



Section 504 Forms



SECTION 504 REFERRAL FORM

To be protected under Section 504, a student must be determined to:

1. have a physical or mental impairment which substantially limits one or more major life activities,
2. have a record of such impairment, or
3. be regarded as having such an impairment

The determination of whether a student qualifies as being eligible for Section 504 and/or needs a Section 504 Plan will be made on an individual basis.

Student's Name: _____	DOB: _____	Age: _____
School: _____	Grade: _____	Teacher: _____
Parent/Guardian: _____	Phone: _____	
Address: _____		
City: _____	State: _____	Zip: _____

Respond to the following as completely as possible with attached supportive data (ex: medical records, achievement data, prior individual assessment (if available), academic grades, test scores, disciplinary reports, and/or behavioral observations)

**** Mark one or more major life activities and/or major bodily functions that are substantially limited.**

Major Life Activities include, but are not limited to: (please check all that apply)

- | | | | | |
|------------------------------------|--|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Self-Care | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Walking | <input type="checkbox"/> Seeing | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Working | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Communicating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Bending | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Standing | <input type="checkbox"/> Other _____ | |

Explain: _____

Major Bodily Functions that are major life activities include, but are not limited to: (please check, if any, all that apply)

Functions of:

- | | | | | |
|---|---|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Immune System | <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Digestive | <input type="checkbox"/> Bowel | <input type="checkbox"/> Bladder |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Brain | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Circulatory | <input type="checkbox"/> Endocrine |
| <input type="checkbox"/> Reproductive Functions | <input type="checkbox"/> Other _____ | | | |

Explain: _____

Requested by: _____ Date: _____



NOTICE AND CONSENT FOR SECTION 504 EVALUATION

Student's Name: _____	DOB: _____	Age: _____
School: _____	Grade: _____	Teacher: _____
Parent/Guardian: _____	Phone: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Date Mailed/Given: _____	Initial or Reevaluation: _____	

Your child's teachers have carefully reviewed your child's school records and additional information is needed to fully determine your child's educational needs. The team would like to further explore whether or not your child may be eligible for assistance in the regular education setting under Section 504. We are requesting that you consent to an evaluation under Section 504 for the following reasons:

The Section 504 evaluation may consist of medical reports that document a physical or mental impairment; IQ scores; achievement scores; adaptive information; observations; reviewing existing school records (grades/standardized test scores/anecdotal information); behavioral data; prior individual assessments (if available); information provided by the parent/guardian; and/or other data. This evaluation will determine if your child qualifies for accommodations in the regular education setting. This is not a special education evaluation.

Please review the **Notice of Rights of Students and Parents Under Section 504** that is included. This document informs you of your rights under Section 504. Please keep this notice for future reference.

If you consent to the evaluation, sign and date, and return to your child's teacher. If you have questions, please contact the building level MTSS Coordinator _____ who can be reached at _____.
School Telephone Number Building level RTI/SST Coordinator

I have received the **Notice of Rights of Students and Parents Under Section 504** and I, as the parent/guardian, give my consent for an evaluation under Section 504.

_____	_____	_____
Parent/Guardian (Printed Name)	Parent/Guardian (Signature)	Date Signed



SECTION 504 MEETING INVITATION

To the Parent/Guardian of: _____ DOB: _____
School: _____ Grade: _____
Date Mailed/Given: _____

We would like to invite you to participate in your child's Section 504 Meeting. Your input is very valuable and will be helpful to us in making the best decisions possible. You are invited to participate in a Section 504 Meeting for the following reason:

- To determine initial eligibility for Section 504 and develop a Section 504 Plan (if needed)
- To conduct a reevaluation to determine continued eligibility
- To conduct an annual review
- To review/revise your child's Section 504 Plan
- To discuss a possible dismissal from Section 504

The meeting is scheduled for:

Date: _____ Time: _____ Place: _____

If you have questions, please contact the building level MTSS Coordinator

_____ who can be reached at _____

Building level RTI/SST Coordinator

School Telephone Number

Please check one box below, sign and date, and return to your child's teacher.

- Yes, I will attend the scheduled meeting.
- I cannot attend the meeting at the scheduled time, but can be contacted at _____ / _____ to reschedule.

Phone Number / Time of Day

- I cannot attend the meeting, but I understand that I will be notified of the Section 504 Review Committee's decision and will be provided copies of all paperwork.

Parent/Guardian Signature

Date Signed



NOTICE OF RIGHTS OF STUDENTS AND PARENTS UNDER SECTION 504

Section 504 of the Rehabilitation Act of 1973, commonly referred to as "Section 504," is a nondiscrimination statute enacted by the United States Congress. The purpose of Section 504 is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to non-disabled students.

The implementing regulations for Section 504 as set out in 34 CFR Part 104 provide parents and/or students with the following rights:

1. Your child has the right to an appropriate education designed to meet his or her individual educational needs as adequately as the needs of non-disabled students. 34 CFR 104.33.
2. Your child has the right to free educational services except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties who provide services not operated by or provided by the recipient are not relieved from an otherwise valid obligation to provide or pay for services provided to a disabled student. 34 CFR 104.33.
3. Your child has a right to participate in an educational setting (academic and nonacademic) with non-disabled students to the maximum extent appropriate to his or her needs. 34 CFR 104.34.
4. Your child has a right to facilities, services, and activities that are comparable to those provided for non-disabled students. 34 CFR 104.34.
5. Your child has a right to an evaluation prior to a Section 504 determination of eligibility. 34 CFR 104.35.
6. You have the right to not consent to the school system's request to evaluate your child. 34 CFR 104.35.
7. You have the right to ensure that evaluation procedures, which may include testing, conform to the requirements of 34 CFR 104.35.
8. You have the right to ensure that the school system will consider information from a variety of sources as appropriate, which may include aptitude and achievement tests, grades, teacher recommendations and observations, physical conditions, social or cultural background, medical records, and parental recommendations. 34 CFR 104.35.
9. You have the right to ensure that placement decisions are made by a group of persons, including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities. 34 CFR 104.35.
10. If your child is eligible under Section 504, your child has a right to periodic reevaluations, including prior to any subsequent significant change of placement. 34 CFR 104.35.



11. You have the right to notice prior to any actions by the school system regarding the identification, evaluation, or placement of your child. 34 CFR 104.36.
12. You have the right to examine your child's educational records. 34 CFR 104.36.
13. You have the right to an impartial hearing with respect to the school system's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney. 34CFR 104.36.
14. You have the right to receive a copy of this notice and a copy of the school system's impartial hearing procedure upon request. 34 CFR 104.36.
15. If you disagree with the decision of the impartial hearing officer (school board members and other district employees are not considered impartial hearing officers), you have a right to a review of that decision according to the school system's impartial hearing procedure. 34 CFR 104.36.
16. You have the right to, at any time, file a complaint with the United States Department of Education's Office for Civil Rights.



**SECTION 504 EVALUATION/REEVALUATION REVIEW MEETING
DISABILITY AND 504 PLAN DETERMINATION**

Student		Date of Birth	
School		Grade	

SECTION 504 EVALUATION/REEVALUATION REVIEW MEETING

This Section 504 Meeting is being held on:		at:	
	(Day/Date)		(Time)

The following items have been provided to the parent/guardian:

	Date Sent	Sent By
Section 504 Meeting Invitation		
Notice and Consent for Section 504 Evaluation		
Notice of Rights of Students and Parents under Section 504		

Parent/guardian responded to Section 504 Meeting notice as follows: Will attend Will not attend

Response Reason for Section 504 Meeting:

- To determine initial eligibility for Section 504 and develop a Section 504 Plan (if needed)
- To conduct a reevaluation to determine continued eligibility To conduct an annual review
- To review/revise Section 504 Plan To discuss a possible dismissal from Section 504

EVALUATION DATA COLLECTED AND REVIEWED

(complete as applicable to the student)

OBSERVATION DATA (attach observation form(s))

ACHIEVEMENT DATA:

List Most Recent Achievement Test Scores (if available)

Subject	Grade Tested	Current Grade	Percentiles
Reading Vocabulary			
Reading Comprehension			
Mathematics			
Language Arts			
Social Studies			
Science			
Other			

This student's achievement test scores:

- have been higher each year
- have stayed about the same each year
- have become worse each year
- have suddenly dropped
- data not available



Current Grades

Subject	Grade

This student's grades:

- have improved each year
- have stayed about the same each year
- have become worse each year
- have suddenly dropped
- data not available

Compared with most of the other students in this student's class, this student's grades:

- are better
- are about the same
- are worse
- data not available

Has this student been retained?

	If yes, at which grade level(s):
--	----------------------------------

BEHAVIORAL DATA

Does this student have behaviors that disrupt or adversely affect the education of the student or others? If so, describe those behaviors. If behaviors resulted in disciplinary action within the past year, please describe (or attach relevant documentation):

HOME LANGUAGE SURVEY

Student's language is:		Home language is:	
------------------------	--	-------------------	--

English Language Learner: Yes No

If yes, is this student's language contributing to the student's lack of achievement in school? Yes No

VISION/HEARING INFORMATION

	Vision	Hearing
Screening Date		
Screening Results		



EVIDENCE OF A PHYSICAL OR MENTAL CONDITION

YES NO Does the student have a documented physical or mental impairment or health condition?
If YES, describe and attach supporting medical documentation, health plan or other information:

SCHOOL ATTENDANCE INFORMATION

YES NO Does the student have school attendance problems, e.g., truancy or excessive tardiness? If YES, explain and attach relevant documentation:

OTHER RELEVANT EVALUATIVE INFORMATION CONSIDERED

SECTION 504 DISABILITY AND 504 PLAN DETERMINATION

A. Disability Determination

Based on evaluation data drawn from a variety of sources as documented above, the Section 504 Review Team answers the following questions to determine whether the student is a student with a disability under Section 504:

1. Does the student have a physical or mental impairment?
 YES NO

If NO, the student is not a student with a disability under 504. Move to Section B and check box #1. If YES, describe/identify the impairment:



2. **Does the physical or mental impairment substantially limit a major life activity?** (In making this determination, the Team should determine whether, as a result of the physical or mental impairment, the student can perform a particular major life activity in a manner comparable to most students of the same age/grade level. When making this determination, the Team must make its decision without considering the positive effects of mitigating measures currently in use by the student and must make its decision as if the student were not using mitigating measures (such as medication; equipment; prosthetics or appliances; low-vision devices (not including ordinary eyeglasses or contact lenses); hearing aids and cochlear implants or other implantable hearing devices; mobility devices; oxygen therapy equipment and supplies; assistive technology; reasonable accommodations or auxiliary aids or services; and learned behavioral or adaptive neurological modifications). **In addition, the fact that the impairment is episodic or currently in remission does not preclude a finding of disability if the impairment would substantially limit a major life activity when active).**

YES Major life activity substantially limited: _____ NO

If NO, the student is not a student with a disability under 504. Move to Section B and check box #1. If YES, describe documentation or other information that supports the finding of a substantial limitation:

B. Determination of Need for Section 504 Plan

Based upon all evaluative information reviewed and answers to the above questions, it is the determination of the Section 504 Team that:

CHECK ONE:

1. The student is not disabled because there is no physical or mental impairment that substantially limits a major life activity.
2. The student is disabled because there is a physical or mental impairment that substantially limits a major life activity and services are needed in order that the student’s educational needs are met as adequately as those of nondisabled peers. A Section 504 Plan will be developed.
3. The student is disabled because there is a physical or mental impairment that substantially limits a major life activity, but the student does not need a Section 504 Plan because the student’s educational needs are met as adequately as those of nondisabled peers and no services are needed. While the student currently is not in need of a Section 504 Plan, it is understood that the student is protected by Section 504’s antidiscrimination provisions and that the school cannot discriminate against the student on the basis of the disability.
4. **For disabilities that are episodic:** The student is disabled because there is an episodic physical or mental impairment that, when active, substantially limits a major life activity, and services are needed in order that the student’s educational needs are met as adequately as those of nondisabled peers. A Section 504 Plan will be developed that will be implemented when the impairment is active. When the impairment is inactive, the 504 Plan will not be implemented, but it is understood that the student will still be protected by Section 504’s antidiscrimination provisions and the school cannot discriminate against the student on the basis of disability.



5. **For disabilities that are in remission:** The student is disabled because there is a physical or mental impairment that is in remission but, when active, substantially limits a major life activity, and services are needed in order that the student’s educational needs are met as adequately as those of nondisabled peers. The need for a Section 504 Plan will be addressed if/when the impairment comes out of remission. When the impairment is inactive, it is understood that the student is protected by Section 504’s antidiscrimination provisions and that the school cannot discriminate against the student on the basis of disability.

C. Determination upon Reevaluation:

6. Based upon re-evaluation data, the student continues to be disabled under Section 504 because there is a physical or mental impairment that substantially limits a major life activity. The Section 504 Plan will be reviewed/revised.
7. Based upon re-evaluation data, the student no longer is disabled under Section 504 because there is not a physical or mental impairment that substantially limits a major life activity. A Section 504 Plan is no longer needed.

The following Section 504 Team members acknowledge by signature their participation in this evaluation review meeting.

NAME (Please print)	SIGNATURE	POSITION

Original: To Section 504 Folder (Tier III RTI file)
Copies: To Parent (along with Section 504 Rights)
To District Level RTI Coordinator



SECTION 504 PLAN

Plan Date: _____

Projected Review Date: _____

Student's Name: _____	DOB: _____	Age: _____
School: _____	Grade: _____	Teacher: _____
Parent/Guardian: _____	Phone: _____	
Address: _____		
City: _____	State: _____	Zip: _____

The goal of the Section 504 Plan is to provide accommodations that ensure that students with a disability have the opportunity to participate and access the general education curriculum and extracurricular activities to the same extent as an average, nondisabled peer. This does not guarantee equal outcome, but provides equal opportunity, so that if appropriate effort is applied, a student will benefit the same as nondisabled peers. The school is required to provide services and related aids. The services and related aids will be individualized to the student and they will have a direct relationship to data that demonstrate the disability-related need. The Section 504 Plan will be developed by the Section 504 Review Committee and will be based upon the individual student's educational needs and least restrictive environment.

Briefly describe the physical or mental impairment and the limited major life activity that was determined on the **Section 504 Evaluation/Reevaluation Review Meeting and Disability and 504 Plan Determination Form**:

List school and classroom accommodations which are necessary for this student to participate in the educational program (presentation, response, schedule, setting, assistive devices, etc.):

List any standardized testing accommodations (must get approval from Testing Coordinator):

List any limitations which may affect the student's activities while at school:



List any anticipated discipline problems which may result from this disability:

Describe positive behavioral interventions which will be used to address this behavior:

List consequences which may be used when this behavior occurs:

Committee Members Present (Signatures):

_____	_____
_____	_____
_____	_____
_____	_____

I was invited to participate in developing this plan for my child. I have reviewed this plan and have received a copy of the **Notice of Rights of Students and Parents under Section 504**. I understand my rights as outlined on the Notice.

I () Agree or () Disagree to the implementation of the **Section 504 Plan**.

Parent/Guardian Signature

Date

Indicate date copies were mailed/given to the parent:

Date sent:

- _____ **Notice of Rights of Students and Parents under Section 504**
- _____ **Section 504 Evaluation/Reevaluation Review Meeting and Disability and 504 Plan Determination Form**
- _____ **Section 504 Plan**
- _____ **Notes from Section 504 Meeting**



MEDICAL REPORT FORM FOR SECTION 504

Student's Name: _____ DOB: _____ Age: _____ School: _____ Grade: _____
 Parent/Guardian: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

A referral has been initiated for _____ under Section 504 of the Rehabilitation Act of 1973. Since the questions presented are relative to medical concerns and it appears these concerns are substantially limiting a 'major life activity' or a 'major bodily function' we would appreciate your input.

TO BE COMPLETED BY PHYSICIAN:

Diagnosis: _____

Prognosis: _____

Medication(s) and Dosage: _____

In your opinion, which major life activities and/or major bodily functions substantially limit this student's ability to receive and/or benefit from the education program?

Major Life Activities include, but are not limited to: (please check all that apply)

- | | | | | |
|------------------------------------|--|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Self-Care | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Walking | <input type="checkbox"/> Seeing | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Communicating | <input type="checkbox"/> Working | <input type="checkbox"/> Eating | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Speaking | <input type="checkbox"/> Lifting | <input type="checkbox"/> Other _____ | |

Explain: _____

Major Bodily Functions that are major life activities include, but are not limited to: (please check, if any, all that apply)

Functions of:

- | | | | | |
|---|---|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Immune System | <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Digestive | <input type="checkbox"/> Bowel | <input type="checkbox"/> Bladder |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Brain | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Circulatory | <input type="checkbox"/> Endocrine |
| <input type="checkbox"/> Reproductive Functions | <input type="checkbox"/> Other _____ | | | |

Explain: _____

PHYSICIAN'S SIGNATURE: _____ Date: _____

Please Print:

Physician's Name: _____

Address: _____

Phone: _____

RETURN TO:

PSYCHOLOGICAL SERVICES DEPARTMENT

HARALSON COUNTY BOE

299 ROBERTSON AVENUE

TALLAPOOSA, GA 30176



SECTION 504 AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To: _____

Date Sent: _____

Agency: _____

Address: _____

YOU ARE HEREBY AUTHORIZED TO RELEASE CONFIDENTIAL INFORMATION ON:

First Middle Last

Date of Birth

School

Grade Level

Release all Information

Release the Checked Information

- Psychological Report
- Educational Evaluation
- Social History
- Anecdotal Records
- Hearing / Vision Screening Results
- Medical Records
- Medical Exam Report Form (Attached)
- On-Going Communication
- Psychiatric Evaluation
- Other: _____

I UNDERSTAND THAT THE GRANTING OF CONSENT IS VOLUNTARY ON MY PART.

Name of Person Giving Consent (Print)

Relationship

Signature

Date

**RETURN TO:
PSYCHOLOGICAL SERVICES DEPARTMENT
HARALSON COUNTY BOE
299 ROBERTSON AVENUE
TALLAPOOSA, GA 30176**



DOCUMENTATION OF RECEIPT OF SECTION 504 PLAN

I have read and understand the Section 504 Plan written for _____ (Student's Name). I have also received a copy of this plan.

School Year _____

Teacher's Signature

Date

This form must be signed, scanned into the student's documents in Infinite Campus and the original filed in the 504 file each time a student is assigned to a different teacher and when a new Section 504 Plan is written or amended.



SECTION 504 PROCEDURAL SAFEGUARDS

1. Overview: Any student or parent or guardian (“grievant”) may request an impartial hearing due to the school system’s actions or inactions regarding your child’s identification, evaluation, or educational placement under Section 504. Requests for an impartial hearing must be in writing to the school system’s Section 504 Coordinator; however, a grievant’s failure to request a hearing in writing does not alleviate the school system’s obligation to provide an impartial hearing if the grievant orally requests an impartial hearing through the school system’s Section 504 Coordinator. The school system’s Section 504 Coordinator will assist the grievant in completing the written Request for Hearing.

2. Hearing Request: The Request for the Hearing must include the following:

- a. The name of the student.
- b. The address of the residence of the student.
- c. The name of the school the student is attending.
- d. The decision that is the subject of the hearing.
- e. The requested reasons for review.
- f. The proposed remedy sought by the grievant.
- g. The name and contact information of the grievant.

Within 10 business days from receiving the grievant’s Request for Hearing, the Section 504 Coordinator will acknowledge the Request for Hearing in writing and schedule a time and place for a hearing. If the written Request for Hearing does not contain the necessary information noted above, the Section 504 Coordinator will inform the grievant of the specific information needed to complete the request. All timelines and processes will be stayed until the Request for Hearing contains the necessary information noted above.

3. Mediation: The school system may offer mediation to resolve the issues detailed by the grievant in his or her Request for Hearing. Mediation is voluntary and both the grievant and school system must agree to participate. The grievant may terminate the mediation at any time. If the mediation is terminated without an agreement, the school system will follow the procedures for conducting an impartial hearing without an additional Request for Hearing.



4. Hearing Procedures:

- a. The Section 504 Coordinator will obtain an impartial review official who will conduct a hearing within 45 calendar days from the receipt of the grievant's Request for Hearing unless agreed to otherwise by the grievant or a continuance is granted by the impartial review official.
- b. Upon a showing of good cause by the grievant or school system, the impartial review official, at his or her discretion, may grant a continuance and set a new hearing date. The request for a continuance must be in writing and copied to the other party.
- c. The grievant will have an opportunity to examine the child's educational records prior to the hearing.
- d. The grievant will have the opportunity to be represented by legal counsel at his or her own expense at the hearing and participate, speak, examine witnesses, and present information at the hearing. If the grievant is to be represented by legal counsel at the hearing, he or she must inform the Section 504 Coordinator of that fact in writing at least 10 calendar days prior to the hearing. Failure to notify the Section 504 Coordinator in writing of representation by legal counsel shall constitute good cause for continuance of the hearing.
- e. The grievant will have the burden of proving any claims he or she may assert. When warranted by circumstances or law, the impartial hearing officer may require the recipient to defend its position/decision regarding the claims (i.e. A recipient shall place a disabled student in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. 34 C.F.R.§104.34). One or more representatives of the school system, who may be an attorney, will attend the hearing to present the evidence and witnesses, respond to the grievant testimony and answer questions posed by the review official.
- f. The impartial review official shall not have the power to subpoena witnesses, and the strict rules of evidence shall not apply to hearings. The impartial review official shall have the authority to issue pre-hearing instructions, which may include requiring the parties to exchange documents and names of witnesses to be present.
- g. The impartial review official shall determine the weight to be given any evidence based on its reliability and probative value.
- h. The hearing shall be closed to the public.
- i. The issues of the hearing will be limited to those raised in the written or oral request for the hearing.
- j. Witnesses will be questioned directly by the party who calls them. Cross-examination of witnesses will be allowed. The impartial review official, at his or her discretion, may allow further examination of witnesses or ask questions of the witnesses.



- k. Testimony shall be recorded by court reporting or audio recording at the expense of the recipient. All documentation related to the hearing shall be retained by the recipient.
- l. Unless otherwise required by law, the impartial review official shall uphold the action of school system unless the grievant can prove that a preponderance of the evidence supports his or her claim.
- m. Failure of the grievant to appear at a scheduled hearing unless prior notification of absence was provided and approved by the impartial review official or just cause is shown shall constitute a waiver of the right to a personal appearance before the impartial review official.

5. Decision: The impartial review official shall issue a written determination within 20 calendar days of the date the hearing concluded. The determination of the impartial review official shall not include any monetary damages or the award of any attorney's fees.

6. Review: If not satisfied with the decision of the impartial review official, any party may pursue any right of review, appeal, cause of action or claim available to them under the law or existing state or federal rules or regulations.



MANIFESTATION DETERMINATION FOR SECTION 504

Student's Name: _____ DOB: _____ Age: _____ School: _____ Grade: _____
 Parent/Guardian: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Date of Meeting: _____

Students should not be discriminated against or punished for a behavior that was caused by or is a 'manifestation' of their disability. Before a significant change in placement occurs as a result of a disciplinary infraction (long term suspension or any suspension(s) that totals more than 10 days in a school year), a determination must be made that the behavior is or is not a manifestation of the student's disability.

Behavior Definition:

Objectively define the student's disruptive behavior that violated the student code of conduct:

Items Reviewed:

- ___ Section 504 Evaluation/Reevaluation Review Meeting and Disability and 504 Plan Determination Form
- ___ Section 504 Plan (if applicable)
- ___ Current Behavior Plan (if applicable)
- ___ Discipline Records
- ___ Other: _____

Review of Behavior History: (check all that apply)

- | | |
|---------------------------------------|-----------------------------------|
| ___ excessive unexcused tardies | ___ alcohol and/or drug violation |
| ___ smoking on campus | ___ weapons |
| ___ assault/battery | ___ verbal aggression |
| ___ leaving campus without permission | ___ habitual minor infractions |
| ___ threatening behavior | ___ bus misconduct |
| ___ class disruption | ___ felony arrest |
| ___ other(s): _____ | |

Summary of Current Section 504 Accommodations:

Academic: _____

Behavioral: _____



Analysis of Section 504 Implementation:

Was the conduct in question a direct result of the Local Educational Agency's failure to implement the Section 504 Plan?

- Yes Modify and implement Section 504 Plan
- No Proceed with Manifestation Determination decisions

Manifestation Determination:

Was the behavior caused by, or had a direct and substantial relationship to, the student's disability?

- Yes Manifestation of disability
- No Student can be disciplined as a nondisabled student would be for the same infraction

Recommendations of the Committee:

Committee Members Present (Signatures):

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>