



"A Quality School System..."

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504 Plan Procedures and Guidelines

Section 504 Accommodation Plan Procedures

Part 1: Review Request (pre-meeting) School

Student Name Grade Date

Student # Birthdate

Address

City State/Zip

Parent(s) Name(s)

Home Phone Work Phone

Building 504 Coordinator or designee Phone

Section 504 of the Rehabilitation Act of 1973 is designed to prohibit discrimination based on disability in any program or activity receiving Federal money. This statute obligates most public schools to provide equal access and equal opportunity to otherwise qualified persons with disabilities. For a student to be eligible for a 504 plan, the student must meet all three of the following criteria. It must be because of this disability that the student is unable to gain equal access and benefit from school programs and services.

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

If you believe that a student may be eligible for Section 504 support please complete the following form and submit it to your school's principal or building 504 coordinator.

Please describe the student concern and how it matches the above criteria.

Signature of person requesting Section 504 review _____

Part 2: Pre-Meeting Details:

(To be accomplished by building 504 coordinator or designee.)

1. Based on information gathered as part of this review request will an eligibility meeting be scheduled?

Yes No

If "No" briefly explain _____

2. The purpose of this meeting is to conduct: Initial review _____ Yearly review _____

Other (describe) _____

3. Does additional information need to be secured before the eligibility meeting is convened?

Yes No

If "Yes" identify information needed for the eligibility meeting, and who is responsible for securing this information. _____

4. The Office of Civil Rights (OCR) mandates that the following documents must be provided to parent(s)/guardian(s) before an eligibility meeting is held. Please list the date each of the following was provided in the space below.

Date sent

- Parent/student Section 504 rights _____
- Parent Notice: Section 504 meeting _____

5. Eligibility meeting details

Eligibility meeting date/time _____ Location _____

Notes

Part 3a: 504 Eligibility Meeting

The 504-eligibility team is to include individuals who are knowledgeable about the student and the meaning of the data/information reviewed. The information reviewed by the eligibility team should be current and focus on the area of concern. All eligibility team members sign on page 5.

1. Area(s) of concern _____

2. Summary of formal performance data reviewed (e.g. Dominie, MAPS, PASS, grades, CogAt, etc.) _____

3. Summary of staff reports/comments _____

4. Summary of parent(s)/guardian(s) report/comments _____

5. Other pertinent information _____

Part 3b: Eligibility Statement

Based on the eligibility team’s findings answer the following questions.

1. Does the student have a disability or handicap that substantially limits one or more life activities?

Yes No

Explain: _____

2. If “Yes” which of the following major life activities is being substantially limited by the disability or handicap?

Learning Seeing Hearing Breathing
Walking Speaking Working Caring for self

Other (describe) _____

3. Does the disability impact the student’s ability to receive equal access and benefit from school programs and services? Yes No

- If the eligibility team answered “Yes” to question 1 and 3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 accommodation plan. The eligibility team is to proceed to Part 4.
- If the eligibility team answered “No” complete this eligibility meeting by documenting the team’s rationale in the space below and completing page 6.

Part 4: 504 Accommodation Plan

Student Name: Today’s Date:

1. Specific accommodations and the staff who are responsible for implementing them:

2. Student responsibilities:

3. Parent/guardian responsibilities:

4. Other accommodations and related services that will be provided the student and individuals for arranging and/or providing them:

Provide a copy of page 5 to all individuals responsible for implementing this plan.

5. Eligibility team signatures:

Name	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Date for 504 accommodation plan review:

7. The building 504 coordinator or designee will be responsible for scheduling and assembling staff needed to conduct this review.

8. Parent/Guardian statements:

- I received a written notice of my rights under Section 504.
- I received notice of the Section 504 evaluation and accommodation plan meeting.
- I agree with the Section 504 plan as written.
- I understand that, if I disagree with the content of this plan, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal, building 504 coordinator or designee.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

- File this original 504 Accommodation Plan (all 6 pages) in the student’s cumulative file.
- If this plan is no longer needed by the student it must be officially terminated by a 504-evaluation committee. Have the committee convene, complete a Section 504 Termination Form and attach the completed form to the front of this Section 504 Accommodation Plan.
- Terminated 504 Accommodation Plans are filed in the student’s cumulative file.

Additional Forms

To:

From:

Re: Parent Notice: Section 504 Student Eligibility Meeting

The Section 504 Eligibility Team at _____(school)is in the process of planning an eligibility meeting for your child. The purpose of this meeting is to determine whether _____(student name) is eligible for accommodations that will better insure his/her access to services, programs, and/or school activities.

The following concern(s) has prompted our staff to organize this meeting. _____

Students are eligible for this kind of support if they have a disability or handicap that substantially limits one or more major life activities and impacts their ability to access the program. Section 504 is part of the Rehabilitation Act of 1973. This civil rights law guarantees that students with a qualifying disability are provided the same access (both physical and academic) to public school services, programs, and activities as non-disabled students. We will be reviewing the following information in order to determine if your child is eligible for accommodations under Section 504.

Meeting details:

Date _____ Time _____

Location _____

Eligibility Team Members _____

Review meeting type: Initial Yearly Other _____

Please indicate if it will be possible for you to do participate on the bottom portion of this form. Sign and return this form to the principal of your student's school. If you should have questions or need more information please contact _____ at _____ (phone)

I will participate in the meeting described above. Yes No

Parent Signature _____ Date _____

Section 504 Plan Termination Form

Student Name _____

Student ID _____

School _____

Grade _____

Date _____

In the space below, briefly describe the reason for terminating the student's 504 plan referencing the three qualifying criteria listed below.

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

The following eligibility team has determined that the 504-accommodation plan currently in place for the above named student is no longer needed. (Please have the building principal or sign off on each Section 504 Termination Form.)

Signatures and titles of participants:

Building principal, building 504 coordinator
or designee signature

Parent/guardian signature _____

(I understand that, if I disagree with the content of this termination form, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal or Dr. Trish Beason, Coordinator of Special Services).

Attach this completed form to the front of the student *Section 504 Accommodation Plan*. Both terminated and active Section-504 Accommodations plans are to be maintained the student cumulative file.

Section 504 Complaint Form

Norwell Public Schools complies with Section 504 regulations and no discrimination on the basis of disability is permitted in the programs or activities that the District operates. If you believe that discrimination has occurred against a student because of a disability please complete, sign and submit this form to your school's principal.

Date _____

On behalf of _____

Complaint is _____

Student _____

Student's parent(s) _____

Other _____

Address _____

Street

City

State

Zip

Telephone _____

Home

Work

1. 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 pages if needed).
2. Describe any communication that has already occurred, with whom and when, to address the issue.
3. Please describe how you propose to resolve this issue.

Please return this form to your school's principal or to the 504 Coordinator, Dr. Trish Beason, Spartanburg School District One, 121 Wheeler Street, Campobello, SC 29322

Checklist for Section 504 Eligibility Review

- A signed copy of Section 504 Student Review Request Form is forwarded to the school. This form will serve as Part 1 of the accommodation plan.
- Building 504 coordinator or designee completes page 2 of the Section 504 Accommodation Plan.
- Meeting time and location are set.
- Eligibility team members are notified of meeting time, location, and any information they may need to bring to the meeting.
- Parents are provided a copy of Parent/Student Rights under Section 504 and Parent Notice: Section 504 Student Eligibility Meeting.
- Signed copy of Parent Notice: Section 504 Student Eligibility Meeting is secured by building 504 coordinator or designee (not required to proceed with an eligibility review meeting).
- Part 3a and 3b of the Section 504 Accommodation Plan is to be completed at all eligibility meetings.
- Part 4 of the Section 504 Accommodation Plan is completed if the student is found to be eligible for Section 504 plan. The first page of Part 4 is a summary of the accommodation plan. A copy of this page is to be given to individuals responsible for implementing the plan.
- The final page of the Section 504 Accommodation Plan is the "sign off" sheet and is to be completed at every eligibility meeting. Secure signatures from parents and all team members.
- Identify tentative date for next review of the plan (usually done yearly).
- The original Section 504 Accommodation Plan is filed in the student's cumulative file.
- If a plan is no longer needed by the student it must be officially terminated through review by an eligibility team. Completing and attaching the one page Section 504 Termination Form to the front of the plan does this. Terminated plans are filed in the student's cumulative file.
- Parent is notified in writing of any action taken by a 504 eligibility Team, copied to the student's cumulative file.



Spartanburg District One Schools Special Services Physician Statement

Student's Name: _____ Date: _____

Date of Birth: _____

Please complete the information below on the student as part of the 504 Plan Eligibility process of Spartanburg School District One.

Medical Diagnosis: _____

Describe how the diagnosis impacts learning and/or access to other educational benefits or services:

Print Name

Title

Signature

Date

*Form should be completed and returned to: