

**PICKENS COUNTY BOARD OF EDUCATION
SECTION 504 PROCEDURAL GUIDE**



SECTION 504 OF THE REHABILITATION ACT

TABLE OF CONTENTS

Introduction	3
District Coordinator Responsibilities	4
School Coordinator Responsibilities	4
Section 504 Placement Process	5
Section 504 Flow Chart	7
How to Make a Section 504 Referral	9
Referral Form	10
Accommodations for Section 504 Students	12
Form C – Evaluation Not Warranted	15
Form D – Notice to Evaluate	16
Form E – Parent Notification and Consent to Determine Eligibility for Accommodations	17
Form F – Notice to Parent	18
Form G – Academic Evaluation	20
Form H – Eligibility Determination Form for Section 504	22
Form I – Major Life Activities Form	24
Form J – Notice of Section 504 Due Process Rights	25
Form K – Formal Grievance Procedures	26
Form L – Invitation to Attend the 504 Planning Meeting	28
Form M – Section 504 Accommodation Plan	29
Form N – Notice of Non-Eligibility	31

Introduction

It is the intent of the Pickens County Board of Education to ensure that students who are disabled within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, evaluated and provided with appropriate educational services. Students may be considered disabled under this act even though they are not eligible for services pursuant to the Individuals with Disabilities Education Act (IDEA).

Section 504 is a civil rights law that protects the rights of individuals with disabilities in programs and activities that receive federal financial assistance from the U.S. Department of Education. A child is a “qualified disabled person” under Section 504 if he or she (1) has a physical or mental impairment that substantially limits one or more major life activities (such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working), has a record of such an impairment, or is regarded as having such an impairment; and (2) is between the ages of birth to 21 years old. Section 504 states that: 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.

District Coordinator Responsibilities

The district coordinator is responsible for ensuring that the district has a Section 504 policy and procedure in place and that it stays in compliance with Section 504 dictates. This individual also should be responsible for seeing that individual schools follow these policies and procedures.

Duties:

1. Responsible for implementing Section 504 programs in the schools
2. Responsible for making sure that teams have been established and that a building coordinator has been selected
3. Work closely with all the school coordinators in establishing building teams and training teams about Section 504

School Coordinator Responsibilities

The school coordinator is responsible for implementing an monitoring Section 504 in their school. A building administrator would be the ideal candidate as a coordinator, but the coordinator does not need to be an administrator. However, the individual designated should be in direct contact with a building administrator.

Duties:

1. Responsible for implementing and monitoring Section 504 in their school
2. Responsible for updating, informing, reviewing and distributing Section 504 materials to staff members
3. Oversee all Section 504 programs for the school and assure they are in compliance with federal regulations
4. Form a committee that will be responsible for reviewing material and making determinations on Section 504 eligibility
5. Supply teachers and parents with copies of the accommodation plan

Section 504 Placement Process

The following process will help you determine eligibility and proper placement of your Section 504 students:

Referral

A student, parent teacher counselor or administrator believes they are observing a student's substantially limited performance in one or more of the major life activities that is believed to be caused by a physical or mental impairment.

The concerned individual completes the Referral Form and gives it to the School Section 504 Coordinator.

Review Referral

The School 504 Team reviews the referral, the student's cumulative file and consults with teachers, parents/guardians, peers, professionals and/or student.

Decision to Be Made

Does this student appear to have a disability under Section 504?

If yes: Provide the parents/guardians with a copy of their Section 504 rights. If further information is needed, provide notice to parents for evaluation and obtain their consent in writing. Also obtain written consent for a mutual exchange of information from parents/guardians as appropriate.

If no: Provide review results to the source of the referral with accompanying recommendations.

Provide written notice to parents that student does not qualify.

Evaluation

Conduct all evaluations deemed appropriate and for which the parent/guardian have given written permission.

Eligibility

A Section 504 Team is recommended to be composed of one of the student's teachers (and/or the student's counselor), a building administrator, and persons knowledgeable about the student's disability and the meaning of the evaluation data and service options. The Team convenes to review all evaluation results, determines eligibility of a student with a disability under section 504, and documents the meeting in writing. The team composition may vary according to the needs of the student.

If no: Consider other referral sources or options for the student and /or school. Provide written notice to parents that student doesn't qualify.

If yes: [The Second Decision to Be Made]: Does the student also seem to have a disability under one of the IDEA conditions?

If yes: Make a special education referral

If no: Develop a Section 504 Accommodation Plan

Develop an Accommodation Plan

Once eligibility under Section 504 has been determined, the next step is to develop a student accommodation plan. The Section 504 Team should develop the accommodation plan.

Parent Permission

Provide parents with a copy of the student's accommodation plan and get their written permission to initiate the plan.

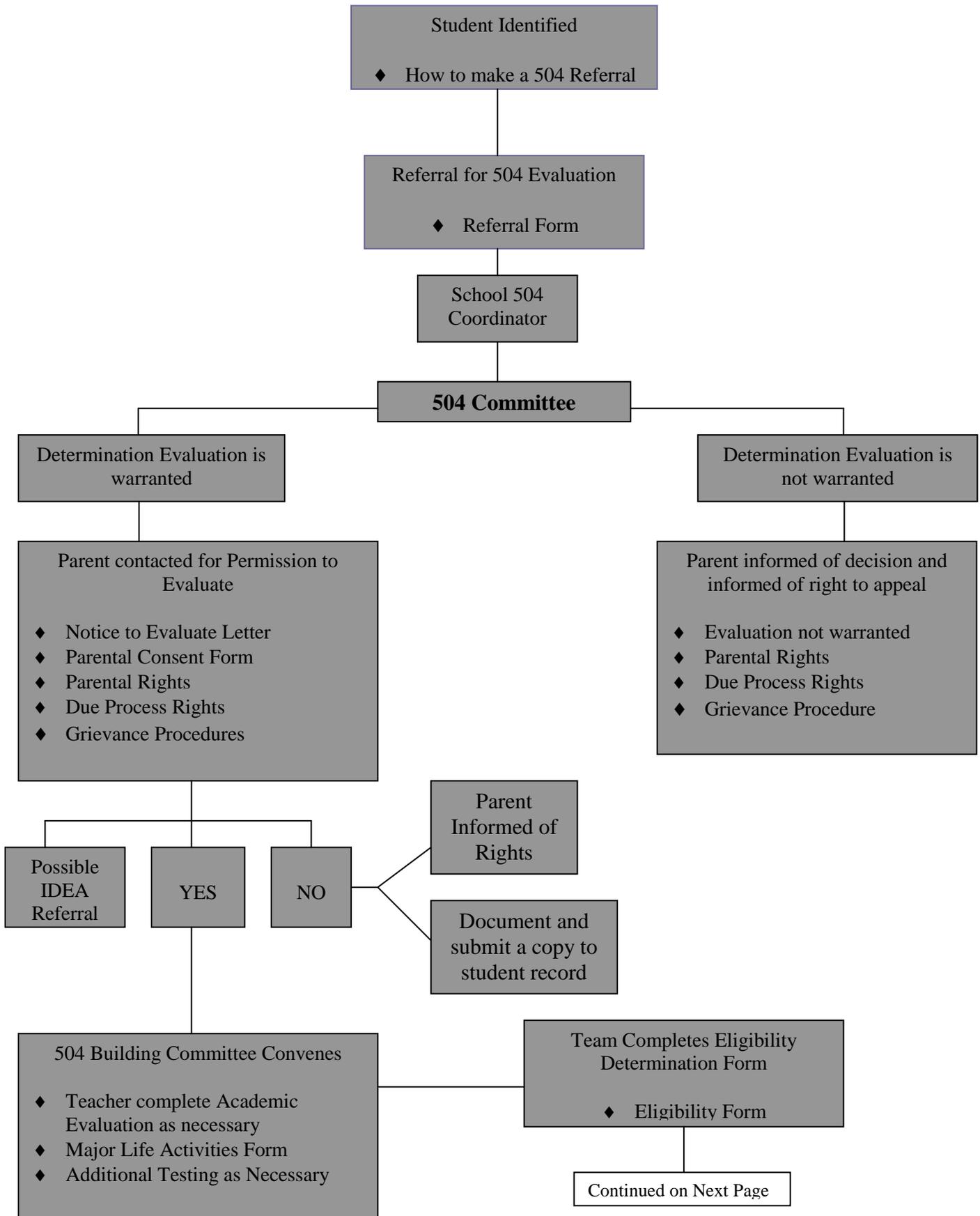
Educational Services

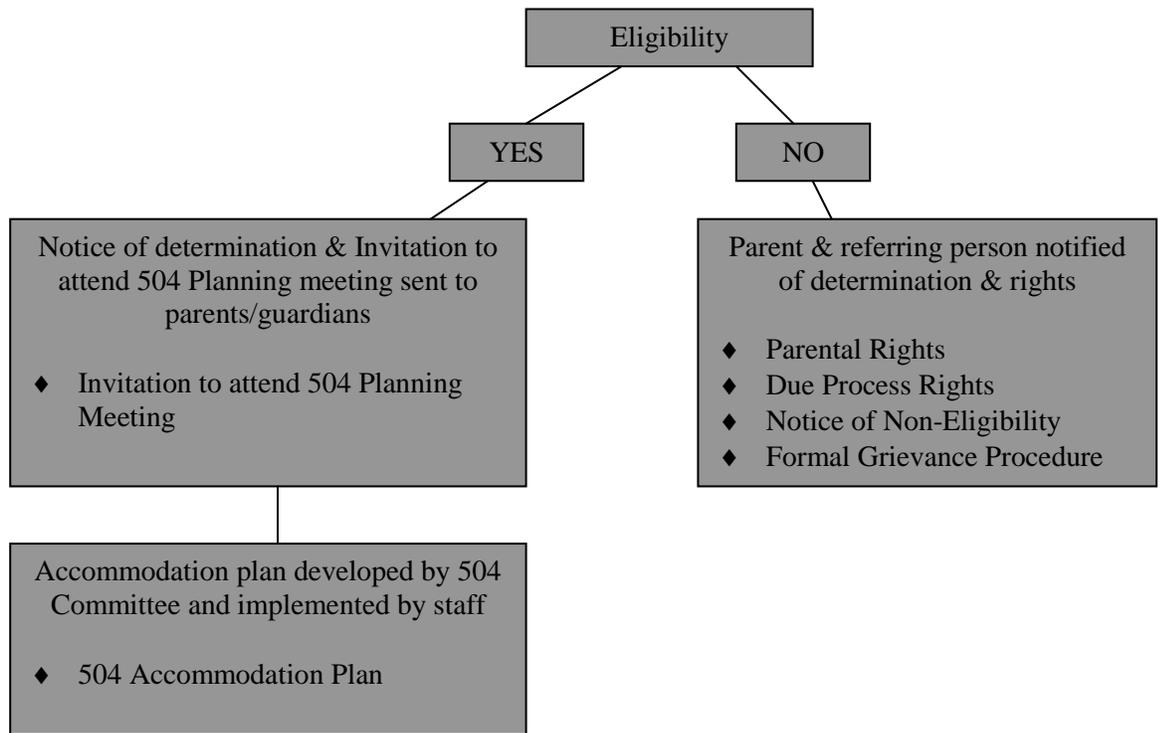
The educational services are implemented as outlined in the student accommodation plan. The School 504 Coordinator should monitor the implementation of the plan and the progress of the student.

Annual Review

The team should review annually each student accommodation plan. Three issues that should be addressed at the review are: (1) the need for additional evaluation information, (2) the continued eligibility as a student with a disability under Section 504, and (3) the contents of the plan and service provider. The building team can review a student's Section 504 accommodation plan without the parents being present. If you make a change, only notice to the parents is required.

Section 504 Flow Chart





Form A

How To Make a Section 504 Referral

A referral of children for Section 504 can be made by anyone. Generally, teachers and parents make most referrals.

Referrals should be made on the Referral for Section 504 Evaluation form and should be submitted to the building principal. The building 504 committee determines whether an evaluation is warranted. If evaluation is not warranted, the parent is notified of their rights. If an evaluation is warranted, the building principal will contact a parent for consent to evaluate. When parental consent is received, the principal will forward the referral to the Building 504 Committee. The principal will also forward 504 Academic Evaluation forms to all teachers working with the student. Completed forms will be returned to the principal who will forward them to the Building 504 Committee. The committee will determine, through evaluating the forms and conducting other testing as necessary, if: 1) the student has a mental or physical impairment, has a record of such an impairment, or is regarded as having an impairment. 2) the impairment results in a substantial limitation of major life activity. The committee will complete the 504 Eligibility Determination Form documenting the results of the evaluation. Should the student be ineligible for 504 accommodations, the parent or guardian will be notified. If, however, an impairment exists that results in a substantial limitation of a major life activity, the parent will be invited to attend a 504 planning meeting at which time the committee will determine what accommodations are necessary to enable the student to receive a free, appropriate public education.

District 504 Coordinator: Jody Hayes

Form B

Referral Form

Student: _____ Birthdate: ____/____/____ Grade: _____

Last Name, First Name Parent/Guardian: _____

Work Phone:: _____ Home Phone: _____

Address (Street Number, Street Name, City, State, Zip Code) _____

Today's Date: _____ Person Making Referral: _____

Date of Receipt of Request: ____/____/____ Signature: _____

Reason(s) for Referral (list specific concerns/behavior): _____

To date, what accommodations or special provisions have been made to assist the student?

Is the student currently receiving special education or other services? _____Yes _____No

If yes, what services is the student currently receiving?

Please submit completed referral to principal or school 504 coordinator.

Accommodations for Section 504 Students

ENVIRONMENTAL ACCOMMODATIONS:

- Wheelchair accessibility (specify) _____
- Utilize preferential seating
- Set student near someone who will be helpful and understanding
- Assign a peer tutor to help with explanations
- Provide opportunities for movement
- Seat the child in an area free from distractions
- Assist with medication (medication form on file)
- Assist with toileting (specify) _____

ORGANIZATIONAL ACCOMMODATIONS:

- Establish a daily routing and attempt to maintain it
- Make clear rules and be consistent enforcing them
- Set aside specific time for cleaning desks, lockers, organizing materials, etc.
- Help student keep work-space free from unnecessary materials
- Use checklists to help keep child organized
- Help student set timeline for completion of long assignments
- Allow student to repeat directions given (privately)
- Ask parents to help structure study time

ASSIGNMENT AND CURRICULUM ACCOMMODATIONS:

- Avoid large amounts of written work
- Allow for method of writing which is most comfortable (cursive, manuscript, typed)
- Set realistic expectations for neatness
- Accept oral reports
- Avoid purple dittos
- Worksheets should be visually clear and adequately spaced
- Avoid copying from the board. Provide student with a written copy of material, or allow to copy teacher or peer notes
- Provide taped materials
- Provide partial outlines of study guides
- Provide alternative assignments which do not always require writing
- Reduce amount of assigned work:
 - Assign only even numbers in math
 - Assign only _____ words in spelling
 - Optional assignments

PRESENTATION ACCOMMODATIONS:

- _____ Use advanced organizers: Telling the student the purpose of the lesson and what he/she will be expected to do
- _____ Use verbal cues, "This is important. Listen carefully."
- _____ Communicate orally; visually, and repeat as needed
- _____ Write assignments on the board in a consistent place
- _____ Give one direction at a time
- _____ Keep statements short and to the point
- _____ Provide directions on a one to one basis
- _____ Simplify vocabulary when needed (repeat directions privately)
- _____ Write an outline on the board when lecturing
- _____ Provide students with copies of notes or outlines
- _____ Check for understand, have the student restate what you said in his/her own words
- _____ Monitor the rate you present material (do not talk too fast or give too much information at one time)
- _____ Recap or summarize the main points of the lecture
- _____ Give students "thinks" time when called on orally
- _____ Avoid embarrassing the student by requiring him/her to read orally in class

EVALUATION ACCOMMODATIONS:

- _____ Use alternative testing techniques
- _____ take an adapted test
- _____ take an open book/open notebook test
- _____ take the test in another classroom (counselor's office, special education room)
- _____ take an oral test
- _____ allow for extended time on test
- _____ Do not count off for spelling errors in academic areas
- _____ Prepare essay questions prior to test
- _____ Substitute assignment for test

MOTIVATIONAL ACCOMMODATIONS:

- _____ Encourage student to ask for assistance when needed
- _____ Reinforce appropriate participation in your class
- _____ Use nonverbal communication to reinforce appropriate behavior
- _____ Ignore inappropriate behavior as much as possible
- _____ Develop and maintain a regular school-home communication system
- _____ Utilize behavior contracts
- _____ Utilize behavior management plans

Alabama State Testing Program Accommodation

- No accommodations necessary
- Accommodations necessary: (Follow procedures in the Alabama Student Assessment Program Policies and Procedure for Student s of Special Populations)

This Accommodation Plan will be review at the end of _____ to determine if accommodations are no longer needed or if they need to be adjusted based on student's progress.

Dates of Review	No Changes	Change Required (see new plan)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Form C

Date: _____

Dear Parent or Guardian:

This letter is to inform you that we are concerned about how _____ is progressing in school. We have determined that a 504 Evaluation is not warranted at this time. We will continue to try a variety of interventions to assist _____ in his/her success at school. If you have questions or concerns, please call _____.

Sincerely,

School 504 Coordinator

Attachments:

Parental Rights under Section 504
Notice of Section 504 Due Process Rights
Formal Grievance Procedure

Form D

Date: _____

Dear Parent or Guardian:

This letter is to inform you that we are concern about how _____ is progressing in school. We have attempted a variety of accommodations for your child and would like to proceed further by evaluating _____ for accommodations he/she may be eligible for under Section 504 of the Rehabilitation Act. Attached is a permission form that we would like for you to sign and return. We have also included a statement of your rights as a parent. If you have nay questions or concerns, please call _____.

Sincerely,

School 504 Coordinator

Attachments:

Parent Notification and Consent
Parental Rights under Section 504

Form E

PARENT NOTIFICATION AND CONSENT TO DETERMINE ELIGIBILITY FOR ACCOMMODATIONS

Date of Referral: _____

Student: _____

School: _____

Date of Birth: _____ Sex: _____ Grade: _____

Home Address: _____ Home Phone: _____

Teacher/Counselor: _____

Parent/Guardian: _____

PLEASE CIRCLE ONE

Yes No I have received and understand the statement of Parental Rights.

Yes No I give my consent to have my child evaluated.

Parent Signature: _____

Please return this letter to: _____

For Office Use Only

Date of Receipt of

Consent: _____

School Official: _____

NOTICE TO PARENT

RIGHTS AFFORDED BY SECTION 504 OF THE REHABILITATION ACT OF 1973

The following is a description of the rights granted by federal law to students with handicaps. 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.

You have the right to:

1. Have your child take part in, and receive benefits from, public education programs without discrimination because of his or her disabling conditions
2. Have the school district advise them of their rights under federal law
3. Receive notice with respect to identification, evaluation, or placement of your child
4. Have your child receive a free appropriate public education
5. Have your child receive services and be educated in facilities which are comparable to those provided to non-handicapped students
6. Have evaluation, educational, and placement decisions made based on a variety of information sources, and by person who know the student and who are knowledgeable about the evaluation data and placement options
7. Have transportation provided to and from an alternative placement setting (if the setting is a program not operated by the district) at no greater cost to you than would be incurred if the student were placed in a program operated by the district
8. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district
9. Examine all relevant record relating to decisions regarding your child's identification, evaluation, and placement
10. Request mediation or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program, or placement (You and your child may take part in the hearing and be represented by counsel. Hearing request must be made to your local superintendent.)
11. File a local grievance

The person responsible for assuring that the district complies with Section 504 is Jody Hayes, Assistant Superintendent. He may be reached at (205) 367-2086.

ACADEMIC EVALUATION Referral for District Services

Individual making referral: _____ Date: _____

Student being referred: _____ Student #: _____

This referral will go to the designated Section 504 building coordinator who will forward it along to the building team committee for review. The team will review the referral to decide the nature of help the school might provide, please indicate on this form any behaviors you may have noticed within your class, or concerns you may have about the student. Please make specific comments where appropriate.

Behavior Concerns:

Academic Performance

- _____ decline in quality of work
- _____ decline in grade earned
- _____ incomplete work
- _____ work not handed in
- _____ failing in this subject

Math

- _____ basic math skills lacking
- _____ cannot add or subtract
- _____ cannot multiply
- _____ cannot divide
- _____ difficulty with fractions
- _____ difficulty with story problems
- _____ difficulty w/basic algebra concepts
- _____ difficulty communicating in math

Writing/Reading

- _____ difficulty with spelling
- _____ unable to write complete sentences
- _____ difficulty with punctuation
- _____ cannot organize compositions
- _____ difficulty reading
- _____ difficulty with comprehension
- _____ reading rate below grade level

Classroom Conduct

- _____ disruptive in class
- _____ inattentive
- _____ lack of motivation
- _____ lack of concentration
- _____ sleeping in class
- _____ impaired memory
- _____ negative attitude
- _____ in-school absenteeism (skipping)
- _____ tardiness to class
- _____ disturbs other
- _____ defiance; breaking rules
- _____ frequently needs discipline
- _____ cheating
- _____ fighting
- _____ throwing objects
- _____ defiance of authority
- _____ verbally abusive
- _____ obscene language or gestures
- _____ sudden outbursts or temper
- _____ vandalism

Specific Comments

Underline:

- _____ frequent visits to the nurse
- _____ frequent visits to the lavatory
- _____ nervousness, anxiety
- _____ seems depressed
- _____ difficulty seeing the board
- _____ possible weight loss or gain
- _____ mood swings
- _____ pale or flushed complexion
- _____ bruised, burns, cuts, scrapes on the body

Possible Alcohol or Drug Behaviors

- _____ Talks freely about alcohol or drug use

Witnessed

Suspected

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

Witnessed

Suspected

- | | | | |
|------------------------------|-------|-------|-----------------------------|
| possession of alcohol | _____ | _____ | possession of alcohol |
| use of alcohol | _____ | _____ | use of alcohol |
| under the influence in class | _____ | _____ | under the influence |
| physical signs and symptoms | _____ | _____ | physical signs and symptoms |
| other: _____ | _____ | _____ | other: _____ |

ELIGIBILITY DETERMINATION FORM FOR SECTION 504

I. General Information

Student Name: _____ Today's Date _____

Address (Street, City, State, Zip Code): _____

School: _____ Home Phone: _____ Work Phone: _____

II. Reason for Meeting

- Initial Evaluation
- Periodic re-evaluation
- Re-evaluation before significant change in placement

III. Eligibility Criteria and Determination

- Yes No 1. Student has a mental or physical impairment

- Yes No 2. Student's impairment substantially limits a major activity. Area(s) where substantial limitation exists: (see Major Life Activity Form)

- Yes No 3. Student meets eligibility criteria for 504 determination.

Committee Members

Record of Action

Date	Action
____/____/____	Parents/Guardians provided written notice of rights
____/____/____	Notice of 504 evaluation and committee meeting

Form I

Major Life Activities Form

Student Name: _____ Social Security Number: _____

Major Life Activity	School Related Description of Impairment (1)	Source of Information (2)	Mild					Severe
			1	2	3	4	5	
Caring for oneself			1	2	3	4	5	
Performing			1	2	3	4	5	
Manual Tasks			1	2	3	4	5	
Walking			1	2	3	4	5	
Seeing			1	2	3	4	5	
Hearing			1	2	3	4	5	
Speaking			1	2	3	4	5	
Breathing			1	2	3	4	5	
Learning			1	2	3	4	5	
Working			1	2	3	4	5	
Other (4)			1	2	3	4	5	

1. Description of educational related behaviors associated with specific major life activities affected by mental or physical condition
2. Listing of persons and/or evaluation techniques used for identifying behaviors associated with impairment
3. Based on consideration of the nature, severity, and duration of the impairment
4. Other major life activities might include bending, stooping, reaching

Form J

NOTICE OF SECTION 504 DUE PROCESS RIGHTS

When a student is referred for an evaluation because of a suspected disability, or when a student has been determined to need special instruction or related services, the parent or guardian of that student has certain rights. The purpose of these rights is to help the parent/guardian to be sure that the student has been correctly identified as disabled and that the special instruction and services are appropriate to meet the student's education needs.

NOTICE: YOU HAVE THE RIGHT TO:

Receive notice before the district initiates an evaluation for your child, refuses to evaluate your child, makes a decision as to whether your child is disabled, or makes a decision as to what accommodations are appropriate to meet your child's needs.

CONSENT: YOU HAVE THE RIGHT TO:

Agree or disagree to the proposed district action in evaluation your child, identifying your child as disabled, and determining accommodations.

QUESTIONING THE DISTRICT'S DECISION: YOU HAVE THE RIGHT TO:

1. File a grievance over an alleged violation of Section of 504 or the district's Section 504 policy.
2. Request a hearing if you question the district's identification, evaluation, instruction and/or services for your child or provision of a free appropriate public education.
3. Have the hearing conducted by an impartial hearing officer.
4. Be accompanied to the hearing and advised by counsel and/or individuals with special knowledge or training in problems of the disabled.
5. Have a record of the hearing.
6. Obtain written findings of fact and written decision.
7. Appeal the hearing officer's decision to a court of appropriate jurisdiction.
8. Have your child receive his/her present instruction and/or services during the pending of the administrative proceeding, unless you and the district agree otherwise.

Form K

**FORMAL GRIEVANCE PROCEDURE
SECTION 504, TITLE IX, ADA**

A grievance procedure policy is established by the Pickens County Board of Education to provide for the prompt and equitable resolution of complaints alleging any action prohibited by the following:

1. Section 504 of the Rehabilitation Act
2. Title IX of the Federal Education Act of 1972, or
3. The American Disabilities Act

Any individual subject to the provisions of the acts named above may follow the procedure outlined below if he/she has a complaint as defined by this policy.

DEFINITIONS

Immediate supervisor: A person in a supervisory capacity immediately over an employee. This term also refers to the principal and/or his/her designee in situations involving students.

Aggrieved person: An individual who registers a grievance or complaint.

Designee: An action taken by an individual as a result of believing that a provision of one of the acts named above either has been misapplied or has not been followed.

PROCEDURE

Level I: (An individual may begin at Level II if he/she prefers)

1. The aggrieved person will verbally notify his/her immediate supervisor of such grievance.
2. The immediate supervisor and/or his/her designee will attempt to resolve the matter informally by conferencing with the aggrieved individual and other individual if necessary.

Level II:

1. If the aggrieved person is not satisfied with the outcome of Level I, or if he/she chooses to begin at Level II, he/she may file a written grievance by completing the grievance form.
2. Within ten school days of receiving the written grievance, the immediate supervisor and/or his/her designee will conference with the aggrieved person and other individuals if necessary.
3. Within fifteen school days of the conference with the aggrieved person and present and explain a written reply.

Level III:

1. If the aggrieved person is not satisfied with the outcome of Level II, he/she may appeal by submitting a completed form to the Assistant Superintendent of Education. Such appeal must be submitted within fifteen school days of the conference in #3 of Level II.
2. The Secondary Curriculum Supervisor will review the written communications between the aggrieved person and his/her Immediate supervisor and/or designee, and have a conference within fifteen days of receipt of the written appeal with the aggrieved person and his/her Immediate supervisor and/or designee either together, separately, or both, and other individuals if necessary.
3. Within fifteen school days of the Secondary Curriculum Supervisor's conference with the aggrieved person, the Supervisor will meet with the aggrieved person and present and explain a written reply.

Level IV:

1. If the aggrieved person is not satisfied with the outcome of Level III, he/she may appeal by submitting a completed grievance form to the Superintendent. Such appeal must be submitted to the Superintendent within fifteen days of the conference where the aggrieved person received a written reply from the Assistant Superintendent.
2. The Superintendent will review the proceeding and written replies at each step of the grievance procedure and issue a written reply within thirty days of the receipt of the grievance.

Beyond the procedures outlined, an individual has the right to further proceedings according to the regulations outlined in Section 504 of the Rehabilitation Act, Title IX of the Federal Education Act of 1972, or the American Disabilities Act.

Approved: _____

Form L

**INVITATION TO ATTEND THE
504 PLANNING MEETING**

Date: _____/_____/_____

Dear: _____(Parent/Guardian)

The 504 Committee has determined that _____ is eligible for accommodations under section 504.

You are invited to attend and participate in a 504 Planning Meeting that has been scheduled to develop and/or review your child's plan for services in order to help him/her realized his/her academic potential.

The meeting is scheduled for: _____(Date) at _____(Time)
at _____(Location).

Participants

Name & Position

Child's Teacher(s)

504 Evaluation Team Members

If this time and/or place is not acceptable to you, please feel free to contact us.

Sincerely,

Form M

SECTION 504 ACCOMMODATION PLAN

Name: _____

School/Class: _____

Teacher: _____

Date of Accommodation Plan: _____

A). General Strengths:

B). General Weakness:

Specific Accommodations

Accommodation #1

Class:

Accommodation(s)

Person Responsible for Implementing Accommodations:

Accommodation #2:

Class:

Accommodation(s)

Person Responsible for Implementing Accommodation

Accommodation #3:

Class:

Accommodation(s)

Person Responsible for Implementing Accommodation

Accommodation #4

Class:

Accommodation(s)

Person Responsible for Implementing Accommodation:

Individuals Participating in Development of Accommodation Plan:

_____ (Parent/guardian Signature)

_____ (Principal Signature)

_____ (School 504 Coordinator Signature)

Form N

Notice of Non-Eligibility

Date: _____

Dear Parent or Guardian:

As you are aware, we have been concerned about how _____ is progressing in school. After receiving your approval, the Building 504 Committee evaluated _____ for eligibility for Section 504 accommodations.

At this time, the committee has determined that _____ is not eligible for accommodation under Section 504. We will continue to work with _____ to find ways to enable him/her to be successful in school.

If you have any questions, please contact _____

Sincerely,

School 504 Coordinator

Attachments:

Notice of Section 504 Due Process Rights
Formal Grievance Procedures.