: _____

School Address: _____ District Address: _____

For this purpose, I consent to the release of the following health information to the AEA and school district regarding this child from

_____/_____/_____ to ____/____/_____ :

- Current Medical Status
- Current Medications/treatments
- Recommendations for School
- Other

I hereby give special permission to the above named medical entity to release records pertaining to:

- Mental health
- Substance abuse/chemical dependence
- Sexually transmitted disease
- HIV/AIDS

I understand that the released information becomes a part of the student’s educational records and, as such, is protected by the Family Educational Rights and Privacy Act (FERPA). The information may be reviewed by all members of the Section 504 team and, as appropriate, those identified as having legitimate educational interest. The information may also be used in the future, including if the student moves, for the purpose of educational decision making.

- I understand that I have the following **rights** with respect to this authorization:
- The right to inspect or copy the health information to be disclosed by this form.
 - The right to receive a copy of this form.
 - The right to withdraw this Authorization by written notification at any time (although my withdrawal will not be effective as to uses and/or disclosures already made regarding this form).

This authorization is valid until ____/____/____, or until one year after the date of signing, whichever occurs first.

Signature Relationship to Student Date

Printed name

Health Insurance Portability and Accountability Act (HIPAA)/
Family Educational Rights and Privacy Act (FERPA) Notice

Any and all personally identifiable information regarding children and families is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to a child's records, and contains complaint and appeal procedures which apply to disputes over records.

NOTICE TO RECIPIENTS OF MENTAL HEALTH INFORMATION

In accordance with the Iowa Mental Health Information Disclosure Act (Iowa Code, Chapter 228), a recipient of mental health information may redisclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in chapter 228 and 220. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

NOTICE TO RECIPIENTS OF SUBSTANCE ABUSE INFORMATION

This information has been disclosed from records whose confidentiality is protected by Federal law. Iowa Code, Chapter 125 and Federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written consent of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

NOTICE TO RECIPIENT OF HIV RELATED TESTING INFORMATION

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code 141.23) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Section 504 Notification Letter to Parents

The Newton Community School District does not discriminate in its educational programs and activities on the basis of a student’s disability. We have reason to suspect that _____ may have a physical or mental impairment that substantially limits a major life activity. We will be convening a team of individuals to determine whether accommodations may need to be made to meet his or her individual needs as adequately as the needs of other students. We want to include people on the team who know your child, and would especially value your input.

Once the information has been reviewed, we will be meeting with you to discuss plans to meet your child’s needs. Please feel free to contact Tina Ross at Central Administration or your child’s school counselor with any questions. Parents and student have specific rights under Section 504 of the Rehabilitation Act of 1973. These rights are summarized on the back of this form.

Please provide your consent for us to accomplish this evaluation by indicating your decision and providing your signature below. Return the bottom half of this form to your child’s school counselor.

Parent Consent

Student’s Name

Date



_____ Yes, I consent to the proposed screening/evaluation.

_____ No, I do not consent to the proposed screening/evaluation.

Comments:

Parent Signature



Section 504 Student and Parental Rights

As a parent, you have the right to the following:

- Participation of your child in school district programs and activities, including extracurricular programs and activities, to the maximum extent appropriate, free of discrimination based upon the student's disability and at the same level as students without disabilities;
- Receipt of free educational services to the extent they are provided students without disabilities;
- Receipt of information about your child and your child's educational programs and activities in your native language;
- Notice of identification of your child as having a qualifying disability for which accommodations may need to be made and notice prior to evaluation and placement of your child and right to periodically request a re-evaluation of your child;
- Inspect and review your child's educational records including a right to copy those records for a reasonable fee; you also have a right to ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate; should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate;
- A hearing before an impartial hearing officer if you disagree with your child's evaluation or placement; you have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed.



Section 504 Teacher Input Form

Student Name:		MS/HS	Grade:	
Teacher Name:		Subject:	Due Date:	

This student is being evaluated (re-evaluated) for eligibility for Section 504. The information you provide will be used as part of this process and will be shared with the parent.

1. What is the student’s current grade in your class (HS/MS) or in each subject (Elem.)?
2. Please check all the factors that may account for the student’s current grade and write in numbers where applicable:
 - Missing assignments
 - Late assignments
 - Incomplete or illegible assignments
 - Failure to participate in class
 - Other *(Please describe.)*
3. What strengths does this student display in your classroom?
4. What challenges does this student present in your classroom?
5. What informal accommodations or modifications have you made for this student in the past such as extending timelines, preferential seating, or adjusting expectations? *(Please list below and tell whether or not it was effective.)*



504 PARENT QUESTIONNAIRE: CHILD HISTORY

The information requested will greatly assist the 504 Committee in evaluation of your child. If you have additional information that you want the Committee to consider (and that is not requested here,) please feel free to attach additional pages. Please answer the questions below, even if some may not apply directly to your child. Disregard any question that makes you uncomfortable.

BASIC INFORMATION

CHILD'S NAME: _____ DATE TODAY: ____/____/____/

GENDER (circle): Male Female CHILD'S AGE: _____

GRADE: _____ BIRTH DATE: ____/____/____

LEGAL GUARDIAN(S): _____ RELATION TO CHILD: _____

HOME ADDRESS: _____

DAYTIME PHONE _____

CELL/OTHER PHONE _____

CHILD'S SCHOOL: _____

Person filling out this form: Mother Father Stepmother Stepfather Other _____

HOUSEHOLD INFORMATION

Mother's Name:	Occupation:	
Highest Level of Education Completed:		
Father's Name:	Occupation:	
Highest Level of Education Completed:		
With whom does the child live?		
Relationship to the child:		
Other Children in the Home (attach additional page if necessary)		
Name	Age	Relationship
Other Adults in the Student's Home	Relationship to Student	

DEVELOPMENTAL MILESTONES:

The following is a list of infant/preschool/school-age behaviors. For each behavior you can remember, please indicate the age in months (*m*) or years (*y*) at which your child first demonstrated it. If you are not certain of the age but have some idea, write the age followed by a question mark.

Age Behaviors Age Behaviors Age Behaviors

- | | | |
|--|---------------------------------------|---|
| ____ Rolled from stomach to back | ____ Babbled | ____ Smiles spontaneously |
| ____ Sat without support | ____ Spoke first word | ____ Reaches for familiar people |
| ____ Put several words together | ____ Upset when separated from mother | ____ Crawls forward |
| ____ Walked holding someone's hand | ____ Can show major body parts | ____ Aware of differences between sexes |
| ____ Walked without support | ____ Can give first and last names | ____ Separates easily from mother |
| ____ Handles spoon/fork well | ____ Can recognize letters | ____ Understands taking turns |
| ____ Rides tricycle | ____ Sight read first word | ____ Goes to the toilet alone |
| ____ Uses scissors to cut out pictures | ____ Sounded out new words | ____ Plays with several children |
| ____ Rides bicycle without training wheels | ____ Wrote first word | ____ Dressed and undressed self |

Compared with other children, your child's early development was (circle): Normal Delayed Advanced

Describe any early indications of your child's problems.

EDUCATIONAL HISTORY

EDUCATIONAL BACKGROUND :

Did your child attend preschool and/or kindergarten? Yes No At what ages? _____

Did teachers report anything special or unusual about his or her early school performance?

Did your child show unusual abilities in any academic area (e.g., reading, math) at an early age? Yes No If Yes, explain.

Has your child attended any school with a nontraditional approach to teaching and learning? Yes No If Yes, explain.

Has your child changed schools for reasons other than normal academic progression? Yes No
If Yes, when and for what reason?

Has your child skipped or repeated a grade in school? Yes No
If Yes, explain.

RECENT SCHOOL PERFORMANCE :

What activities or subjects at school does your child most enjoy?

What activities or subjects at school does your child least enjoy?

Has your child's school performance in (or attitude toward) school changed in the last two years? Yes No
If Yes, explain.

Current Educational Problems include:

- | | | |
|-------------------------------------|---------------------------------------|--|
| ___ difficulty with reading | ___ does not respect rights of others | ___ does not sit still in seat |
| ___ difficulty with arithmetic | ___ fights with classmates | ___ frequently inattentive or distracted |
| ___ difficulty with spelling | ___ truancy or avoidance of school | ___ disrupts classroom |
| ___ difficulty with writing | ___ does not like school | ___ does better 1 to 1 than in groups |
| ___ difficulty remembering | ___ does not complete homework | ___ does not work well independently |
| ___ difficulty with being organized | | |

Has your student talked to you about difficulties or problems at school? Yes No
If yes, please explain.

Do you think your student is having difficulties in school? Yes No
If yes, please explain your concerns.

When did school problems begin (or first come to your notice):

What do you think is causing the student's difficulties in school?

If you have discussed these concerns with the school, please indicate when and with whom you have shared your concerns:

If your student qualified for Section 504, what services or accommodations do you think are necessary so that the student can participate and benefit from school?

SOCIAL INFORMATION

About how many close friends does your child have? None One Two or three Four or more

About how many times a week does your child do things with friends outside of regular school hours?

About how many hours a week does your child spend outside of the home?

What activities does the student engage in while with friends?

Does your child participate in any extracurricular activities or social organizations? Yes No
If Yes, please list.

Beyond family, what is the age group of the people that your child prefers to be around?
Younger Same-Age Older Adults

Does the student prefer to socialize with Girls Boys No Preference

How well does your child relate to other children at school?

How does your child adapt socially to ...
One-on-one situations?

Small group situations?

Large group situations?

Does your child have friends that use alcohol or drugs? Yes No Unsure

Do you believe your child may be using alcohol or drugs? Yes No Unsure

HOME INFORMATION

Describe any major stresses that might be affecting your child now or have in the past (e.g., death, divorce, trauma, abuse, frequent moves, births, serious illnesses, imprisonment, family member alcohol/drug abuse, etc.):

What disciplinary techniques do you usually use when your child behaves inappropriately? Place a check next to each technique that you usually use.

- | | | |
|--|---|--|
| <input type="checkbox"/> Ignore problem behavior | <input type="checkbox"/> Tell child to sit on chair | <input type="checkbox"/> Scold child |
| <input type="checkbox"/> Send child to his or her room | <input type="checkbox"/> Spank child | <input type="checkbox"/> Take away some activity |
| <input type="checkbox"/> Threaten child | <input type="checkbox"/> Take away food | <input type="checkbox"/> Reason with child |
| <input type="checkbox"/> Redirect child's interest | <input type="checkbox"/> Don't use any technique | |
| <input type="checkbox"/> Punish child another way (describe _____) | | |
| <input type="checkbox"/> Other technique (describe _____) | | |

Are rewards given for good behavior?

How does the student react to discipline?

Who usually disciplines the student at home?

Please indicate the number of hours per week the student uses the following items:

- | | | | |
|--------------------------------------|------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> iPad | <input type="checkbox"/> Books | <input type="checkbox"/> Television |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Radio/MP3 | | <input type="checkbox"/> Cell Phone |

What kinds of activities does your family do together? (Read, play games, camp, etc.)

With whom in the family is the student particularly close?

Has the student ever been separated from the family due to a family problem, health reason, etc.? If yes, please explain.

How did the student react to the separation?

Describe the student's behavior at home with peers, siblings, neighbors, and parents. (Well-behaved? Resistant? Social? Withdrawn? Affectionate? Etc.)

Are any other languages besides English spoken in the home?

What time does the student wake up on a school morning? _____

Does the student eat breakfast? _____

What time does the student go to bed on a school night? _____

What time does the student wake up on a weekend? _____

What time does the student go to bed on a weekend? _____

What does the student do when not in school? Please list the student's common indoor and outdoor activities.

Does your student have a part-time job or extra family responsibilities after school or on weekends? If yes, please provide the average number of hours worked per week.

How many hours per day is the student present within the home? _____

How many of those hours are spent studying or doing homework? _____

CHILD’S MENTAL HEALTH HISTORY

Has your child been diagnosed with any behavioral, educational, medical, neurological, or psychiatric disorder, such as Attention Deficit Hyperactivity Disorder (ADHD), Learning Disorder (LD), or Anxiety and Mood Disorders?
 Yes No If *Yes*, please specify:

Is your child currently in treatment with any mental health or behavioral health provider?
 If yes, Name _____ Phone _____
 For what condition(s)?

Note: We will likely need your permission to communicate with this professional.

Briefly describe the nature of service(s) (e.g. individual psychotherapy once per week for anxiety; medication management for mood disorder, etc.):

AGE	DIAGNOSIS	TYPE OF SERVICE	DURATION OF SERVICE

CHILD'S MEDICAL HISTORY

Pediatrician's name:
 Phone number:
 Date of most recent exam:

If your child has ever undergone an operation or hospitalization, please list the problem below (usually an illness), the child’s age, and the medical procedures that were implemented during the hospitalization.

<i>Problem (or illness)</i>	<i>Age</i>	<i>Medical Procedures during the Hospitalization</i>

If your child has ever been treated with prescription medication other than for colds and minor infections, please list them below:

<i>Medication</i>	<i>Age</i>	<i>Reason</i>	<i>Prescribed</i>

CHILD'S MEDICAL HISTORY (CONTINUED)

VISION

Does your child have any vision problems ? Yes No
 If Yes, is his or her vision corrected with: Eyeglasses Contact lenses
 Date of most recent vision exam:

HEARING

Does your child have any hearing problems ? Yes No
 If Yes, has his or her hearing been treated?
 Date of most recent hearing exam _____
 Has your child ever had ear infections? Yes No
 If Yes, what was his or her age at the time of the first infection? _____
 Total number of infections: _____ Average duration of infections? _____
 Number of infections before age 3: _____
 Names of antibiotics used: _____
 Was an examination conducted by an audiologist? Yes No
 Were tubes inserted in the child's ears? Yes No
 If Yes, at what age(s) and for how long? _____
 Check any of the following problems that were present:
 Comprehension problems Covered ears with hands when noisy Irritability Language delay
 Loud television or radio Pain complaints Speech problems Talks loudly

MOTOR COORDINATION

Which hand does your child prefer for writing or drawing?
 Right hand Left hand Either Don't know
 Place a check next to any motor behavior on which your child seems awkward or uncoordinated:
 Writing Using eraser Using scissors Using eating utensils Throwing
 Catching Walking Running

SENSORY STIMULATION

Place a check next to any areas of unusual sensitivity displayed by your child:
 Bright light Loud sound Being touched
 Is your child allergic to any medicines, foods, or other substances? Yes No
 If Yes, please specify _____

CHILDHOOD ILLNESSES

Place a check next to any illness or condition that your child has had. Write the approximate date (or child's age at the time) next to illnesses within the last two years.

- | | | |
|--|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Arthritis (juvenile) | <input type="checkbox"/> Fainting | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Bleeding problems | <input type="checkbox"/> Fatigue (if chronic and severe) | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Bone or joint disease | <input type="checkbox"/> Hay fever | <input type="checkbox"/> German measles |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Head injury | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches (frequent or severe) | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Eczema or hives | <input type="checkbox"/> High fever (> 104 degrees) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Whooping cough |

FAMILY MEDICAL HISTORY

Have any other family members shown similar problems or challenges? Yes No If Yes, who?

Place a check next to any illness or condition that any member of the family has had. When you check an item, please note the FAMILY member's relationship to the child.

- | | |
|--|--|
| <input type="checkbox"/> ADHD or Hyperactivity _____ | <input type="checkbox"/> High Blood Pressure _____ |
| <input type="checkbox"/> Anxiety or Worry Problem _____ | <input type="checkbox"/> Huntington's Chorea _____ |
| <input type="checkbox"/> Depression _____ | <input type="checkbox"/> Kidney Disease _____ |
| <input type="checkbox"/> Learning problems _____ | <input type="checkbox"/> Mental Retardation _____ |
| <input type="checkbox"/> Manic-Depressive Disorder _____ | <input type="checkbox"/> Migraine Headaches _____ |
| <input type="checkbox"/> Reading Problem _____ | <input type="checkbox"/> Muscular Dystrophy _____ |
| <input type="checkbox"/> Speech or Language Problem _____ | <input type="checkbox"/> Multiple Sclerosis _____ |
| <input type="checkbox"/> Sexual/physical abuse _____ | <input type="checkbox"/> Nervous Breakdown or Problems _____ |
| <input type="checkbox"/> Parkinson's Disease _____ | <input type="checkbox"/> Alcoholism _____ |
| <input type="checkbox"/> Physical Disability _____ | <input type="checkbox"/> Hemophilia _____ |
| <input type="checkbox"/> Alzheimer's Disease _____ | <input type="checkbox"/> Seizures or Epilepsy _____ |
| <input type="checkbox"/> Birth Defect _____ | <input type="checkbox"/> Sickle Cell Anemia _____ |
| <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Stroke _____ |
| <input type="checkbox"/> Cerebral Palsy _____ | <input type="checkbox"/> Suicide attempt _____ |
| <input type="checkbox"/> Cystic Fibrosis _____ | <input type="checkbox"/> Tay-Sachs Disease _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Tourette's Syndrome or Tic Disorder _____ |
| <input type="checkbox"/> Drug Addiction or Dependency _____ | <input type="checkbox"/> Tuberculosis _____ |
| <input type="checkbox"/> Heart Disease or Heart Attack _____ | <input type="checkbox"/> Other _____ |

Is there any other information that you think may help us in understanding and working with your child?

Is any legal action currently underway in this family? Yes No
If Yes, explain.

Section 504 Eligibility Determination and Re-evaluation



Student _____ Eligibility Meeting Date _____
 Date of Birth _____ School _____
 Gender _____ Grade _____

Parent/Guardian _____

Evaluation Information Considered and Impact of Disability on Major Life Function

Physical or Mental Impairment	Major Life Activity Impacted	Data Considered (List date, source, and attach)	Level of Limitation (NA, mild, moderate, substantial).

Actions to be Taken:

- The student is eligible and has a physical or mental impairment that significantly impacts a major life activity
 - A Section 504 Accommodation Plan will be written
 - A Section 504 Plan is not needed at this time
 - A Section 504 Plan is not sought by parents at this time

Parent/ Guardian Signature

Date

- The student is not eligible and does not have a physical or mental disability that significantly limits one of more major life function.
 - No further actions is needed at this time
 - An individual health plan will address the student's need for health services
 - The current 504 is terminated based on no longer having a physical or mental impairment that significantly impacts a major life function.
- The team recommends that further evaluation for possible IDEA eligibility be pursued.

Eligibility Determination Team Members

Name and Title	Required Team Members
	Member knowledgeable about the student (parent or staff member)
	Member knowledgeable about the meaning of evaluation data
	Member who can allocate district resources
	Other team members

504 Student Accommodation Plan

Date Written:

Student:	District:	Gr
Parent Name(s):	Plan Facilitator:	Da

Areas of Strength:

Describe Areas of Concern Based on Eligibility Determination:


Date of Eligibility Determination:

Team Members:

Parent:	Counselor:	<i>T. Scott</i>
Administrator:	<i>L. Dunham</i>	<i>J. Morgan Peters</i>

Areas of Difficulty	Accommodations	Person Re

Section 504 Teacher Input Form for Annual Review

				
Student Name:		MS/HS	Grade:	
Teacher Name:		Subject:	Due Date:	

This student's 504 plan is up for its annual review. The information you provide will be used as part of this process and will be shared with the parent.

1. What is the student's current grade in your class (HS/MS) or in each subject (Elem.)?

2. Please check all the factors that may account for the student's current grade and write in numbers where applicable:
 - Missing assignments
 - Late assignments
 - Incomplete or illegible assignments
 - Failure to participate in class
 - Other *(Please describe.)*

3. What strengths does this student display in your classroom?

4. What challenges does this student present in your classroom?

5. How is each accommodation on the 504 plan working in your classroom? Please provide specific examples of how effective/ineffective these accommodations are for this student in your classroom.

6. What informal accommodations or modifications have you made for this student that are not listed in the 504? *(Please list below and tell whether or not it was effective.)*

7. Have you been in contact with this parent/guardian during the current school year? How often and what has been your primary means of communication *(e-mail, phone, conference)*?

8. Any additional information or comments? *(Please use additional pages as necessary.)*



Section 504 Grievance Form

Student: _____	DOB: _____	Grade: _____	School: _____
Address: _____		City: _____	State/Zip: _____

The Newton Community School District pledges compliance with Section 504 regulations and that no discrimination on the basis of disability is permitted in the programs or activities of the District. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to the student's school administrator.

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 pastes if needed).

Describe any communication that has already occurred, with whom and when, to address the issue.

Describe proposed resolution of this issue.

Signature of person(s) submitting this Section Grievance Form

Relationship to student _____ Date _____