



FSD 145

Freeport School District

REVIEW REQUEST FOR A SECTION 504 PLAN

Part 1; Review Request (Pre-Meeting)

Student Name:		Grade:	Date:
Student #:		D.O.B.:	
Address:		City:	
Parent/Guardian(s) Name(s):			
Home Phone:		Work Phone:	
Building 504 Coordinator 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)
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	That substantially limits
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	One or more major life activities
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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 PST Coordinator and/or building 504 Coordinator.

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

Signature of Person Requesting Section 504 Review:

REVIEW REQUEST FOR A SECTION 504 PLAN (Continued)

Part 2: Pre-Meeting Details:
 (To be accomplished by building 504 coordinator or designee.)

Based on information gathered as part of this review request, will an eligibility meeting be scheduled?			
	YES		NO
The purpose of this meeting is to conduct:			
	Initial Review		Yearly Review
Other (describe):			
Does additional information need to be secured before the eligibility meeting is convened?			
	YES		NO
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.			
	Parent/Student Section 504 Rights	Date Sent:	
	Parent Notice: Section 504 Meeting	Date Sent:	

Eligibility Mtg Date & Time:

Location:

Notes:



FSD 145

Freeport School District

**FREEPORT SCHOOL DISTRICT 145
SECTION 504 STUDENT EVALUATION REPORT**

Student Name:	Date:
Student ID#:	D.O.B.:
School:	Grade:
City:	Zip:
Parent(s) Name(s):	

Part 1A: Evaluation Report

The PST is to include individuals who are knowledgeable about the student, the student's impairment and the meaning of the data/information reviewed. The information reviewed by the PST should be current and focus on the area of concern.

Area of concern:

Summary of formal performance data reviewed:

Summary of staff reports/comments:

Summary of parent(s)/guardian(s) report/comments:

Other pertinent information:

SECTION 504 STUDENT EVALUATION REPORT (Continued)

Part 1B: Based on the team's findings, answer the following questions:

1. What is the student's impairment?
2. Does the student have an impairment that substantially limits one or more major life activity? Explain
3. 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:						

→If the PST answered "Yes" to questions 2 & 3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 plan. The PST is to finish this page and proceed to Part 2.

→If the PST answered "No", complete this eligibility meeting by documenting the team's rationale in the space below and complete the evaluation team signature page.

Rationale:

Does the impairment impact the student's ability to participate in and benefit from school programs and services? (explain)

What are the present levels of performance and the education needs of the student?

Other pertinent information:

SECTION 504 STUDENT EVALUATION REPORT (Continued)

Part 2: Section 504 Plan

Specific services, modifications, and/or accommodations and the staff who are responsible for implementing them:

Student responsibilities: To see the nurse or alert an adult when she is experiencing respiratory difficulties.

Parent/guardian responsibilities:

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

Participation of Eligible 504 Student in Standardized Testing:

	The student should take PARCC/SAT under routine conditions, without any accommodations.
	The student should NOT take PARCC/SAT under routine conditions and is eligible for the following Standard Accommodations that are consistent with the instructional accommodations used in the student's educational program. List accommodations:

Next date for 504 Plan Review:	

The building SAT/504 Coordinator will be responsible for scheduling and assembling staff needed to conduct this review.

NOTE: Provide a copy of Section 504 Plan to parent(s)/guardian(s) and to all individuals responsible for implementing the plan.

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SECTION 504 STUDENT EVALUATION REPORT (Continued)

Part 2: Section 504 Plan (Continued)

Do any accommodations or modifications need to be made to enable the student to have a free appropriate education?

Area of Need	Accommodations	Responsible Person

SECTION 504 STUDENT EVALUATION REPORT (Continued)

Part 2: Section 504 Plan (Continued)

Student Name:		Date:
Evaluation Team Signatures:		
Name	Title	Date:
Parent/Guardian Statements: (initial the following)		
	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 (or lack of plan) that I have the right to ask for a due process hearing by filing a written request with the school principal.	

Parent/Guardian Signature:	
Parent/Guardian Signature:	

File this original 504 Plan (all pages) with Pupil Personnel Services at Central Office. A copy must be placed in the student's Section 504 file maintained at the school. The school the child is attending must have a copy of the current Section 504 Plan in the student's temporary record.

If this plan is no longer needed by the student it must be officially terminated by a 504 evaluation committee (SAT). Have the committee convene, complete a Section 504 Termination Form and attach the complete form to the front of this 504 Plan. BitesL /a student can only be terminated from services based on a re-evaluation.

Terminated 504 Plans are filed with Pupil Personnel Services at Central Office.

Notice of Section 504 Evaluation Initial Meeting

Student Name:		School:	
Date of Birth:		Gender:	Grade:
Parent(s)/Guardian:			
Address:			

Your son/daughter has been referred as possibly being eligible under Section 504 as having a disabling condition.

This letter is to provide you with written notice that, to determine whether your child is eligible, an evaluation will be conducted at a Section 504 Committee Meeting. We encourage you to attend this meeting, as your involvement is a crucial part of your child's education.

The meeting will be held:

Date:	Time:	Place:
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The following persons have been asked to attend this meeting:

Name:	Title:	Name:	Title:

If your child is determined to be eligible under Section 504, the Committee will develop an accommodation plan to address your child's education needs and make an appropriate placement.

Included are some information about Section 504 and the rights you are entitled to under Section 504 of the Rehabilitation Act of 1973. If you have any questions, please feel free to call Mr. Jack Code, Pupil Personnel Director. I am usually available at (815) 801-0853 to answer phone calls/return message.

Sincerely,



Teacher Notice and Receipt of 504 Plan

Student:

Grade:

Attached is the Section 504 Plan to be implemented as a result of the Section 504 Committee findings. It is imperative that these Accommodations be implemented in each and every classroom in order to be in compliance with Section 504, a federal law which protects the rights of disabled students.

Failure to comply with the law regarding classroom adaptations can result in an investigation and ruling by the Office of Civil Rights (OCR). Such ruling can result in loss of all district federal funds as well as personal civil rights suits against district employees who fail to comply with the law.

The disabling condition and Accommodation Plan should be discussed and implemented privately between teacher and student without making others in the classroom aware of either the condition or the accommodations. Please be discreet in order to protect the student's right to confidentiality.

Thank you for your continued efforts on behalf of all students.

School 504 Coordinator:

Date:

I have received a copy of _____
Accommodation Plan.

I understand that these accommodations are mandatory and that I am required to implement the plan.

Signature of Teacher

Date

When the teacher has signed, make a copy for the teacher to maintain in his/her records and place the original in the student's Section 504 folder maintained by the 504 Building Coordinator.



PARENT NOTICE: SECTION 504 ELIGIBILITY OR NON-ELIGIBILITY DETERMINATION

Student:	Student ID #:
School:	Grade:

Dear :

On _____, an evaluation team met to determine whether your child has a qualifying disability under Section 504 of the Rehabilitation Act. Based on the team's review of all of the information collected, the evaluation team determined that:

	Your child has a qualifying disability under Section 504 of the Rehabilitation Act and requires an accommodation plan to ensure he/she receives an appropriate education. A copy of the accommodation plan is enclosed for your review.
	Your child does not have a disability or condition that meets the definition of a qualifying disability under Section 504. Therefore, the District cannot provide accommodations under Section 504.

Please contact me if you have any questions. Enclosed is a copy of the "Parent's Rights and Safeguards Under Section 504" form. This document summarizes your rights and the rights of your child under Section 504. If you did not find the document concerning a parent's rights or need another copy, please contact me.

If you have any questions or would like to schedule a meeting, please do not hesitate to contact me.

Sincerely,

LEA (School Principal or his/her designee)	Telephone Number
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Enclosure

Copy: Director of Pupil Personnel Services



Notice of Section 504 Reevaluation Meeting

Student Name:	School:	
Date of Birth:	Gender:	Grade:
Parent(s)/Guardian(s):		
Address:		

Your son/daughter has been referred for a three year review for eligibility under Section 504 as having a disabling condition.

This letter is to provide you with written notice that, to determine whether your child remains eligible, an evaluation will be conducted at a Section 504 Committee Meeting. We encourage you to attend this meeting, as your involvement is a crucial part of your child's education.

The meeting will be held:

Date: _____ Time: _____ Place: _____

The following persons have been asked to attend this meeting:

Name:	Title:	Name:	Title:
_____	_____	_____	_____

If your child is determined to be eligible under Section 504, the Committee will develop an accommodation plan to address your child's education needs and make an appropriate placement.

Included are some information about Section 504 and the rights you are entitled to under Section 504 of the Rehabilitation Act of 1973. If you have any questions, please feel free to call Mr. Jack Code, Pupil Personnel Director. I am usually available at (815) 801-0853 to answer phone calls/return message.

Sincerely,



Notice of Section 504 Annual Review Meeting

S t u d e n t N a m e :	S c h o o l :
D a t e o f B i r t h :	G e n d e r : G r a d e :
P a r e n t (s)/ G u a r	

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Your son/daughter is eligible under Section 504 as having a disabling condition.

This letter is to provide you with written notice that a review of the plan will be conducted at a Section 504 Committee Meeting. We encourage you to attend this meeting, as your involvement is a crucial part of your child's education.

The meeting will be held:

D	T	P
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t	r	a
e	e	c
:	:	e
		:

The following persons have been asked to attend this meeting:

Name:	T N i a t m l e: e :	Tit le :
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Under Section 504, the Committee will develop an accommodation plan to address your child's education needs and make an appropriate placement.

Included are some information about Section 504 and the rights you are entitled to under Section 504 of the Rehabilitation Act of 1973. If you have any questions, please feel free to call Mr. Jack Code, Pupil Personnel

Director. I am usually available at (815) 801-0853 to answer phone calls/return message.

Sincerely,