

Section 504 Consent to Evaluate

Student Name: _____

School Frontier Elementary School Date _____

Following a discussion with school personnel acquainted with my child, I authorize the use of school educational evaluation for my child to determine possible identification for Section 504 accommodations/services. I understand that this evaluation may include administration of the following:

The school is requesting your consent to conduct the following evaluation procedures:

Evaluation Procedures:

Person Responsible:

Classroom observations

Classroom Teacher

Discipline

Grades and attendance

Behavior

Testing, this might include,

Dibels testing, STAR testing, ILEARN data, NWEA testing (to show growth over time)

I understand that following the evaluation, I will be given the opportunity to meet with appropriate school staff to review the evaluation results and plan next steps for my child's education.

I give written consent to have my child evaluated.

Signed

Parent Name (printed)

Date _____

Copies: Parents
504 File

FRONTIER SCHOOL CORPORATION

126 E. MAIN STREET, P.O. BOX 809

CHALMERS, IN 47929

Phone: 219-984-5009

Fax: 219-984-5022

Dan Sighting, Superintendent
Paula Bulla, School Counselor (Elem)

Peyton Lewis, Family Support Specialist
Kathy Bassett, Director of Guidance (High School)
Amanda Wheeldon, Nurse

AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name: _____ Date of Birth: _____

Current Grade: _ Student ID #: _____ Sex: _____ M _____ F

Parent/Legal Guardian: _____ Phone: _____

Address: City: Brookston State Indiana ZIP: 47923

I am requesting that the following institution:

_____ Attn: _____
School, Agency, Clinic or professional

Address

City, State, ZIP

Telephone/Fax #

Release/exchange information regarding the above named student with:

_____ Attn: _____
School, Agency, Clinic or professional

Address

City, State, Zip

Telephone/Fax #

These records are being released to school personnel to assist in developing an appropriate education program

The specific information to be released or exchanged:

Educational Assessments Physical/Medical Evaluation Educational Records
 Psychological Evaluation Psychiatric Evaluation Neurological Evaluation
 Discharge Summary Mental Health Therapist Other: _____

I have been informed that I have access to and may review any or all of my child's records and if so desire, to challenge the content of the records provided by the Family Education Rights and Privacy Act (FERPA) of 1974.

Signed: _____ Date: From: _____ To: _____
Parent/Legal Guardian Not to exceed one calendar year

SECTION 504 PLANSECTION 504 PLAN
* CONFIDENTIAL *

- _____ Initial 504 Plan
 School Counselor Continuing 504 Plan
 Corporation Health Coordinator

The student covered under this Plan is a student with a disability. The accommodations/modifications/interventions listed on this Plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973 (Section 504).

Date: _____

Section I

NAME:		DATE OF BIRTH:	
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE #:
PARENT/GUARDIAN NAME(S):			
BUILDING: Frontier Elementary School	GRADE:	STUDENT ID#:	

SECTION II What physical or mental impairment has the team identified?

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emergent Allergy | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Developmental Aphasia | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis | |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Muscular Dystrophy | |

DIAGNOSIS:

Is there a history of impairment? Yes ___ No ___ Is there a physical or mental impairment? Yes

Date of Diagnosis: _____ Physician: _____ Medication: _____

SECTION III

BACKGROUND INFORMATION (Pertinent educational and additional medical information):

SECTION IV Name:

ELIGIBLE DISABILITY UNDER: Check major life activities that are substantially or extremely limited as a result of the physical or mental impairment.

Bending
Breathing
Caring for one's self
Communicating
Concentrating
Eating
Hearing
Learning
Lifting
Performing manual tasks

Reading
Seeing
Sleeping
Speaking
Standing
Thinking
Walking
Working
Other: _____

Bladder
Bowel
Brain
Circulatory/Cardiovascular System
Digestive System
Endocrine System
Immune System

Neurological System
Normal Cell Growth
Respiratory System
Reproduction
Other: _____

SECTION V—Name: _____ Grade: _____

Substantial Limitation (i.e., concern or problem to be addressed)	Intervention/Strategy (i.e., accommodation/modification /intervention) that have been attempted.	Person(s) Responsible	Date to Begin	Evaluation Procedure	Comments
				Classroom Observation, Discipline, Grades and attendance, Behavior	
				Testing, might include: Dibels, STAR, and NWEA testing (to show growth over time	
Testing Accommodations (if needed)					

Location of the Implementation of this Plan: File

How will teachers and staff be made aware of this Plan: Copy of the Plan

How will this Plan be monitored: By the Teacher

Person responsible for monitoring Plan: Teacher and 504 Coordinator Anticipated Review Date: _____

SECTION VI

INITIATION DATE: May of

DURATION OF PLAN: 1 Year

NEXT REVIEW DATE: May of

SECTION VII Name:

Attachments Yes No

If Yes, List documents attached: _____

SECTION VIII

PARTICIPANTS (Name) (Title) (Date) May of 2016

Paula Bulla (Counselor/Coordinator), Carmen Bordner (Principal), Jill Layton (Vice Principal), (Teacher),
Amanda Wheeldon (Nurse), and (Parent)

 Guidance Counselor/504 Coordinator

 Principal

 General Education Teacher

 School Nurse

 General Education Teacher

 Case Manager

 Other

 Other

** Plans that require expenditure of funds beyond the school's budget must be approved in advance by the Superintendent or Central Office designee.

 Superintendent or Designee Date

SECTION IX

I received a copy of the Notice of Section 504/ADA Parents Rights and Procedural Information and Rights for the current year: **Please circle:** Yes or No and sign.

 Parent Signature Date

I give permission for this Section 504 Plan to be implemented for my child. The information contained in this plan will be distributed to appropriate individuals in the building. Your signature indicates consent to share this plan with necessary staff.

I do not give permission for this Section 504 Plan to be implemented for my child.

 Parent Signature Date

For Office Use Only

Copies to: Corporation 504 Coordinator / School Counselor
 Teacher(s)
 504 Case Manager
 File

Building Administrator
 Parent(s)
 Nurse

____ The possible 504 plan has been reviewed by the 504 team and the parent and it has been determined that the student does not meet the requirements for the 504 plan.

____ I want my child to exit out of the 504 plan.

**Section 504 Accommodations/Modifications/Interventions
Required due to student's disability**

Name:

**Adaptations for Instruction/Presentation of the Material
Samples**

- Utilization of peer tutoring
- Utilization of cross-age tutoring.
- Avoid placing student under pressure of time or competition.
- Accept homework papers typed or dictated by the student and recorded by someone else if need be.
- Do not return handwritten work to be copied over, paper is often not improved and student's frustration is added to.
- Quietly repeat directions to the student after they have been given to the class; then have him repeat and explain directions to you.
- Let the student dictate themes or answers to questions on a cassette tape.
- Accompany oral directions with written directions for child to refer to (on blackboard, paper or Smartboard).
- Do not require lengthy outside reading assignments.
- Student should be permitted to use cursive writing.
- Other:

Comments:

Cc: Parent/Guardian

Section 504 Coordinator/Counselor

Principal

General Education Teacher

Specials teachers, if required

Educational Record

Frontier School Corporation

Section 504 NOTICE OF CONFERENCE

Initial Conference Annual/Continued Review Manifest Determination/
Causal Relationship

This is to confirm our previous contact with you to establish the 504 Conference Committee meeting.
The meeting was mutually agreed upon by the school and parents to be held:

Student name: _____

Date: _____

Location: _____

Time: _____

A. The purpose of this meeting:

Discuss results of evaluation/
Section 504 eligibility

Discuss misconduct/infraction of
school as it relates to disability

Review instructional progress

Other: (Specify) _____

The following/records data will be discussed: _____

B. The following people will be included in the meeting:

Counselor/ 504-Coordinator: Paula Bulla

Administration/Principal: Carmen Bordner and or Vice Principal: Jill Layton

School Nurse: Amanda Wheeldon

General Education Teacher: _____

Rotation Teacher: _____

Other: _____

Parent (s): _____

Student: _____

Section 504 NOTICE OF CONFERENCE

Please complete this page and return in the enclosed envelope by:

Date: _____

1. I will attend the Section 504 Conference Committee meeting.
 I will not attend the Section 504 Conference meeting, but I would like you to continue the process and send the paperwork to my home address.
2. I would like my child to attend the Section 504 Conference Committee meeting.
 I do not want my child to attend the Section 504 Conference Committee meeting.
3. Please indicate if there are additional school personnel you would like to attend the Conference Committee meeting.

4. You may also bring any additional persons to the Section 504 Conference Committee meeting. Please contact the contact the Counselor or the Principal with the name (s) of individuals (s) you intend to bring to this conference.

Parent/Guardian Signature: _____ Date: _____

Cc: Parents
Teacher
Education Record

504 Quarterly Compliance Report

School Year: _____

Date: _____

Student Name: _____

- Please put a check mark, to indicate that the accommodations are being met.

__ Testing Accommodations: _____

Accommodations Being Monitored: Please check off if these accommodations are being followed.

__ Sample

__ Sample

If you feel a need for a meeting, please indicate that here _____

Teacher Signature: _____

Thank you,

Paula Bulla, School Counselor and 504 Coordinator

PARENTS RIGHTS Section 504

Frontier School Corporation

NOTICE OF PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION, AND PLACEMENT OF INDIVIDUALS WHO ARE DISABLED OR WHO ARE BELIEVED TO BE DISABLED

Section 504 of the Rehabilitation Act of 1973

In compliance with procedural requirements of Section 504 of the Rehabilitation Act of 1973 (34 CFR 104), the following Notice of Parent/Student Rights In Identification, Evaluation, and Placement shall be utilized in the (Frontier School Corporation).

The following list of rights and options are given to insure the parent's awareness of regulations about the evaluation of and/or special instruction which may be offered to his/her child. Should the parent have any questions, contact (Paula Bulla, Coordinator at Frontier Elementary School, or Kathy Bassett, Coordinator at Frontier Junior/Senior High School or Dan Sighting, Superintendent). The parent also has the right to meet with the Superintendent or designee, the local School Board, or the Regional Office for Civil Rights to resolve objections to either evaluation or educational placement.

A. United States Department of Education Office for Civil Rights
400 Maryland Avenue, S.W.
Washington, D.C. 20202-1100
1-800-421-3481
FAX: (202) 245-6840; TDD: (877) 521-2172
E-Mail: OCR@ed.gov
Web: <http://www.ed.gov/ocr/>

Divisions: <http://www.ed.gov/about/offices/list/ocr/docs/howto.htm/>

B. The following is a description of the rights and options granted by federal law to students with disabilities. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights 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/her disabling condition.
2. Have the school district advise you of your rights and options under federal law. (34 CFR 104.32)
3. Receive notice with respect to identification, evaluation, or placement of your child. (34 CFR 104.36)
4. Have your child receive a free appropriate public education. This includes the right to be educated with students without disabilities to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities, as well as to have the school district provide free educational services (with the exception of certain costs normally paid by the parents of non-disabled students. (34 CFR 104.33 and 104.34)
5. Have your child educated in facilities and receive services comparable to those provided students without disabilities. (34 CFR 104.34)
6. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act (IDEA - PL. 101-476), and/or general education intervention/modifications outside of special education under Section 504 of the Rehabilitation Act of 1973.
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources and by persons who know the student, evaluation data, and placement options. (34 CFR 104.35)
8. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the district.

9. Have your child given an equal opportunity to participate in non-academic and extracurricular activities offered by the district.

10. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement. (34 CFR 104.36)

11. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records. (34 CFR 104.36)

12. A response from the school district to reasonable requests for explanations and interpretations of your child's records. (34 CFR 104.36)

13. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time and advise you of the right to a hearing. This hearing will be according to the Family Educational Rights and Privacy Act (FERPA) and should not be confused with an impartial due process hearing. (34 CFR 104.36)

14. Request mediation, an impartial hearing, or review (appeal) related to decisions or actions regarding your child's identification, evaluation, educational program, or placement. The costs for mediation and/or the hearing are borne by the local school corporation. You and the student may take part in the hearing and have an attorney represent you.

15. Hearing requests must be made to the Superintendent of Schools. The following details the procedure:

a) If the parent/guardian disagrees with the identification, evaluation, educational placement, or the provisions of a free appropriate public education for his/her child, the parent/guardian may make a written request for a hearing to the Superintendent of Schools, indicating the specific reason(s) for the request. A copy of the request may be filed with the nearest Regional Office for Civil Rights.

b) The local school district may initiate a hearing regarding the identification, evaluation, or educational placement of the student or the provision of a free appropriate public education to the student. The local school district shall notify the parent of the specific reason(s) for the request.

c) Such hearings shall be conducted within twenty (20) instructional days after the request, unless the hearing officer grants an extension, and at a time and place reasonably convenient to the parent. Upon receipt of the parent's or local school district's request for a hearing, the local Superintendent or designee shall designate the independent hearing officer. The local school district shall bear all costs pertaining to the hearing, including the transcription, hearing officer's fee, and expenses, but shall not be responsible for the fees and expenses incurred by the parent/guardian. The parent involved in a hearing shall be given the right to have the child who is the subject of the hearing present, and/or open the hearing to the public, and be represented by legal counsel or other representative.

d) During the pendency of the hearing, unless the local school district and the parent of the child agree otherwise, the child involved in the proceeding shall remain in his/her present educational placement. If there is a dispute regarding this present placement, the hearing officer shall order an interim placement. The present educational placement of the child shall include normal grade advancement if the proceedings extend beyond the end of a school year. If the issue involves an application for initial admission to school, the child, with the consent of the parent, shall be placed in the school until the completion of the proceedings. In the absence of an agreement, the hearing officer shall determine the child's placement during the proceedings.

e) The child and the parent shall have the right to legal counsel and/or other representation of their own choosing. The local school district may inform the parent of any free or low-cost legal services available in the area if the parent requests the information or if the local school district initiates a hearing. The decision of the hearing officer shall be based solely upon the evidence presented at hearing. The school shall bear the burden of proof as to the appropriateness of any placement, transfer, or the denial of same.

f) A tape recording or other verbatim record of the hearing shall be made and transcribed and, upon request, shall be made available to the parent or the parent's representative at local school district's expense. At a reasonable time prior to the hearing, during school hours, the parent or the parent's representative shall be given access to all records of the local school district and any of its agents or employees pertaining to the child, including all tests and reports upon which the proposed action may be based. The parent or parent's representative shall have the right to compel the attendance, to confront, or to cross-examine any witness who may have evidence upon which the proposed action may be based. The parent or the parent's representative and local school district shall have the right to present evidence and testimony, including expert medical, psychological, or educational testimony. Introduction of any evidence at the hearing that has not been disclosed to both parties at least five (5) days before the hearing is prohibited, subject to the discretion of the hearing officer.

g) Within fifteen (15) instructional days after the hearing, the hearing officer shall render a decision in writing. Such decision shall include findings of fact, conclusions of law, and orders, if necessary, which will be binding on all parties. The dated decision shall be sent by mail to the parent and the Superintendent of the school and shall contain notice of the right to review the decision. The decision shall be implemented no later than twenty (20) instructional days following the date of the decision, unless review is sought by either party. Should the parent/guardian be represented by legal counsel and ultimately prevail on the issues at the hearing, the parent/guardian may be entitled to payment of all or part of the attorney fees and the cost incurred by the parent/guardian.

16. Request a review (appeal) of the hearing should you not prevail. The following details the procedure:

a) A petition to review (appeal) the decision of a hearing officer may be made by any party to the hearing. The request must be in writing, filed with the local Superintendent and the opposing party, be specific as to the objections, and be filed within twenty (20) instructional days of the date the hearing officer's decision is received. The school corporation is responsible for hiring an independent Review (Appeals) Officer to conduct an impartial review of the record as a whole and may, at its election, conduct its review with or without oral argument. Such review shall be conducted within twenty (20) instructional days of the receipt of the Petition for Review, unless either party requests an extension of time or the Board on its own motion extends the timelines.

b) The Review (Appeals) Officer shall insure a transcription is prepared of its review and made available upon request of any party.

c) Any party disagreeing with the decision of the Review (Appeals) Officer may appeal to the Regional Office for Civil Rights.

17. File a local grievance to resolve complaints of discrimination. The procedure is as follows:

a) An alleged grievance under Section 504 must be filed in writing fully setting out the circumstances giving rise to such grievance.

b) Such claims must be made in writing and filed with the Section 504 Coordinator: (504 Coordinators are: Paula Bulla (Elementary), Kathy Bassett (Jr/Sr. High School), and or Dan Sichtung (Superintendent), 126 E. Main Street, Chalmers, Indiana 47929.

c) A hearing will be conducted according to the procedures outlined in the regulations implementing the Family Educational Rights and Privacy Act (FERPA).

d) The Section 504 Coordinator will appoint a hearing officer who will conduct the hearing within a reasonable time after the request was received.

e) The Section 504 Coordinator shall give the parent, student, or employee reasonable advance notice of the date, time, and place of the hearing.

f) The hearing may be conducted by any individual, including an official of the local school district, who does not have a direct interest in the outcome of the hearing.

g) The local school district shall give the parent, student, or employee full and fair opportunity to present evidence relevant to the issues raised. The parent, student, or employee may, at their own expense, be assisted or represented by individuals of his or her choice, including an attorney.

h) The local school district shall make its decision in writing within fifteen (15) days after the hearing.

i) The decision must be based solely on the evidence presented at the hearing and shall include a summary of the evidence and reasons for the decision.

The person in this district who is responsible for assuring that the district complies with Section 504 and the Americans with Disabilities Act (ADA) is: Dan Sichtung, Superintendent, 126 E. Main Street, Chalmers, Indiana 47929, phone number is: 219-984-5009 of Coordinator.

18. You have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The Federal address is : 400 Maryland Avenue, S.W., Washington, D.C. 20202-1100, 1-800-421-3481.

PLACEMENT

If your child is identified as an individual with a disability under Section 504/ADA, placement decisions about your child will be made by the school's 504 Team, which will include at least three professional staff members who, collectively, are knowledgeable about your child, the meaning of the evaluation data, and the placement options. You will be invited to participate in any meeting of the 504 Team if your child's placement and/or services are to be discussed. The 504 Team will also ensure that your child is placed in the least restrictive environment.

LEAST RESTRICTIVE ENVIRONMENT

If your child is identified as an individual with a disability under Section 504/ADA, your child will be placed and served in the least restrictive environment. This means that your child will be served with nondisabled students in the regular education environment to the maximum extent appropriate. Prior to removing your child from the regular education environment due to his/her disability, the school will consider the use of supplementary aids and services. Your child will be removed from the regular education environment only if he/she cannot be served satisfactorily in that environment, even when supplementary aids and services are provided.

If it becomes necessary to serve your child in an alternate setting due to disability, the school will take into account the proximity of the alternate setting to your home.

EXAMINATION OF RECORDS

You have the right to see and examine any educational records that pertain to your child or are relevant in serving your child.

HEARINGS

If you disagree with a decision of the 504 Team regarding the identification, evaluation, or educational placement of your child you have the right to an impartial hearing. You have the right to participate in such a hearing and to be represented by a person of your choice, including an attorney. If you wish to request a hearing, because you disagree with the 504 Team decision, you must make a written request for a hearing within 20 calendar days from the time you received the written notice of the 504 Team decision. Your request for a hearing must be filed with the district's Section 504 Coordinator. Upon receipt of a timely request for a hearing, the district will notify you of the date, time, and location of the hearing. If you disagree with the decision of the hearing officer, you have the right to a review of that decision by a court a competent jurisdiction.

OTHER COMPLAINTS

You also have the right to file a complaint with the district's Section 504 Coordinator pertaining to harassment, retaliation or discrimination against your child in ways that do not involve your child's identification, evaluation, or educational placement.

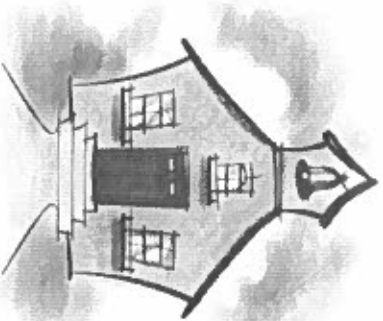
OFFICE FOR CIVIL RIGHTS

You also have the right to file a complaint with the United State Office for Civil Rights.

FRONTIER SCHOOL CORPORATION

Information for Parents

Notice of Rights and Procedural Protections Under Section 504 and the Americans with Disabilities Act



Frontier School Corporation

126 E. Main St.

Chalmers, IN 47929

219-984-5009

219-984-5022 FAX

Dan Sichtung, Superintendent

Section 504: Procedural Rights for Parents

Notice of Rights and Procedural

Protections Under Section 504 and the

Americans with Disabilities Act

The Frontier School Corporation does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability in admission, access, treatment, or employment in its programs, services, and activities. Applicants, students, parents/guardians, employees, referral agencies, and all organizations holding agreements with the District are hereby notified of this policy. Any person with concerns regarding the District's compliance with the regulations implementing Title VI, Title IX, Section 504 or the Americans with Disabilities Act is directed to contact:

Elementary School

Paula Bulla, School Counselor

811 S. Railroad St., Brookston, IN 47923

219-984-5438 Ext: 2000

pbulla@frontier.k12.in.us

Jr./Sr. High School

Kathy Bassett, School Counselor

One Falcon Dr., Chalmers, IN 47929

219-984-5437 Ext. 1225

kathy_bassett@frontier.k12.in.us

INTRODUCTION

Section 504 of the 1973 Rehabilitation Act, along with the Americans with Disabilities Act, requires that the school district may not discriminate against students with disabilities. Accordingly, the district has adopted policies and procedures to ensure that discrimination does not take place. In the rest of this document, we will refer to these laws as —Section 504/ADA.

IDEA ELIGIBILITY

Many students who meet the definition of an individual with a disability under Section 504/ADA also qualify for services under the Individuals with Disabilities Education Act (IDEA). This document does not address these students or their parents. Such students are served pursuant to the requirements of the IDEA. The rest of this document addresses only the rights of parents of students who satisfy the definition of an individual with a disability under Section 504/ADA but do not qualify under IDEA.

AN APPROPRIATE EDUCATION

If it is determined that your child meets the definition of an individual with a disability under Section 504/ADA, then your child will be entitled to a free and appropriate public education. This means that your child's education will be designed to meet his/her individual educational needs as adequately as the needs of nondisabled students are met. A free public education means that no fees will be imposed on you except for the same fees that are imposed on parents of nondisabled students. However, insurance companies and other third parties that are obligated to provide or pay for services to your child are still obligated to do so.

NOTICE

You have the right to be notified by the district prior to any action that would identify your child as having a disability, evaluate your child for services under Section 504/ ADA, or place your child in a program based on a disability.

EVALUATION

Prior to conducting an evaluation of your child for purposes of services under Section 504/ADA, the district will seek your informed written consent. An evaluation will not be conducted unless you give consent. However, school officials may review existing records, test scores, grades, teacher reports, and recommendations and other such information without your consent to the same extent they would do so for nondisabled students.

An evaluation that satisfies these requirements will be conducted prior to your child's initial placement and conducted or reviewed prior to any subsequent significant change in placement. If your child is identified as an individual with a disability under Section 504/ADA the school will periodically reevaluate your child as appropriate.

**Section 504 Meeting
Parent Input**

Student:

Date:

School: Frontier Elementary School

Grade:

Father's Name:

Mother's Name:

Who has legal authority to make educational decisions for this child? _____

With whom does this student live? _____

Please answer any questions that you think might be helpful to the 504 Team.

What are some of the child's strengths? _____

What does your child do when not in school? _____

Please describe your child's behavior at home. _____

Have there been any important changes within the family during the last 3 years? _____

Do you feel your child is experiencing problems in school? _____

When were you first aware of this problem? _____

What do you think is causing this problem? _____

What time does your child go to bed at night? _____

Does your child usually eat breakfast? _____

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

What is your child's reaction to discipline? _____

Has the child mentioned any problems with school? If so, how does he/she feel about the problem? _____

Health History

Please describe any serious illnesses, accidents, or hospitalizations. _____

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

Is your child currently taking medications? If so, please list. _____

Are there any known side effects from the medication? _____

Please tell us anything else that you think will be helpful in planning for your child's success at school. _____

SECTION 504/ADA LEARNING EVALUATION WORKSHEET

Student's Name: _____ **DOB:** _____ **Grade:** _____

To qualify for protection under Section 504 based on a disability in learning, a student must have a physical or mental impairment that substantially limits his/her learning.

If the student needs specially designed instruction due to the severity of the impairment, then the student should be referred for evaluation and possible placement under the Individuals with Disabilities Education Improvement Act (IDEIA) and R.C. Chapter 3323.

If a student does not need accommodations/modifications/interventions at school beyond those normally made available to all students, then s/he is not eligible for a Section 504 Plan.

The following factors should be considered by the IAT in determining whether the student's physical or mental impairment substantially limits his/her learning: (generally, there should be multiple indications of difficulty before the IAT determines the student's learning is substantially limited).

Yes No

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | 1. | Has the student demonstrated a consistent need for substantially more time to complete homework assignments than required by students without disabilities? |
| _____ | _____ | 2. | Has the student demonstrated a consistent need for substantially more time to complete in-class assignments than required by students without disabilities? |
| _____ | _____ | 3. | Does the student consistently need modified testing to be able to demonstrate his/her knowledge? |
| _____ | _____ | 4. | Does the student have significant difficulty with planning, organization and performing school-related assignments and other activities? |
| _____ | _____ | 5. | Is the student chronically absent or tardy due to a physical or mental impairment? |
| _____ | _____ | 5a. | If so, are those absences/tardies significantly interfering with his/her educational performance/progress? |
| _____ | _____ | 6. | Does the student exhibit frequent behaviors (such as impulsivity, inattentiveness, aggression, drowsiness) that are commonly associated with the student's physical or mental impairment or the medication that the student is taking?
If yes, describe those behaviors and indicate specifically the impact on school performance. |

- ___ ___ 6a Do those behaviors **significantly interfere** with the student's educational performance/progress?
- ___ ___ 7. Has the student experienced a **significant decline** in academic performance for which there is no known cause other than the student's physical or mental impairment?
- ___ ___ 8. Does the student have **significant discipline problems** that are not due to any cause other than the physical or mental impairment?
- ___ ___ 9. After appropriate interventions strategies have been attempted in the regular education classroom, does the student still have significant learning difficulties?
- ___ ___ 10. Does the student's physical or mental impairment substantially limit his/her ability to learn in any manner not already indicated?
If so, explain: _____

5/23/10

Utility of form-to be used as a referral form when an evaluation is being requested.

Section 504 Referral

Student: _____

Date of Birth: _____

Teacher: _____

Grade: ____

Parent/Guardian: _____

Phone: _____

Address: _____

Referred by: _____

Position: _____

1. Reason for referral: _____

2. Accommodations and interventions attempted: _____

3. Has the student ever been referred, evaluated, and/or received services from special education? Yes ___ No ___ If yes, explain:

4. Referral Action: _____

Signature of referring individual: _____

Date: _____

Signature of Section 504 Coordinator: _____

Date: _____

SECTION 504 PLAN REVIEW
Or an Informal 504 Meeting

Student: _____ Date of Birth: _____

Date of Review Meeting: _____

Brief Summary of Review Meeting/Basis for Recommendations: _____

Recommendations:

- Continue existing 504 Plan for the ____ school year.
- Discontinue 504 Plan* as of _____ [date]
- Modify current 504 Plan*
- Determined that a 504 plan is not needed at this time. (504 Committee decision)
- Other recommendations:

* A re-evaluation must be completed prior to discontinuing or significantly changing a 504 Plan.

Review Team Participants:

Name	Relationship to Student	Agree with Determination	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parents please sign that you have received a copy of "Notice of Parents' Rights" _____

Copies to: ____ 504 Coordinator ____ Teacher(s) ____ Nurse ____

____ Principal and or Vice Principal ____ Parent(s) ____ 504 Case Manager ____ File

5/23/10

MANIFESTATION DETERMINATION REVIEW 504 PLANS

In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the Intervention Assistance Team (IAT) (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's 504 Plan, any teacher observations, and any relevant information provided by the parents of the child.

Student's Full Name: _____ DOB: _____

Nature of the student's disability: _____

Nature of the behavior subject to disciplinary action: _____

The Notice of Section 504/ADA Procedural Information and Rights was presented with an explanation by _____.

Name/Title _____

1. Is new or additional evaluation/data needed?
If yes, refer the student for evaluation. Yes No
2. Does student have or require a Section 504 Plan?
If yes, is the Section 504 Plan appropriate?
If no, revise the Plan and attach a copy of the modified Plan. Yes No
 Yes No
3. Was the student capable of understanding that the behaviors exhibited were in violation of school rules and/or were unacceptable? Yes No
4. Previous suspensions/expulsion: Yes No (attach record)
5. Aggregate number of suspension days: _____
6. In relationship to the behavior subject to disciplinary action
 - a. Did the IAT review relevant information in the student's file and the student's 504 Plan?
 Yes No
 - b. Did the IAT review relevant information presented by the parents and teacher observations?
 Yes No

- c. Did the IAT determine that the conduct in question was caused by or had a direct and substantial relationship to the child's disability?
 Yes No

Explain: _____

- d. Was the child's conduct a direct result of the Corporation's failure to implement the 504 Plan?
 Yes No

Note: The behavior is a manifestation of the student's disability if the IAT indicated yes on item C or D under #6.

Conclusion:

Based upon the information considered, the IAT determined that the behavior
 _____ was _____ was not a manifestation of the student's disability.

Date of Manifestation Determination Review: _____

Please note: If the behavior was a manifestation of the disability, the team should consider action such as whether the 504 Plan needs to be changed, a behavior plan needs developed or amended, additional assessment is necessary, etc.

If the behavior is not a manifestation of the student's disability, the Corporation may apply the regular disciplinary procedures as those applied to non-disabled students.

Signature: _____	Title: _____
Signature: _____	Title: _____
Signature: _____	Title: _____
Signature: _____	Title: _____

Copies to: Parent/Guardian 504 Case Manager Office of Pupil Services
 Cumulative File

Parent (s) received a copy of the procedural rights letter: Signature: _____

5/23/10

CONFIDENTIAL INFORMATION

Section 504 Accommodation Plan

Student Name: _____ Teacher: _____ Grade: ____ Date: _____

Teachers and other staff members who will be involved with this student at some point are to be aware that a copy of the Accommodation Plan is available for their viewing, in the student's permanent file, which has been developed for the _____ school year.

Sign your name below, indicating that you have been informed of this 504 plan.

Please contact _____ with any questions.

The disability resulting in a need for a 504 is: **Explanation**

Signature

Date

_____ General Education Teacher _____

_____ Art Teacher _____

_____ Music Teacher _____

_____ Gym/PE Teacher _____

_____ Special Ed. Teacher _____

_____ Computer Teacher _____

_____ Administrator _____

_____ Nurse _____

_____ Rotation Teacher _____

_____ Rotation Teacher _____

_____ Media Specialist _____

_____ Other _____

****Note: This paper acknowledges that you have reviewed the plan and if you need to refer back to the plan, that you can access the plan in the student's permanent file.

Frontier School Corporation
Section 504 Exit Form

Date:

School Name: Frontier Elementary School

Student Name: _____

Grade: _____

The 504 team has recently reviewed the 504 plan for the student listed. Based on the review, the team has determined that this student no longer needs or meets the criteria to have a 504 plan for the following reasons:

Because this student no longer qualifies for a 504 plan, he or she will no longer receive classroom and/or testing accommodations and is exiting from the 504 plan.

*Please note that at any time this situation changes, the 504 team, along with the parent, can reconvene and a re-evaluation can be conducted at that point and time.

Parent must have prior knowledge of this termination.

Frontier School Corporation-Elementary School members:

Counselor/504 Coordinator _____

Principal/Vice Principal/Designee _____

Nurse: _____

Classroom Teacher: _____

Parent(s): _____

Parents please sign that you have received a copy of "Notice of Parents' Rights" _____
