

**Section 504 Procedural  
Handbook**

**Dubois Integrity Academy**

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## Overview of Section 504 of the Rehabilitation Act of 1973

**\*This document is posted on our website. All stakeholders receive communications through website, emails and robocalls. Our hearing impaired will have access to read it through email or website; our vision impaired will have an opportunity to hear through our robocalls.**

Section 504 is a federal civil rights statute that prohibits discrimination/harassment because of a disability. It reads:

“No otherwise qualified handicapped individual with a disability shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance....”

*29 U.S.C. Subsection 794 (1973)*

### **Otherwise Qualified**

Otherwise qualified means that the individual with a disability must meet all of the required qualifications before the presence of a disability can be a factor in discrimination.

**Americans with Disabilities Amendments Act (ADAAA) of 2008, and Title II of the Americana Disability Act (ADA).** The ADAAA became effective on January 1, 2009. It emphasizes that the definition of disability should be interpreted in favor of broad coverage of individuals to the maximum extent permitted by the terms of the American with Disabilities Act (ADA) of 1990 and generally shall not require extensive analysis. Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (as amended in 1998) requires all elementary and secondary schools and most postsecondary educational institutions must be responsive to the needs of individual students and students with disabilities and make programs and services accessible to them on request. A “person with a disability” is defined as any person who:

### **Definition of a Disability [29 U.S.C. Sec. 706(8)]**

Under Section 504 and ADAAA, with respect to an individual, the term disability means:

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

Note: Only individuals meeting part 1 of the definition are eligible for a 504 plan. Parts two and three of the definition only provide the individual with protection from discrimination.

### **Definition of a Physical or Mental Impairment**

- A. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:
  - Neurological
  - Musculoskeletal
  - Special sense organs
  - Respiratory, including speech organs
  - Cardiovascular
  - Reproductive, digestive, genitor-urinary
  - Hemic and lymphatic

- Skin
  - Endocrine
- B. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities

**GaDOE Examples of Impairments Which May Entitle an Individual to 504 Protection**

- diseases such as AIDS, tuberculosis, or hepatitis B
- medical conditions such as chronic asthma, diabetes, heart disease, juvenile arthritis, or seizure disorder; physical disabilities such as cerebral palsy or muscular dystrophy
- Attention deficit disorder with or without hyperactivity
- alcohol/drug addicted students (does not protect individuals who are currently using drugs or alcohol)
- students with temporary disabilities
- students with pregnancy related complications.

Note: The presence of one of these conditions in itself does not qualify an individual for protection. The impairment must also cause a substantial limitation of a major life activity.

**Major Life Activities**

Section 504 prohibits discrimination against individuals, whose physical or mental impairment substantially limits one or more major life activities, including, but not limited to:

- |                           |                 |                 |
|---------------------------|-----------------|-----------------|
| • Caring for one’s self   | • Breathing     | • Communicating |
| • Performing manual tasks | • Learning      | • Eating        |
| • Walking                 | • Working       | • Sleeping      |
| • Seeing                  | • Reading       | • Standing      |
| • Hearing                 | • Concentrating | • Lifting       |
| • Speaking                | • Thinking      | • Bending       |

A major life activity also includes the operation of a major bodily function, including, but not limited to:

- |                                  |                          |
|----------------------------------|--------------------------|
| • Functions of the immune system | • Brain                  |
| • Normal cell growth             | • Respiratory            |
| • Digestive                      | • Circulatory            |
| • Bowel                          | • Endocrine              |
| • Bladder                        | • Reproductive functions |
| • Neurological                   |                          |

**Determining Substantial Limitation**

Section 504 does not define substantial limitation. The Office of Civil Rights (OCR) allows this subjective determination to be made by each school.

Mitigating measures other than “ordinary eyeglasses or contact lenses” should not be considered when determining if an impairment substantially limits a major life activity (Americans with Disabilities Act of 2008). The ADA of 2008 defines ordinary eyeglasses or contact lenses as lenses that are intended to fully correct visual acuity (keenness) or eliminate refractive error (as occurs in nearsightedness and farsightedness).

Note:

Low-vision devices are different from ordinary eyeglasses or contact lenses. Low-vision devices are defined as devices that magnify, enhance, or otherwise augment a visual image.

### **How does Section 504 relate to employment?**

Section 504 applies to persons with disabilities eligible for employment. These people meet the qualifications for having a disability and, with reasonable accommodation, can perform the functions of the job. The employer is reasonable for accommodations unless it causes a verifiable, and undue financial hardship.

Warning to employers; the courts and DOJ are likely to side with the person who is disabled because many typical accommodations are reasonable. [The Job Accommodations Network \(JAN\)](#) can help organizations better understand Section 504 and ADA accommodations.

### **Reasonable workplace accommodations**

Accommodations will vary for each person based on specific needs; however, the workplace must be accessible for a person with a disability. An accessible workplace might include providing an alternative to print documents such as a reader, an interpreter, or accessible digital devices.

Other reasonable accommodations in the workplace include modifications to tasks, work schedules, and duties. [The United States Department of Labor](#) offers examples of reasonable accommodations, but notes there are other accommodations or modifications.

## Section 504 Procedures

### A. Request for Section 504 Evaluation

A request for a Section 504 evaluation may be made by any person who suspects that a student may have a mental or physical impairment that substantially limits a major life activity. The school does not have to wait on a parent request in order to refer a student for a Section 504 evaluation if they have reason to believe the student may have a disability.

All requests for Section 504 evaluations must be directed to the school's Section 504 Coordinator. An evaluation and disability determination meeting should be scheduled within 30 calendar days of receiving a request. The **Section 504 Process Checklist** will serve as a guide for the school's Section 504 Coordinator to use in meeting all of the Section 504 requirements. This checklist must be completed by the 504 Coordinator for each referral. The following forms must be completed to initiate the process:

- **Section 504 Referral for Evaluation** (may be completed by parent or any school personnel)
- **Consent for Evaluation** (must be signed by parent/guardian) – required for initial evaluations
- **Notice of Rights of Students and Parents** (copy must be provided to parent/guardian)

Section 504 requires districts to provide notice to parents explaining any evaluation and placement decisions affecting their children and explaining the parents' rights to review educational records and appeal any decision regarding evaluation and placement through an impartial hearing.

### B. Data Collection for Evaluation

What is required for the Section 504 evaluation and placement process is determined by the type of mental or physical impairment believed to be present and the type of accommodations the student may need. The school psychologist should be consulted on all Section 504 evaluations and invited to the disability determination meetings. The school nurse should be consulted on all health-related impairments.

Information from a variety of sources may be used for the Section 504 evaluation process. However, the following information must be considered in ALL 504 evaluations and included in the evaluation packet:

- Teacher Observation Report (form must be completed by all teachers)
- SLDS/Standardized Test Data (if available)
- Norm-referenced Test Data (if available)
- Vision/hearing screening
- Attendance history
- Discipline history
- Academic transcript (including current grades)
- Physician's Statement of Health Condition (only if medical concerns are present)

If there are medical concerns or the student has been diagnosed privately, then the following should be requested:

- Medical documentation from the treating physician
- Copy of any private evaluation reports the parents may have already obtained for their child (e.g. psychological, psychiatric, neurological)

It is important to note that Section 504 regulations do NOT require medical documentation in order to determine if a disability exists. A medical diagnosis alone does not determine if accommodations are needed. If the parent/guardian chooses to provide this information, it must be considered in the evaluation. The school psychologist may need to administer additional assessments as part of the evaluation.

Other data should be considered in the evaluation as appropriate:

- **SST Teacher Questionnaire** form
- **Background Information** form
- Progress monitoring data
- Classroom observation
- Work samples
- Social and cultural background
- Adaptive behavior
- Physical condition
- Academic screening assessments
- Behavior rating scales
- Other assessments administered by the school psychologist

### C. Evaluation & Disability Determination

The evaluation team must include persons knowledgeable about the student, the meaning of the evaluation data, and the placement options. A Student Support Team (SST) will serve as the Section 504 committee. The SST members must determine if they have enough information to make a knowledgeable decision as to whether or not the student has a mental or physical impairment that substantially limits a major life activity. They must consider information from a variety of sources in the evaluation process so that the possibility of error is minimized.

Prior to scheduling the Section 504 Disability Determination Meeting, the school's Section 504 Coordinator must do the following:

- Complete the **Section 504 Referral for Evaluation**
- Obtain **Parental Consent** to evaluate and provide **Notice of Rights of Students and Parents** to parent/guardian
- Ensure that necessary screenings and/or other assessments have been completed
- Provide written notification to the parent/guardian using the **Section 504 Meeting Notice** (even if the meeting is scheduled by phone and parent(s) agree to come)
- Notify SST members of the day, time, and location of the meeting
  - School psychologist should be invited if there are academic/behavioral concerns
  - School nurse should be included if there are health related concerns
  - Classroom teachers must participate in the disability determination meeting

The Section 504 disability determination meeting must be documented using the **Section 504 Evaluation Review Meeting and Disability Determination** form. The first page contains the sign-in sheet for the members of the SST participating in the evaluation.

To determine if a student has a disability and is protected under Section 504, the SST will answer these questions using data from a variety of sources:

1. Does the student have a mental or physical impairment?
  - This question must be answered completely. Simply listing the diagnosed impairment is insufficient.
  - Include a brief description of the impairment, approximate date of the diagnosis, name of person making the diagnosis, and whether it is a temporary or lifelong impairment.



2. Does the impairment substantially limit one or more major life activities?

- An impairment need not prevent, or significantly or severely restrict, performance of a major life activity to be “substantially limiting”. \*
- Disability “shall be construed in favor of broad coverage” and “should not require extensive analysis”. \*
- An individual’s ability to perform a major life activity is compared to “most people in the general population,” often using a common-sense analysis without scientific or medical evidence. \*
- Provide a description of documentation or other information that supports the finding of a substantial limitation. The need for accommodations must be clearly documented.

**For the student to be protected under Section 504, the answer to both questions must be yes. While a student may be protected under Section 504, he or she may not need a 504 plan (accommodations) in order to equally access his or her education.**

(\*According to proposed Equal Employment Opportunity Commission (EEOC) Amendments to implement ADA)A

Mitigating Measures

It is important to note that with the exception of ordinary eyeglasses and contact lenses, the positive effects of mitigating measures may NOT be considered in determining whether or not a student has a mental or physical impairment that substantially limits a major life activity.

Examples of mitigating measures include the following:

- Medication
- Medical equipment and devices
- Prosthetics
- Hearing aids
- Cochlear implants and other implantable hearing devices
- Low vision devices
- Mobility devices
- Oxygen therapy
- Use of assistive technology
- Reasonable accommodations and auxiliary aids or services
- Behavioral or neurological modifications
- Surgical interventions that do not permanently eliminate an impairment

Impairments that are Episodic or in Remission

An impairment that is “episodic” or “in remission” is a disability if it would substantially limit a major life activity when active. Examples of impairments that are episodic or in remission include but are not limited to:

- Epilepsy
- Hypertension
- Multiple sclerosis
- Asthma
- Diabetes
- Major depression
- Bipolar disorder
- Schizophrenia
- Cancer

Documentation Requirements

- The School Section 504 Coordinator must obtain a red Section 504 folder for students who meet disability determination criteria.
- All required Section 504 forms should be placed in the red folder (see list below).
- A copy of the entire referral packet, including all data used in the evaluation, must be sent to the System Section 504 Coordinator for **all** students that are evaluated.
- Copies of the Section 504 Evaluation and, if needed, the 504 Plan should be sent home to parents/guardians of students protected under Section 504.

#### **D. Individual Accommodation Plan (IAP)**

An **IAP or 504 Plan** will only be developed for students who have been evaluated, are protected under Section 504, and require accommodations to receive equal access to their education. This plan may be developed at the time of the disability determination meeting or at a meeting scheduled within a week after the DD. It is the responsibility of the SST to determine appropriate accommodations and regular or special education and/or related services that must be provided in order for the students to receive a free appropriate public education (FAPE) that is designed to meet the student's educational needs as adequately as those of non-disabled students. Recommendations and/or requests made by parents and/or physicians should be taken into consideration, but the ultimate decision rests with the SST. If any changes need to be made to the 504 Plan, a Section 504 Review Meeting must be scheduled. **NO CHANGES** may be made outside of a formal meeting.

Note: The ameliorative effects of mitigating measures **can** be taken into consideration when making decisions about appropriate accommodations.

Once developed, the 504 Plan must be distributed to parents, teachers, administrators, and other school personnel who may be required to implement the plan. All recipients of the 504 Plan and an administrator must sign off on the **Receipt of Section 504 Accommodations Plan** form.

#### Clearly Define Each Accommodation

- Preferential seating – What does that mean for this individual student: Near the teacher? Near the board? Away from distractions like doors, windows, or the pencil sharpener?
- Avoid ambiguous phrases like “as needed” and “when possible” – these may lead to improper implementation of the plan
- Hospital Homebound (HHB) Services – When and how will the HHB teacher be notified of the child's absences?
- Attendance issues – Although students may not be discriminated against for absences resulting from the disability, parents must still provide written documentation to distinguish disability-related absences from absences due to other causes.
- Use position titles rather than personal names if a staff member will be required to provide a specific accommodation (i.e., The student will participate in a social skills group with the SLP once a week for 30 minutes.).
- In order to receive an accommodation on standardized tests, the student must need and receive the accommodation on a regular basis in the classroom.
- Accommodations provided must be necessary as a result of the substantial limitation(s) resulting from the mental or physical impairments(s). For example, a student who is eligible for Section 504 due to a peanut allergy should not be provided with accommodations that do not directly relate to that impairment such as extended time, read aloud, or use of a calculator.

- In order to receive a read aloud accommodation on the reading comprehension sections of standardized tests, the student must have a specific disability that severely limits or prevents him or her from decoding text at any level of difficulty (i.e., the student is a non-reader, not simply reading below grade level).
- In order to use a calculator on standardized test, the student must have a specific disability that severely limits or prevents his or her ability to calculate mathematically.
- If a student requires an accommodation that is not listed in the GaDOE Accommodations Manual, approval must be sought from the GaDOE Assessment and Research Development Division prior to the use of the accommodation on any state-mandated test. To initiate this process, contact the System 504 Coordinator.

#### **E. Temporary Section 504 Plans**

Students with a temporary impairment may meet requirements for protection and/or an IAP under Section 504 if it substantially limits a major life activity for a period of time that most likely will significantly disrupt the student’s education. The determination must be made on a case-by-case basis. The length of time that the plan will be in place should be specified.

#### **F. Reevaluations**

Section 504 regulations require districts to establish procedures for “periodic” reevaluation of eligible students. A reevaluation procedure consistent with IDEA is one means of meeting the requirement. Thus, eligible 504 students will be reevaluated every three years. This decision must be formally documented on the **Section 504 Evaluation Review Meeting and Disability Determination** form.

Section 504 also requires a school district to conduct a reevaluation prior to a significant change in placement. The Office of Civil Rights (OCR) considers an exclusion from the educational program of more than 10 school days a significant change of placement. OCR would also consider transferring a student from one type of program to another or termination or significantly reducing a related service a significant change in placement.

#### **G. Annual Reviews**

The School Section 504 Coordinator must distribute the 504 Plans to teachers, administrators, and other necessary staff members by the first day of class. All staff members responsible for providing accommodations for the student and an administrator must sign off on the **Receipt of Section 504 Plan Accommodations** form.

An Annual Review Meeting must be scheduled to review the student’s current progress and determine if appropriate changes need to be made to the accommodations. For students with serious, life threatening impairments, it may be necessary to schedule the Annual Review Meeting during pre-planning or the first week of school. **All meetings should be completed by November 15.** Annual Review Meetings should be documented using the **Section 504 Meeting Summary** form. If changes are made to the 504 Plan during this meeting, teachers, administrators, and appropriate staff members should be given a copy of the revised plan and sign off on a new **Receipt of Section 504 Plan Accommodations** form.

Additional Section 504 Review Meetings may be scheduled throughout the year on an as needed basis. Parents must be invited to all Section 504 meetings and be provided written notice of the meeting using the **Section 504 Meeting Notice** form. The **Notice of Rights of Students and Parents** should be provided and explained annually.

## **H. Change in Student Schedule**

A change in scheduling for 504 students may require copies of accommodation plans to be given to new teachers. All new teachers will need to sign the **Receipt of Section 504 Plan Accommodations** form after receiving the new form.

## **I. Substitute Teacher Lesson Plans**

Substitute teachers must be made aware of Section 504 accommodations that must be provided to students. This is especially important for students who have medical conditions.

## **J. Discipline**

Section 504 students may be disciplined for violations of the student code of conduct in the same manner as any other student as long as the disciplinary action does not result in a significant change of placement. A significant change of placement occurs when the student is removed from class more than 10 days, either consecutively or cumulatively for the school year. If the student is assigned to ISS, these days will not count as long as the Section 504 Plan continues to be implemented on those days and the student is permitted to progress in the curriculum. For this reason, it is extremely important for the School Section 504 Coordinator and administrators responsible for discipline of the student to develop a system for closely monitoring suspension days and communicating with the ISS teacher about the student's 504 Plan. (Note: The ISS teacher may NOT simply be given a copy of all 504 plans for the school as this would be a violation of the Family Education Rights and Privacy Act (FERPA). The ISS teacher may only be given copies of 504 plans for students actually assigned to ISS.)

If the 504 Plan includes specific disciplinary measures, then those measures would take precedent over the district's regular disciplinary procedures. Section 504 students may not be disciplined more harshly than a nondisabled student for the same conduct unless warranted by individual circumstances unrelated to the student's mental or physical impairment.

*If a student with a 504 plan reaches six to seven days of cumulative or consecutive suspension days, then a **manifestation determination** meeting must be held. A school psychologist must be invited to all manifestation determination meetings. If the misconduct is a manifestation of the mental or physical impairment, then the student may not be suspended. A Functional Behavioral Assessment (FBA) must be completed and a Behavior Intervention Plan must be written. If the misconduct is not a manifestation of the mental or physical impairment, then the student may be suspended the same as a nondisabled student.*

## **K. Process for Transfer Students**

If a student transfers into our school system with a 504 plan from another school system, a copy of all documentation received must immediately be sent to the System 504 Coordinator.

A 504-review meeting must be scheduled to review the plan with the student's teachers. The meeting must be documented using the **Section 504 Meeting Summary** form. The 504 team may make changes to the accommodations in the plan as necessary to meet the student's needs in the new setting.

The 504 plans from the previous district should be honored in good faith for at least four to six weeks. After this time, the 504 team must meet to determine if the 504-evaluation data from the previous school is sufficient or if the student should be reevaluated by our local school system to determine if the student is protected under Section 504 and needs accommodations.

## **L. Instructions for 504 Folders**

Please place completed 504 forms in the appropriate sections noted below. They are listed in order from top to bottom. For example, the first form under each section should be the first form you see in that section in the folder.

### **Forms to be placed in Section 1:**

- Receipt of Section 504 Plan Accommodations
- Section 504 Process Checklist
- Parent Rights
- Section 504 Meeting Notice
- Section 504 Referral for Evaluation

### **Forms to be placed in Section 2:**

- Section 504 Evaluation Review Meeting and Disability Determination
- 504 Termination

### **Form to be placed in Section 3:**

- Section 504 Plan: Individual Accommodations Necessary to Remove Barriers to Learning

### **Form to be placed in Section 4:**

- Section 504 Meeting Summary (This form is used for annual reviews.)

### **Form to be placed in Section 5:**

- Physician's Statement of Health Condition

### **Section 6:**

This section can be used for any relevant progress monitoring or intervention documentation and any other miscellaneous information (e.g., Parents Rights/Procedural Safeguards acknowledgement).

## **M. Terminating a 504**

If it is believed that a student no longer meets requirements for protection under Section 504, the SST must conduct a reevaluation. The parent or guardian must be invited. The **504 Termination** form must be completed for documentation purposes.

## **N. Complaint Procedures**

### **Responding to Section 504 Discrimination Complaints**

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act prohibit discrimination against students with a disability. No discrimination against students with a disability will knowingly be permitted in any of the programs or activities of Dubois Integrity Academy.

A parent who believes that their child has been discriminated against under Section 504 and the ADA may file a grievance with the school, file a complaint with the Office of Civil Rights (OCR), or request a due process hearing. Complaints must be filed within 180 days of the reputed violation.

Parents who wish to file a complaint with the school system should be provided with a copy of the **Section 504 Complaint Form**.

### **Section 504 Impartial Hearing Request**

Any student or parent or guardian (“grievant”) may request an impartial hearing due to the school’s actions or inactions regarding their child’s identification, evaluation, or educational placement under Section 504.

Within 10 business days from receiving a completed Section 504 Request for Hearing form, the school’s Section 504 Coordinator will acknowledge the request in writing and schedule a time and place for a hearing.

### **Section 504 Mediation Meeting**

Mediation is a less formal method of resolving disputes than a due process hearing. During mediation, parents/guardians and school representatives voluntarily meet with an impartial mediator to resolve disagreements with the school’s decisions or actions regarding identification, evaluation, or educational placement of the student. Any agreements reached between the school and the parents/guardians during the mediation process will be set forth in a written mediation agreement. Parents/guardians may request mediation by writing or by calling the school’s Section 504 Coordinator.

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 proceed with the impartial hearing procedures.

### **Section 504 Impartial Due Process Hearing Procedures**

1. The System Section 504 Coordinator will obtain an impartial review official who will conduct a hearing within 45 calendar days from the receipt of the grievant Request for Hearing unless agreed to otherwise by the grievant or a continuance is granted by the impartial review official.
2. 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.
3. The grievant will have an opportunity to examine the child’s educational records prior to the hearing.
4. 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 school’s 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.
5. 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 Dubois Integrity Academy 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.
6. 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.
7. The impartial review official shall determine the weight to be given any evidence based on its reliability and probative value.
  8. The hearing shall be closed to the public.
  9. The issues of the hearing will be limited to those raised in the written or oral request for the hearing.
  10. 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.
  11. Testimony shall be recorded by court reporting or audio recording at the expense of Dubois Integrity Academy. All documentation related to the hearing shall be retained by Dubois Integrity Academy.
  12. 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.
  13. 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.

#### **Section 504 Impartial Due Process Hearing 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.

#### **Section 504 Impartial Due Process Hearing 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.

#### **O. Required Forms for Parents**

The Notice of Rights of Students and Parents should be given to parents for Section 504 initial evaluations, reevaluations, and annual review meetings. The form may be mailed, hand delivered, or sent home with a student. Indicate the date sent home and method of delivery at the bottom of the form.

**Dubois Integrity Academy**  
**Section 504**  
**Forms**



**Dubois Integrity Academy**  
**Section 504 Process Checklist**

<b>Student</b>		<b>Homeroom Teacher</b>		<b>Date</b>	
<b>School</b>		<b>Grade</b>			

**Request for Section 504 Evaluation**

- Section 504 Referral Form Completed
- Consent to Evaluate signed by parent/legal guardian
- Evaluation & Disability Determination Meeting Scheduled within 30 Days of Request
- Parental Rights provided to parent/guardian

**Collect Data for Evaluation**

**Required:**

- Teacher(s) Observation Report(s)
- Vision/Hearing Screening (academic/behavior)
- SLDS/Norm-Referenced Test Data
- Copy of student report card

**If Applicable:**

- SST Teacher Questionnaire
- Physician's Statement of Health Condition
- Progress Monitoring Data
- Background Information
- Tier 3 Meeting Summary & Intervention Plan
- Classroom Observation
- Work Samples
- Medical Documentation
- Psychological Evaluation

**Conduct Evaluation**

- Section 504 Meeting Notice sent to parent/guardian
- SST Members notified of meeting day and time
  - Invite School Psychologist to meeting
  - School nurse must be included if there are health related concerns
  - Classroom teacher must participate in the disability determination meeting
- Section 504 Evaluation Form completed during meeting to determine disability

**If Evaluation Determines a Disability Exists**

- Write Section 504 Plan if applicable
- Copy of COMPLETE referral packet, including 504 Plan (if applicable), sent to 504 Coordinator.
- Distribute copies of 504 Plan to each of student's teachers & appropriate administrator and have each sign the Receipt of 504 Plan form
- Copy of Section 504 Evaluation and Plan sent to parent/legal guardian

**If Evaluation Determines No Disability Exists**

- Copy of COMPLETE referral packet sent to 504 Coordinator.
- Copy of Section 504 Evaluation sent to parent/legal guardian
- SST determines need for continued intervention
  - No further intervention necessary
  - Intervention Plan written
  - Intervention Plan distributed to teachers

**Student Support Team  
Section 504 Referral for Evaluation**

- Initial Request
- Re-Evaluation
- Transfer Student

<b>Student</b>		<b>Homeroom Teacher</b>		<b>Referral Date</b>	
<b>School</b>		<b>Grade</b>			

<b>Mental or Physical Impairment(s)</b>	
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<b>Major Life Activities Substantially Limited by the Impairment(s):</b> (Check all that apply)																				
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Caring for one's self</td> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Communicating</td> <td><input type="checkbox"/> Learning</td> </tr> <tr> <td><input type="checkbox"/> Performing manual tasks</td> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Working</td> </tr> <tr> <td><input type="checkbox"/> Sleeping</td> <td><input type="checkbox"/> Seeing</td> <td><input type="checkbox"/> Reading</td> <td><input type="checkbox"/> Standing</td> </tr> <tr> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Concentrating</td> <td><input type="checkbox"/> Lifting</td> <td><input type="checkbox"/> Speaking</td> </tr> <tr> <td><input type="checkbox"/> Thinking</td> <td><input type="checkbox"/> Bending</td> <td colspan="2"><input type="checkbox"/> Major bodily function: _____</td> </tr> </table>	<input type="checkbox"/> Caring for one's self	<input type="checkbox"/> Breathing	<input type="checkbox"/> Communicating	<input type="checkbox"/> Learning	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Eating	<input type="checkbox"/> Walking	<input type="checkbox"/> Working	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Seeing	<input type="checkbox"/> Reading	<input type="checkbox"/> Standing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Lifting	<input type="checkbox"/> Speaking	<input type="checkbox"/> Thinking	<input type="checkbox"/> Bending	<input type="checkbox"/> Major bodily function: _____	
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<input type="checkbox"/> Thinking	<input type="checkbox"/> Bending	<input type="checkbox"/> Major bodily function: _____																		

<b>Name of Person Requesting 504 Evaluation:</b>										
<p>Check one:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Teacher</td> <td><input type="checkbox"/> Parent/Legal Guardian</td> <td><input type="checkbox"/> Administrator</td> </tr> <tr> <td><input type="checkbox"/> School Counselor</td> <td><input type="checkbox"/> School Nurse</td> <td><input type="checkbox"/> Intervention Teacher <input type="checkbox"/> EIP</td> </tr> <tr> <td><input type="checkbox"/> Teacher</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Teacher	<input type="checkbox"/> Parent/Legal Guardian	<input type="checkbox"/> Administrator	<input type="checkbox"/> School Counselor	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Intervention Teacher <input type="checkbox"/> EIP	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other: _____	
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<input type="checkbox"/> School Counselor	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Intervention Teacher <input type="checkbox"/> EIP								
<input type="checkbox"/> Teacher	<input type="checkbox"/> Other: _____									

<b>Comments:</b>

**Dubois Integrity Academy  
Student Support Team (SST)  
Physician's Statement of Health Condition**

**Patient's Name:** \_\_\_\_\_ **Date of examination/report:** \_\_\_\_\_

**Authorization for Release of Medical Information**

I grant permission for my child's medical provider to release my child's medical record information to the Dubois Integrity Academy to release any medically related records to my child's physician. I understand that information received will be shared with appropriate school personnel through the Student Support Team (SST) process.

\_\_\_\_\_  
**Parent or Legal Guardian Signature (Required)**

\_\_\_\_\_  
**Date**

Physicians are asked to provide the following information to assist in determining a disability for Section 504 accommodations and determining the impact of the child's medical condition on his or her education.

1. Diagnosis of current health and/or orthopedic impairment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Prognosis regarding medical condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Anticipated Effects of medical condition on educational performance (including strength, vitality and/or alertness): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Special health care conditions (including medications, dietary needs, activity restrictions and the like): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Additional comments to assist in educational program planning: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature (Required)**

\_\_\_\_\_  
**Date**

**Dubois Integrity Academy**  
**Teacher Observation Report for Section 504 Evaluation**

<b>Student</b>		<b>Date</b>	
<b>School</b>		<b>Teacher</b>	

Please comment on the student's progress in your class concerning the following areas:

<b>Participation in Class</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
Willingly participates in discussions and other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes classwork assignments within the time allotted in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes homework assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps notebook and other materials organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turns in assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comes to class prepared with paper, pencil, notebook, textbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays focused and on-task during class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeps in class/Tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily frustrated when he/she doesn't understand the material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires assistance to successfully complete assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions when completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Performance on Quizzes and Tests</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
Earns passing grades on quizzes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earns passing grades on tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes quizzes/tests within the time allotted in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears to study for quizzes and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires accommodations to demonstrate knowledge of material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Interactions with Teachers and Peers</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
Asks questions to clarify information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies with directions when given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect to the teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Attendance**

Is the student chronically absent or tardy for reasons related to a diagnosed physical or mental impairment?

Yes    No

**Strategies Currently Being Implemented**

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**Comments**

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**Dubois Integrity Academy**  
**Section 504 Evaluation Review Meeting and Disability Determination**

<b>Student</b>		<b>Date of Birth</b>	
<b>School</b>		<b>Grade</b>	<b>Meeting Date</b>

The following Section 504 Team Members acknowledge by signature their participation in this evaluation review meeting and disability determination.		
Print Name	Signature	Title

The following items have been provided to the parent/guardian:		
	Date Sent	Sent By
Section 504 Meeting Notice		
Parental Consent for Section 504 Evaluation/Reevaluation		
Parent Rights Afforded by Section 504 of the Rehabilitation Act of 1973		

**Parent/guardian responded to Section 504 meeting notice as follows:**

- Will Attend     
 Will Not Attend     
 No Response

**Reason for Section 504 Meeting:**

- Initial Section 504 Evaluation/Disability Determination Review Meeting  
 Re-evaluation Meeting

## EVALUATION DATA COLLECTED AND REVIEWED

**Indicate data reviewed by the Team in their evaluation for disability determination:**

**Required:**

- Teacher Observation Report
- Vision/hearing screening (academic/behavior)
- SLDS Report and/or Standardized Test Scores
- Report Card Copy

**If Applicable:**

- Physician's Statement of Health Condition
- Progress monitoring data
- Background Information
- SST Meeting Summary & Educational Plan
- Classroom observation
- Work Samples
- Medical documentation
- Psychological evaluation
- Presence of an obvious medical condition

**Other:**

- ✓
- ✓
- ✓

**Note: Copies of all data used in the evaluation must be included in the referral packet and sent to the System 504 Coordinator.**

### **OBSERVATION DATA (attach Teacher Observation Report)**

#### **ACHIEVEMENT DATA**

**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

**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

**From year to year, 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

**Has this student been retained?**  Yes: At which grade level(s)? \_\_\_\_\_  No

**DISCIPLINE DATA**

Does this student have behaviors that disrupt the education of the student or others? If so, describe behaviors and any disciplinary action that has been taken within the past year (summarize and attach relevant documentation):

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**HOME LANGUAGE SURVEY**

Student's language is:		Home language is:	
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**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**

	<b>Vision</b>	<b>Hearing</b>
Screening Date		
Screening Results		

**EVIDENCE OF A PHYSICAL OR MENTAL CONDITION**

Does the student have a documented physical or mental impairment or health condition?  Yes  No

If yes, describe and attach the Physician's Statement of Health Condition form, health plan, or other information:

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**SCHOOL ATTENDANCE INFORMATION**

Does the student have school attendance problems, e.g., truancy or excessive tardiness?  Yes  No

If yes, explain and attach relevant documentation:

**OTHER RELEVANT EVALUATIVE INFORMATION CONSIDERED**

**SECTION 504 DISABILITY DETERMINATION**

**Based on evaluation data drawn from a variety of sources, the Section 504 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 yes, describe 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 yes, describe documentation or other information that supports the finding of a substantial limitation:**

**The section 504 Team reviewed and carefully considered the following data drawn from a variety of sources:** (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Grade reports                   | <input type="checkbox"/> Observations           |
| <input type="checkbox"/> Disciplinary records/referrals  | <input type="checkbox"/> Student work portfolio |
| <input type="checkbox"/> Standardized tests/other tests  | <input type="checkbox"/> RTI Data               |
| <input type="checkbox"/> School health information       | <input type="checkbox"/> Attendance             |
| <input type="checkbox"/> Medical information/evaluations | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Parent input                    | <input type="checkbox"/> Other: _____           |

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

**PLEASE CHECK ONE**

- The student is not disabled because there is no physical or mental impairment that substantially limits a major life activity.
- 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.
- 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 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.
- 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 the school cannot discriminate against the student on the basis of disability.

- The student is disabled but is not in need of a Section 504 Plan because the student’s educational needs are met as adequately as those of nondisabled peers based upon the positive effect(s) of mitigating measures currently in use. The need for a Section 504 Plan will be addressed again should the positive effect(s) of mitigating measures currently in use no longer exist. While the student currently is not in need of services, it is understood that the student is protected by Section 504’s antidiscrimination provisions and the school cannot discriminate against the student on the basis of disability.
- 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.
- 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.

**Original:** To 504 Folder

**Copies:** To Parent

**Comments/Notes:** \_\_\_\_\_

\_\_\_\_\_

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**Section 504 Plan**

**Individual Accommodations Necessary to Remove Barriers to Learning**

<b>Plan Date</b>		<b>Date for 504 Re-Evaluation</b>	
<b>Student's Name</b>		<b>DOB</b>	<b>Grade</b>
<b>School</b>		<b>Mental/Physical Impairment(s)</b>	

**Accommodations**

List the accommodations, related aids and services that will be necessary for this student to participate in the educational program on a daily basis. Each accommodation must be directly related to the substantial limitations caused by the student's impairment(s). Remember, the student must need and receive the accommodations on a regular basis in order to receive them for standardized testing situations.

<b>Accommodations</b>

*DUBOIS INTEGRITY ACADEMY*

**Section 504 Plan  
Individual Accommodations Necessary to Remove Barriers to Learning**

<b>Student's Name</b>		<b>Plan Date</b>	
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I am in agreement with the Section 504 Plan developed by the SST committee for the above-named student.

<b>Date</b>	<b>Signature</b>	<b>Title</b>

I am not in agreement with the Section 504 Plan developed by the SST committee for the above-named student.

<b>Date</b>	<b>Signature</b>	<b>Title</b>

**Section 504  
Standardized Testing Accommodations**

<b>Name</b>		<b>DOB</b>		<b>Date</b>	
<b>School</b>		<b>Grade</b>		<b>Mental/Physical Impairment(s)</b>	

**Part I**

Are there any medical or other circumstances that will affect the administration of standardized tests? (ie. Need for accommodations, delay start of testing)

- Yes  
 No

If yes, please explain.

**Part III**

**Approved Accommodations for Students with Disabilities**

Each accommodation must be directly related to the substantial limitations caused by the student's impairment(s). In addition, the student must need and receive the accommodations on a regular basis in order to receive them for standardized testing situations. Determine the accommodations required for the student to participate in assessments by checking below.

Will the student receive either of the Read Aloud Accommodations (see #18 and #19 under Presentation Accommodations)?										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, for each subtest, indicate whether the questions and/or passages will be read aloud to the student. Note: Oral reading of test passages <b>and</b> test questions are <b>non-standard</b> accommodations for any NRT.											
GM-EOG & Local	Passages (Conditional)	Questions (Standard)		Passages (Conditional)	Questions (Standard)		Passages (Conditional)	Questions (Standard)			
ELA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
Science	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

*DuBois Integrity Academy*

Setting Accommodations:		Response Accommodations:	
<input type="checkbox"/>	1. Special education classroom	<input type="checkbox"/>	27. Technology applications, such as Braille, word processor, or other communications device with all grammar and spell check devices disabled
<input type="checkbox"/>	2. Special or adapted lighting	<input type="checkbox"/>	28. Student marks answers in test booklet
<input type="checkbox"/>	3. Small group	<input type="checkbox"/>	29. Student points to answers
<input type="checkbox"/>	4. Preferential seating	<input type="checkbox"/>	30. Verbal responses in English only
<input type="checkbox"/>	5. Sound field adaptations	<input type="checkbox"/>	31. Braille writer
<input type="checkbox"/>	6. Adaptive furniture (e.g. slant board)	<input type="checkbox"/>	32. Basic function calculator or adapted basic calculator
<input type="checkbox"/>	7. Individual or study carrel	<input type="checkbox"/>	33. Scribe
<input type="checkbox"/>	8. Individual administration	<input type="checkbox"/>	34. Adapted writing tools (e.g. pencil grips, large diameter pencil)
<input type="checkbox"/>	9. Administration by certified educator familiar to student		
Presentation Accommodations:		Scheduling Accommodations:	
<input type="checkbox"/>	10. Large print	<input type="checkbox"/>	35. Frequent monitored breaks
<input type="checkbox"/>	11. Sign the directions	<input type="checkbox"/>	36. Optimal time of day for testing
<input type="checkbox"/>	12. Sign test questions	<input type="checkbox"/>	37. Extended time - specify amount:
<input type="checkbox"/>	13. Sign reading passages	<input type="checkbox"/>	38. Flexibility in the order of administration for content areas
<input type="checkbox"/>	14. Explain or paraphrase the directions for clarity (in English only)	<input type="checkbox"/>	39. Extending sessions over multiple days (ACCESS only)
<input type="checkbox"/>	15. Braille	<b>Comments:</b>	
<input type="checkbox"/>	16. Color overlays, templates, or placemarkers		
<input type="checkbox"/>	17. Use of highlighter by student (ACCESS only)		
<input type="checkbox"/>	18. Oral reading of test questions in English only by reader or assistive technology		
<input type="checkbox"/>	19. Oral reading of reading passages in English only by reader or assistive technology		
<input type="checkbox"/>	20. Low vision aids (e.g. CCTV, magnifying equipment)		
<input type="checkbox"/>	21. Repetition of directions (English only)		
<input type="checkbox"/>	22. Materials presented with contrast and tactile cues		
<input type="checkbox"/>	23. Photograph used (GKIDS only)		
<input type="checkbox"/>	24. Substitute manipulative (GKIDS only)		
<input type="checkbox"/>	25. Use directions that have been marked by the teacher (ACCESS only)		
<input type="checkbox"/>	26. Audio amplification devices or noise buffer/listening devices		

Please refer to the GaDOE Accommodations Manual for guidance on selecting, administering, and evaluating the use of test administration accommodations for students with disabilities.

*DUBOIS INTEGRITY ACADEMY*

**Section 504 Behavior Individualized Accommodation Plan (IAP)**

<b>Plan Date</b>		<b>Date for Eligibility Re-Evaluation</b>	
<b>Student's Name</b>		<b>DOB</b>	<b>Grade</b>
<b>School</b>		<b>Mental/Physical Impairment(s)</b>	

Begin date for the behavior accommodation(s): \_\_\_\_\_

Behavior(s) of the student that are targeted:

**Types of appropriate behavioral accommodations for the student:**

- Set clearly defined limits     Reduce distracting stimuli     Give frequent reminder of rules
- Seat student near teacher     Assign peers to work with student     Use journal of daily/weekly behaviors
- Use praise to reinforce appropriate behaviors
- Provide student with a consistent routine (daily or weekly schedule of events)
- Use predetermined signaling device to cue student that a specified behavior is desired
- Prompt student to go to a quiet area in class where noise and activity are not allowed
- Other (Please specify):

Should a behavioral contract with the student be provided?     Yes     No

If so, specify below the type of behavior expected and the type of reinforcement to be used. Place a copy of the contract in the student's 504 folder.

## *DUBOIS INTEGRITY ACADEMY*

### Section 504 Behavior Individualized Accommodation Plan (IAP)

Should a system of rewards/affirmations for desired behaviors and consequences for opposite behaviors be provided?  Yes  No

Desired Behavior	Rewards/Affirmations for Desired Behavior	Consequences for Inappropriate Behavior	Personnel Responsible

Specify the form of communication to be used to advise parents/guardians of progress made (e.g., notes in agenda, phone calls, periodic parent conferences): \_\_\_\_\_

I am in agreement with the Behavior Accommodation Plan specified for \_\_\_\_\_.

Date	Signature	Title

I am not in agreement with the Section 504 Plan developed by the SST committee for the above named student.

Date	Signature	Title



*Dubois Integrity Academy*

**Student Support Team (SST) Meeting Notification**

<b>Student</b>		<b>Grade</b>	
<b>School</b>			
<b>Date of Meeting</b>		<b>Time</b>	<b>Location</b>

A Student Support Team is an interdisciplinary team that uses a systematic process to address learning and/or behavior problems of students, K-12, in a school. The process includes the following steps:

1. Gathering of Information
2. Assessment (if necessary) and Evaluation of Data
3. Development of Educational Plan
4. Implementation of Educational Plan
5. Evaluation of Progress
6. Ongoing Monitoring and Evaluation

**Purpose of the Meeting:**

- Initial SST to discuss the following concerns:                       academic     behavior     medical     other
- Re-Open Inactive SST to discuss following concerns:     academic     behavior     medical     other
- Follow-up SST to review screening assessments and/or progress monitoring data
- Conduct evaluation for Section 504 disability determination
- Annual Review of Section 504 Plan
- Follow-up Section 504 meeting to discuss current concerns
- Other:

<b>Members of the SST</b>			
<b>Name</b>	<b>Title</b>	<b>Name</b>	<b>Title</b>

**Please Note:**

- Teachers of the student should come prepared with student work samples illustrating the child’s strengths and/or weaknesses, copy of current grades, anecdotal notes, progress monitoring data and any other documentation that could be used to assist the SST in identifying the cause of the student’s problems and selecting specific interventions to address those problems.
- SST State Board Rule 160-4-2.32 requires the SST to include at a minimum the referring teacher and at least two other participants. It also states that parent/guardians must be invited to participate in all meetings of their child’s SST and in the development of interventions for their child.
- Section 504 regulations require that a team who is knowledgeable about the student, the suspected mental/physical impairment, evaluative procedures, the meaning of evaluative data, and accommodation options, conduct these meetings.

*DUBOIS INTEGRITY ACADEMY*  
**Receipt of Section 504 Plan Accommodations**

Please sign below to indicate that you are aware of this student's mental/physical impairment and have a copy of his or her Section 504 plan accommodations for the current school year.

<b>Student</b>		<b>Date</b>	
<b>School</b>		<b>Grade</b>	

Printed Name	Title	Signature

Does this student's 504 plan requires the school nurse to provide training to the school staff regarding the mental/physical impairment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, indicate the date of the training.	

Have student's teachers and administrators been provided with information explaining how the mental/physical impairment will substantially limit one or more major life activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

\_\_\_\_\_  
**Signature of School 504 Representative**

\_\_\_\_\_  
**Date**

**Student Support Team  
Section 504 Meeting Summary**

<b>Student</b>		<b>Date</b>	
<b>School</b>		<b>Grade</b>	

<b>Team Members Present</b>	<b>Title</b>	<b>Signature</b>

<b>Purpose of Meeting</b>
<input type="checkbox"/> Annual Review of Section 504 Plan <input type="checkbox"/> Review student's progress/determine if accommodations are appropriate <input type="checkbox"/> Other:

<b>Request for Additional Information</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Hearing &amp; Vision Screening  <input type="checkbox"/> Functional Behavior Assessment (FBA)  <input type="checkbox"/> Referral to School Counselor  <input type="checkbox"/> Speech/Language Screening  <input type="checkbox"/> Medical Documentation  <input type="checkbox"/> Classroom Observation to be completed by the following:                <input type="checkbox"/> Speech/Language Pathologist   <input type="checkbox"/> School Psychologist                <input type="checkbox"/> Administrator                      <input type="checkbox"/> Special Education Teacher                <input type="checkbox"/> School Counselor                   <input type="checkbox"/> Other:         </div> <div style="width: 45%;"> <input type="checkbox"/> Learning Styles Inventory  <input type="checkbox"/> Academic Screening  <input type="checkbox"/> Behavior Screening  <input type="checkbox"/> Background Information         </div> </div> <input type="checkbox"/> Other:







*DUBOIS INTEGRITY ACADEMY*  
Section 504 Annual Review Meetings

School: \_\_\_\_\_

School Year: \_\_\_\_\_

All Students with Active Section 504 Accommodation Plans	Grade	Date of Annual Review

Signature of School 504 Representative \_\_\_\_\_

Date \_\_\_\_\_

*Dubois Integrity Academy*  
**Manifestation Determination Form**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

**THIS MANIFESTATION DETERMINATION MUST OCCUR WITHIN 10 SCHOOL DAYS OF ANY DECISION TO CHANGE THE PLACEMENT OF A CHILD WITH A DISABILITY DUE TO A VIOLATION OF THE CODE OF CONDUCT.** The manifestation determination review is conducted by the child's parent and the relevant members of the child's 504 Team. (NOTE: Schools may remove a student from his or her current placement for violations of a code of student conduct to the extent that such alternative settings are also applied to students without disabilities for NOT MORE THAN 10 SCHOOL DAYS. **However, a manifestation determination review is required when a student has been removed from his current placement for SIX TO SEVEN DAYS OF CUMULATIVE OR CONSECUTIVE SUSPENSION DAYS.** In addition, schools may remove a student to an interim alternative educational setting (IAES) for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability in cases where a child: (1) carries or possesses a weapon to or at school, on school premises or at a school function; (2) knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises, or at a school function; or (3) has inflicted serious bodily injury upon another person while at school, on school premises, or at a school function.)

**1. Description of the behavior incident that violated the code of conduct:**

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**2. Review of relevant information:**

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Please check all information that was reviewed:

- 504
- Teacher Observations/Anecdotal Notes
- Relevant information provided by parent(s)
- Other: \_\_\_\_\_



### 3. Manifestation Determination

a. Was the conduct in question caused by or does it have a direct and substantial relationship to the child's disability? \_\_\_\_\_

b. Is the conduct in question a direct result of the system's failure to implement the child's 504? \_\_\_\_\_

**If the answer to either question 3a or 3b is YES, the conduct IS a manifestation of the child's disability** and the child must be returned to the placement from which he was removed, unless: (1) the incident involves weapons or drug possession or infliction of serious bodily injury; or (2) the parent and the system agree to a change of placement as part of the modification of the student's behavioral intervention plan.

If the behavior was a manifestation of the disability, the following must be considered:

Has a functional behavioral assessment been conducted?

yes             no

If NOT, one must be conducted and a behavioral intervention plan (BIP) must be developed and implemented. Meeting date to write BIP: \_\_\_\_\_

If a behavioral intervention plan has been developed and implemented, what revisions are necessary to prevent the behavior from occurring again?

**If the answer to both of the above questions is NO, then the conduct is not a manifestation of the child's disability.** The relevant disciplinary procedures applicable to children without disabilities may be applied in the same manner to the child with a disability.

If the behavior was not a manifestation, the need for a functional behavior assessment and a behavior intervention plan should be considered to prevent the behavior from recurring.

Team Members – The Team must consist of the parent and relevant members of the 504 Team.

Name/Title

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Name/Title

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*DUBOIS INTEGRITY ACADEMY*

**BEHAVIORAL INTERVENTION PLAN**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Date FBA completed: \_\_\_\_\_

[NOTE: A functional behavioral assessment (FBA) must be completed as the basis for this behavioral intervention plan (BIP). **Make certain that the FBA Worksheet and FBA Competing Behavior Pathway are attached to this form.**

Participants' signatures:

Name & Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This BIP will be developed through (check one)**

Student Support Team

Section 504 Committee

IEP Team

**Projected date(s) to review this plan:**

\_\_\_\_\_  
\_\_\_\_\_

**Present Levels of Performance:** Given the (2) *antecedent only* or (2 & 4) *antecedent and setting event*, the student displays (1) *problem behavior (rate/intensity/duration)* to (3) *get/avoid consequence*.

**Behavioral Goal:** Given the (2) *antecedent only* or (2 & 4) *antecedent and setting event*, the student will (5) *desired behavior* to (3) *get/avoid consequences*. Remember that the desired behavior must be defined in terms that are measurable and observable.

**FIRST PRIORITY: PREVENTION**

**Environmental Accommodations**

From the "Antecedents" and "Setting Event" sections of the FBA, describe changes that could be made in the environment for the purpose of managing, diminishing, or eliminating the behavior of concern:

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Who is responsible for implementing these changes? \_\_\_\_\_

How will progress be monitored (how often and by whom)? \_\_\_\_\_

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**SECOND PRIORITY: INSTRUCTION**

**Teaching strategies to achieve desired behavior must be taught through explicit instruction. Explicit instruction includes modeling the desired behavior through the use of examples and nonexamples, providing opportunities to practice within the context of where the behavior occurs, and monitoring progress.**

Describe the replacement behavior (specific skills) to be taught: \_\_\_\_\_

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Who will teach the replacement behavior? \_\_\_\_\_

How often and where will instruction be given? \_\_\_\_\_

What are the opportunities for practice? \_\_\_\_\_

How will progress be monitored (how often and by whom)? \_\_\_\_\_

Describe acknowledgements to be used when desired behavior is displayed: \_\_\_\_\_

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**CRISIS PLAN**

When the problem behavior presents a **safety concern**, a crisis plan may be necessary. If the team determines that a crisis plan is necessary, describe the plan and who will implement: \_\_\_\_\_

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*DUBOIS INTEGRITY ACADEMY*  
Section 504 Termination Form

<b>Student</b>		<b>Homeroom Teacher</b>		<b>Date</b>	
<b>School</b>		<b>Grade</b>			

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

- A physical or mental impairment
- That substantially limits
- One or more major life activities

The following 504 eligibility team has determined that the Section 504 Plan currently in place for the above named student is no longer needed.

Name	Title	Signature

**The parent/guardian has been notified of the following:**

The reason(s) SST has determined that the student is no longer eligible for Section 504.

They have the right to appeal this decision by requesting a review meeting with the 504-eligibility team.

**Date:** \_\_\_\_\_

**Method:**

Parent attended meeting

Parent did not attend meeting therefore notification was provided by:  Phone  Letter  E-mail

**School 504 Coordinator:**  
Place this form in section 2 of the student's red 504 folder. Also, send a copy of this form to the system 504 Coordinator.

*DUBOIS INTEGRITY ACADEMY*  
**Parental Consent for Section 504 Evaluation**

Date: \_\_\_\_\_

Dear Parent or Legal Guardian of: \_\_\_\_\_

The Student Support Team (SST) would like to evaluate your child in order to determine whether or not he or she has a disability and may need accommodations in the regular education classroom through Section 504 of the Rehabilitation Act of 1973. This civil rights legislation states that no otherwise qualified individual with a disability shall solely, by reason of his or her disability, be excluded from the participation in, denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance. The need for accommodations under Section 504 is determined by the presence of a mental or physical impairment that **substantially limits** one or more major life activities.

In completing the Section 504 Evaluation, the SST must draw upon information from a variety of sources which **may** include the following as deemed appropriate by the SST:

- Reading and math assessments
- Benchmark assessment data
- Vision/hearing screening assessments
- Academic, behavior, speech/language evaluations
- Teacher anecdotal data about the student's organizational skills, need for additional work time, ability to focus, etc., when compared to the average nondisabled peer
- State end-of-grade assessment data, including most recent and previous results
- Reported grades, including most recent and previously reported grades
- Work samples that illustrate the nature and severity of the suspected disability
- Information provided by parents/guardians regarding medication, private therapies, evaluations, etc.

As the parent/guardian you may present information to the SST that you would like to be considered in their evaluation of your child, such as medical documentation of a mental/physical impairment or a private psychological evaluation. All information used in the evaluation will be regarded as confidential. You will be invited to the Section 504 Disability Determination Meeting. Your parental rights are included, which show that you have certain rights regarding consent and evaluation procedures.

Please sign below to let us know whether or not you agree for the evaluation to be conducted and return this letter to me the next school day. If you have any questions, you may contact me at \_\_\_\_\_.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
Section 504 School Representative Signature

**Please check one of the following and sign below:**

- Yes, I agree for the Section 504 evaluation to be conducted for my child. I have received a copy of my Section 504 Parental Rights.
- No, I do not agree for the Section 504 evaluation to be conducted for my child. I have received a copy of my Section 504 Parental Rights.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

DUBOIS INTEGRITY ACADEMY

Section 504 Meeting Notice

Initial Request     Annual Review     Re-Evaluation     Other: \_\_\_\_\_

<b>Student</b>		<b>Date</b>	
<b>School</b>		<b>Grade</b>	

Dear Parent or Guardian,

**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 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 have a physical or mental impairment which substantially limits one or more major life activities. It must be because of this disability that the student is unable to gain equal access and benefit from school programs and services.

Examples of major life activities:

- |                       |               |               |                         |
|-----------------------|---------------|---------------|-------------------------|
| Caring for one's self | Breathing     | Communicating | Performing manual tasks |
| Learning              | Eating        | Walking       | Working                 |
| Sleeping              | Seeing        | Reading       | Standing                |
| Hearing               | Concentrating | Lifting       | Speaking                |
| Thinking              | Bending       |               |                         |

A meeting has been scheduled for the following date and time:

<b>Date</b>	
<b>Time</b>	

You are invited and urged to participate in this meeting. If you would like more information about this meeting or would like the meeting date and/or time changed, please contact me as soon as possible.

You should have already received a copy of the Section 504 Parents' Rights that are still in effect. If you have not, please let us know so that we may provide you with a copy.

\_\_\_\_\_  
Section 504 School Representative Signature

**Please check one of the following and sign below:**

- I will attend this meeting.
- I will not be attending this meeting. I understand that I may request a copy of the meeting summary.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**Please return this form to school tomorrow.**

*DUBOIS INTEGRITY ACADEMY*

**Notice of Rights of Students and Parents under Section 504**

Student		Grade		Date	
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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. 34 CFR 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.

For more information regarding Section 504, or if you have questions or need additional assistance, please contact the System Section 504 Coordinator at the following address:

<b>Date Provided to Parent/Legal Guardian</b>		<input type="checkbox"/> Mailed <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Sent home with student
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# *DUBOIS INTEGRITY ACADEMY*

## Section 504 Procedural Safeguards

### **Complaint Procedures**

#### **Responding to Section 504 Discrimination Complaints**

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act prohibit discrimination against students with a disability. No discrimination against students with a disability will knowingly be permitted in any of the programs or activities of the Dubois Integrity Academy Charter School.

A parent/guardian who believes that their child has been discriminated against under Section 504 and the ADA may file a grievance with the school, file a complaint with the Office of Civil Rights (OCR), or request a due process hearing. Students protected under Section 504 may also file a grievance on behalf of themselves if they believe they have been discriminated against because of their disability. Complaints must be filed within 180 days of the reputed violation.

Parents who wish to file a complaint with the school system should be provided with a copy of the **Section 504 Complaint Form**. The form must be submitted to the 504 Coordinator. A copy of the **Section 504 Parental Rights** must be provided to parents when a complaint is filed. The parent will be contacted within 10 business days from receiving a completed Section 504 Complaint Form to schedule a meeting.

#### **Section 504 Impartial Hearing Request**

Any student or parent/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. A **Section 504 Request for Hearing** form must be completed and submitted to the School’s Section 504 Coordinator. Forms may be obtained from the School’s 504 Coordinator.

Within 10 business days from receiving the Section 504 Request for Hearing form, the 504 Coordinator will acknowledge the request in writing and schedule a time and place for a hearing. Parents/Guardians will be contacted if all parts of the form are not completed. All timelines and processes will be stayed until the Request for Hearing form is completed.

#### **Section 504 Mediation Meeting**

Mediation is a less formal method of resolving disputes than a due process hearing. During mediation, parents/guardians and school representatives voluntarily meet with an impartial mediator to resolve disagreements with the school’s decisions or actions regarding identification, evaluation, or educational placement of the student. Any agreements reached between the school and the parents/guardians during the mediation process will be set forth in a written mediation agreement.

Mediation is voluntary and both the grievant and school 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 proceed with the impartial hearing procedures.



## **Section 504 Impartial Due Process Hearing Procedures**

1. The School's 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.
2. 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.
3. The grievant will have an opportunity to examine the child's educational records prior to the hearing.
4. 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.
5. 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 Dubois Integrity Academy 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.
6. 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.
7. The impartial review official shall determine the weight to be given any evidence based on its reliability and probative value.
8. The hearing shall be closed to the public.
9. The issues of the hearing will be limited to those raised in the written or oral request for the hearing.
10. 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.
11. Testimony shall be recorded by court reporting or audio recording at the expense of Dubois Integrity Academy. All documentation related to the hearing shall be retained by Dubois Integrity Academy.
12. 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.

13. 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.

### **Section 504 Impartial Due Process Hearing 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.

### **Section 504 Impartial Due Process Hearing 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.

**DUBOIS INTEGRITY ACADEMY**  
**Section 504 Complaint Form**

Dubois Integrity Academy are committed to complying with Section 504 of the Rehabilitation Act of 1973 and ensuring that no discrimination on the basis of disability is permitted in the programs or activities that the System operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to the System Section 504 Coordinator.

Date: \_\_\_\_\_ Complaint made on behalf of: \_\_\_\_\_

Complainant is:  Student: \_\_\_\_\_  
 Student's parent(s)/guardian(s): \_\_\_\_\_  
 Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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 respect to the incident. Please specify the type of communication, dates of communication, and names of individuals involved (attach additional pages if needed).

3. Please describe how you propose to resolve this issue (attach additional pages if needed).

**For Office Use Only**

Date complaint was received: \_\_\_\_\_

**DUBOIS INTEGRITY ACADEMY**  
**Section 504 Request for Hearing**

Student's Name \_\_\_\_\_ Date: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Contact Information for Parent or Guardian**

Name of Parent or Legal Guardian: \_\_\_\_\_

Address (if different than student's address): \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_  Check here if you want notice of scheduled hearing by e-mail.

Telephone: (All calls will be made between 8 AM and 4:30 PM. Please check the box next to your preferred contact number.)

Home: (\_\_\_\_\_) \_\_\_\_\_  Cellular: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_  Other: (\_\_\_\_\_) \_\_\_\_\_

**Problem and Proposed Solution to the Described Problem**

\*Describe the decision that was made by the Section 504 Team that you disagree with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Explain your reasons for wanting the decision to be reviewed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Describe your proposed solution to the above problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If more space is needed, attach additional paper.

Signature of Person Completing this Form \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student:  Parent/Legal Guardian  Other: \_\_\_\_\_

*Note: If you checked "Other", please provide the contact information below.*

**Other Contact Information**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**For Office Use Only**

Date complaint was received: \_\_\_\_\_

*Section 504*

*Quick Guide for*

*Initial*

*Evaluations*

## Section 504 Quick Guide for Initial Evaluations

### Forms needed for ALL Initial 504 Meetings (Part of Evaluation Packet)

- 504 Referral for Evaluation Form
- Section 504 Process Checklist
- Physician's Statement of Health Condition Form (if available)
- Teacher Observation Report (one for each of student's teachers)
- Section 504 Evaluation Review Meeting & DD Form
- SST Meeting Notification (Faculty)
- 504 Meeting Summary
- 504 Meeting Notice (Parents)
- Parental Consent for Section 504 Evaluation
- Notice of Rights of Students and Parents

### Forms used AS NEEDED for Initial 504 Meetings

- Section 504 Plan

### Step 1: Referral

- a. Receive Referral Form/Request
- b. Start a red 504 folder for the student
- c. Make sure parent has been contacted and aware of concerns.
- d. Send home Parental Consent Form
- e. Start Section 504 Process Checklist

### Step 2: Set up the Meeting (after receiving permission for evaluation)

- Send the Parent/Guardian:
  - 504 Meeting Notice (Parents)
  - Notice of Rights of Students and Parents
- Give the teacher(s):
  - Teacher Observation Report for Section 504 Evaluation
- Collect data for the evaluation
- Invite appropriate individuals to meeting using the SST Meeting Notification Form

### Step 3: At the Meeting

- a. Give parent/guardian Notice of Rights
- b. Complete the Section 504 Evaluation Review Meeting & Disability Determination Form
  - Determine if Disability Exists & meets Section 504 Requirements (based on data)
  - All Participants Sign
  - Give parent a copy of complete evaluation packet. Complete packet includes ALL data used to support decisions.
- c. IF NEEDED:
  - Schedule meeting for accommodation plan or proceed during current meeting.
  - Develop Section 504 Plan. Accommodations should not give student an unfair advantage. Accommodations should remove barriers that may prevent the student from receiving equal access to his/her education as compared to nondisabled students (level the playing field).
  - All Participants Sign
  - Give parent a copy of Section 504 Plan

### Step 4: After the Meeting

- a. Make sure parent has a complete copy of the Section 504 evaluation packet
- b. Place forms in appropriate locations in red Section 504 folder
- c. Place a "Notice of Section 504 File" in student's permanent record
- d. IF NEEDED:
  - Give each teacher and appropriate administrators a copy of the Section 504 Plan
  - Obtain signatures on Receipt of Section 504 Plan Accommodations

*Section 504*  
*Quick Guide for*  
*Annual Reviews*

## **Section 504 Quick Guide for Annual Reviews**

**NOTE:** Copies of the previous year's **Section 504 Plans** should be given to appropriate teachers by the **first day of class**. Annual Reviews should be completed by November 15.

### **Forms needed for ALL Annual Review 504 Meetings**

- Teacher Observation Report (if needed)
- SST Meeting Notification (Faculty)
- 504 Meeting Summary
- 504 Meeting Notice (Parents)
- Notice of Rights of Students and Parents
- 504 Plan
- 504 Annual Review Meetings Form

### **Step 1: Set up the Meeting**

- Send the Parent/Guardian:
  - 504 Meeting Notice (Parents)
  - Notice of Rights of Students and Parents
- Give the teacher(s):
  - Teacher Observation Report for Section 504 Evaluation (if needed)
- Collect necessary data for review
- Invite appropriate individuals to meeting using the SST Meeting Notification Form

### **Step 2: At the Meeting**

- Give parent/guardian Notice of Rights (Send home if not present)
- Review current 504 Plan
- Analyze data to determine if changes need to be made
- Keep in mind that accommodations should not give student an unfair advantage. Accommodations should remove barriers that may prevent the student from receiving equal access to his/her education as compared to nondisabled students (level the playing field).
- All Participants Sign
- Give parent a copy of Section 504 Plan

### **Step 3: After the Meeting**

- Send copy of the Section 504 Plan to System 504 Coordinator
- Make sure parent has a copy of the Section 504 Plan
- Place forms in appropriate locations in red Section 504 folder
- Place a "*Notice of Section 504 File*" in student's permanent record.
- IF NEEDED:
  - Give each teacher and appropriate administrators a copy of the Section 504 Plan
  - Obtain signatures on Receipt of Section 504 Plan Accommodations

### **Step 4: Complete the Process**

- Complete the Section 504 Annual Review Meetings Form. All of your 504 students with a 504 Plan should be on this list.
- Make a copy for yourself.



*Section 504*  
*Quick Guide for*  
*Reevaluations*

## **Section 504 Quick Guide for Reevaluations**

### **Forms needed for ALL Reevaluation 504 Meetings (Part of Evaluation Packet)**

- 504 Referral for Evaluation Form
- Section 504 Process Checklist
- **Updated** Physician's Statement of Health Condition Form (if available)
- Teacher Observation Report (one for each of student's teachers)
- Section 504 Evaluation Review Meeting & DD Form
- SST Meeting Notification (Faculty)
- 504 Meeting Summary
- 504 Meeting Notice (Parents)
- Parental Consent for Section 504 Evaluation
- Notice of Rights of Students and Parents

### **Forms used AS NEEDED for Initial 504 Meetings**

- Section 504 Plan

#### **Step 1: Referral**

- Receive Referral Form/Request
- Start a red 504 folder for the student
- Make sure parent has been contacted and aware of concerns.
- Send home Parental Consent Form
- Start Section 504 Process Checklist

#### **Step 2: Set up the Meeting** (after receiving permission for evaluation)

- Send the Parent/Guardian:
  - 504 Meeting Notice (Parents)
  - Notice of Rights of Students and Parents
- Give the teacher(s):
  - Teacher Observation Report for Section 504 Evaluation
- Collect data for the evaluation
- Invite appropriate individuals to meeting using the SST Meeting Notification Form

#### **Step 3: At the Meeting**

- Give parent/guardian Notice of Rights
- Complete the Section 504 Evaluation Review Meeting & Disability Determination Form
  - Determine if Disability Still Exists & Still Meets Section 504 Requirements (based on data)
  - All Participants Sign
  - Give parent a copy of complete evaluation packet. Complete packet includes ALL data used to support decisions.
- IF NEEDED:
  - Schedule meeting for accommodation plan or proceed during current meeting.
  - Develop Section 504 Plan. Accommodations should not give student an unfair advantage. Accommodations should remove barriers that may prevent the student from receiving equal access to his/her education as compared to nondisabled students (level the playing field).
  - All Participants Sign
  - Give parent a copy of Section 504 Plan

#### **Step 4: After the Meeting**

- Send copy of COMPLETE the Section 504 evaluation packet to System 504 Coordinator
- Make sure parent has a complete copy of the Section 504 evaluation packet
- Place forms in appropriate locations in red Section 504 folder
- Place a "Notice of Section 504 File" in student's permanent record
- IF NEEDED:
  - Give each teacher and appropriate administrators a copy of the Section 504 Plan
  - Obtain signatures on Receipt of Section 504 Plan Accommodations

*Section 504*  
*Quick Guide for*  
*Manifestation*  
*Determination*

## **Section 504 Quick Guide for Manifestation Determination**

### **Forms needed for ALL Manifestation 504 Meetings**

- Manifestation Determination Form
- 504 Plan
- SST Meeting Notification (Faculty)
- 504 Meeting Summary
- 504 Meeting Notice (Parents)
- Notice of Rights of Students and Parents
- Teacher Observation Report for Section 504 Evaluation

### **Forms used AS NEEDED for Manifestation Meetings**

- Behavioral Intervention Plan Form

### **Step 1: Set up the Meeting**

- Send the Parent/Guardian:
  - 504 Meeting Notice (Parents)
  - Notice of Rights of Students and Parents
- Give the teacher(s):
  - Teacher Observation Report for Section 504 Evaluation
- Collect data for the evaluation (discipline reports, intervention data, etc.)
- Invite teachers, school psychologist, administrative designee
- Invite others as needed

### **Step 2: At the Meeting**

- Give parent/guardian Notice of Rights
- Complete the Manifestation Determination Form
  - Review 504 Plan and data used to determine appropriate accommodations
  - All Participants Sign
  - Give parent a copy of Manifestation Determination Form

### **Step 3: After the Meeting**

- Make sure parent has a copy of the Manifestation Determination Form
- Place forms in appropriate locations in Section 504 folder