



Section 504 Referral and Recommendations

Referral date _____

Youth/young adult (Y/YA) name _____
Last First M.I.

Sex _____ Birthdate _____ Age _____ Parent/legal guardian _____

Address _____
Street City State Zip

Program _____ Teacher(s) _____ Grade _____

Telephone _____
Home Mother's work Father's work

English proficient? Yes _____ No _____ Screened by ELL? Yes _____ No _____

Home language _____

Referral made by _____ Position _____

This referral and function of the Section 504 Team have been discussed with the parent/legal guardian
Yes _____ No _____ Date _____

Description of teacher/school/parent concern(s) _____
(circle one)

Provide information to substantiate concern(s) (i.e., pre-referral data, disciplinary information, screening instruments, observations, anecdotal data, reports, examples of Y/YA's work). _____

Describe interventions already used in attempting to resolve concern(s). _____

TO BE COMPLETED BY THE SECTION 504 TEAM

Meeting date _____

Recommendations

- _____ Refer for comprehensive evaluation under IDEA
- _____ Screen by ELL
- _____ Screen/evaluate for Section 504 eligibility
- _____ Other, specify _____

Section 504 Team member responsible for communication of recommendations.

Name/position



Notice of Action/Consent

To _____ Date _____
(parent/legal guardian)

Youth/young adult (Y/YA) name _____ Birthdate _____

Y/YA ID No. _____

I. Notice of Action The purpose of this written notice is to inform you that we are:

____ Proposing **to** _____ Initiate **a/an**
____ Declining _____ Change

Mark all items below that apply:

____ Evaluation _____ Section 504 plan _____ Disciplinary action
____ Eligibility _____ Reevaluation _____ Other: _____

Description of the proposed or declined action:

Reason why we are proposing or declining to take action:

(Name of Program Section 504 Coordinator) (Date)

II. Parent/Legal Guardian Consent (only required for initial evaluation and initial placement)

____ Yes I do consent to an initial evaluation for my child.
____ No I do not consent to an initial evaluation for my child.

____ Yes I do consent for initial placement for my child for a Section 504 plan.
____ No I do not consent for initial placement for my child for a Section 504 plan.

Signature _____ Date _____
(Parent/legal guardian/ Y/YA)

Signature _____ Date _____
(Parent/legal guardian/Y/YA)

Program Section 504 Coordinator _____ Telephone _____

- Copies to: 1) Parent/legal guardian/Y/YA
2) Program Section 504 file
3) NEWESD Section 504 Officer

Section 504 Notice of Parent/Legal Guardian and Youth/Young Adult (Y/YA) Rights

This is a notice of your rights under Section 504. These rights are designed to keep you fully informed about the program's decisions about your child and to inform you of your rights if you disagree with any of those decisions.

You have the right to:

- Have your child participate in and benefit from the program's education program without discrimination based on disability.
- An explanation of your and your child's rights under Section 504.
- Receive notice before the program takes any action regarding the identification, evaluation, or placement of your child.
- Refuse consent for the initial evaluation and initial placement of your child.
- Have your child receive a free appropriate public education. This includes your child's right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the program provide related aids and services to allow your child an equal opportunity to participate in program activities.
- Have your child educated in facilities and receive services comparable to those provided to non-disabled students.
- Have your child receive special education services if she/he needs such services.
- Have evaluation, educational, and placement decisions for your child based upon information from a variety of sources, by a group of persons who know your child, your child's evaluation data, and placement options.
- Have your child be provided an equal opportunity to participate in non-academic and extracurricular activities offered by the program.
- Have educational and related aids and services provided to your child without cost except for those fees imposed on the parents/legal guardians of non-disabled children.
- Examine your child's education records and obtain a copy of such records at a reasonable cost unless the fee would effectively deny you access to the records.
- A response to your reasonable requests for explanations and interpretations of your child's education records.
- Request the program to amend your child's education records if you believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the program refuses this request, you have the right to challenge such refusal.
- Request mediation or an impartial due process hearing to challenge actions regarding your child's identification, evaluation, or placement. You and your child may take part in the hearing and have an attorney represent you. Hearing requests can be made to the Program Section 504 Coordinator.
- Ask for payment of reasonable attorney's fees if you are successful on your claim.
- File a local grievance or a complaint with the U.S. Department of Education, Office for Civil Rights (206-607-1600 or www.ed.gov/ocr) or file a complaint in federal court.

The person in this district who is responsible for ensuring that the program complies with Section 504 is _____.



Section 504 Youth/Young Adult (Y/YA) Eligibility Form

Name _____ Meeting date _____

Birthdate _____ Program _____ Grade _____

1. Describe the nature of the concern. _____

2. What is the mental or physical impairment? _____

3. Describe how the impairment substantially limits the Y/YA's ability to participate in or benefit from the program's educational program. _____

4. Is Y/YA eligible under Section 504? Yes _____ No _____

• If no, team recommendations: _____

• If yes, recommended accommodations/services: _____

Participant name _____ Title _____ Date _____



Section 504 Plan

Youth/young adult's (Y/YA) name _____ Date _____

Program _____ Grade _____ Birthdate _____

Section 504 disability _____

(A Y/YA with a Section 504 disability is a Y/YA who has a physical or mental impairment that substantially limits one or more major life activities. The terms "physical or mental impairment," "substantially limits," and "major life activities" are to be interpreted broadly.)

Description of Services and Accommodations

The specific services and accommodations that the Y/YA needs to participate in and benefit from the program's education program include (e.g., list all instructional, environmental/accessibility, behavioral/social, and assessment/testing/WASL services and accommodations that the Y/YA needs):

Implementation date _____ Review date _____

| <u>Position</u> | <u>Signature</u> | <u>Date</u> |
|------------------------|-------------------------|--------------------|
| Case manager | _____ | _____ |
| Teacher | _____ | _____ |
| Admin/designee | _____ | _____ |
| Other, specify: | _____ | _____ |
| Parent/legal guardian | _____ | _____ |

Parent/legal guardian signature acknowledges consent for proposed plan/placement

Attachment: *Notice of Action and Section 504 Parent/Legal Guardian and Youth/Young Adult Rights*

Copies to: Program Section 504 Coordinator
NEWESD Section 504 Officer
Parent/legal guardian



Section 504 Plan

Youth/young adult (Y/YA) name _____ Date _____

Section 504 disability _____ Birthdate _____

Program _____ Grade _____

Describe the accommodations that will be implemented.

Instructional _____

Environmental/accessibility _____

Behavior/social _____

Assessment/testing _____

Implementation date _____ Review date _____

Signature

Date

Agree/disagree

Program Section 504 Coordinator

Principal/designee

Teacher

Parent/legal guardian (signature acknowledges consent for proposed plan/placement)



Section 504 Manifestation Report

This form should be used whenever long-term suspension or expulsion is being considered as a consequence for serious misbehavior purportedly committed by a youth/young adult (Y/YA) with an identified Section 504 disability. The process is twofold: 1) to review the appropriateness of the Section 504 Plan and if it was implemented; and 2) to determine if the Y/YA's misbehavior was a manifestation of his/her Section 504 disability.

Y/YA name _____ Birthdate _____ I.D. _____

Meeting date _____ Program _____ Disability _____

Part I

Describe the alleged incident/behavior that initiated this meeting.

Was the conduct in question the direct result of the program's failure to implement the Y/YA's Section 504 Plan?

Yes _____ No _____

Was the conduct in question caused by or did it have a direct and substantial relationship to the Y/YA's disability?

Yes _____ No _____

If the answer to either of the above questions is 'yes', then the behavior is a manifestation of the disability.

Signature of participants:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |



Section 504 Complaint Form

Date _____ Program _____

Your name _____ Your phone _____

Your address _____

Person discriminated against/relationship to you _____

Please describe your concerns and why you believe they raise an issue under Section 504. Include a description of what happened, when and where it happened, and who was involved. (Feel free to attach additional pages if necessary.)

Explain the steps you have already taken to resolve the issue, if any.

Describe what resolution to your concerns you would like to see.

Please attach any documents or other information you think will help with the investigation of your complaint.