

Section 504 Plan Forms

USD 416

Section 504 Student and Parent Rights

School: _____ Date: _____

The following is a description of student and parent rights granted by federal law. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

YOU HAVE THE RIGHT TO:

1. Have your child take part in, and receive benefits from public education programs without discrimination based on a disability.
2. Have the school advise you as to your rights under federal law.
3. Receive written notice with respect to identification, evaluation, or placement of your child.
4. Have your child receive a free appropriate public education. This includes the right to be educated with other students without disabilities to the maximum extent appropriate. It also includes the right to have the school make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
5. Have your child educated in comparable facilities and receive comparable educational services to those provided students without disabilities.
6. Have your child receive accommodations under Section 504 of the Rehabilitation Act of 1973 if he/she qualifies.
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by individuals who know your child, the evaluation data, and placement options.
8. Have transportation provided to a school placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the school.
9. Give your child an equal opportunity to participate in non-academic and extracurricular activities offered by the school.
10. Examine all records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
11. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records.
12. Receive a response from the school to reasonable requests for explanations and interpretations of your child's records.
13. File a complaint with the Section 504 Compliance Coordinator, [insert name and contact information] under the provisions of U.S.D. No. 441 Board Policy KN.
14. Request mediation to settle disputes arising out of any decision about your child's identification, evaluation, educational program or placement.
15. File a complaint with the Office for Civil Rights of the United States Department of Education . . .
16. Request an impartial due process hearing to settle disputes arising out of any decision about your child's identification, evaluation, educational program or placement. You and your child may take part in the hearing and have an attorney represent you.

Person at the school responsible for 504 compliance	Phone number
Building Principal	
Section 504 District Coordinator: Dr. Brian R. Biermann, Superintendent	913-837-1700

Unified School District _____
Section 504 Referral

Student: _____ Date: _____
School: _____ Date of Birth: _____
Teacher: _____ Phone: _____
Parents/Guardian: _____
Address: _____
Referred by: _____
Position: _____

1. Reason for referral: _____

2. Accommodations and interventions attempted (SIT plan) _____

3. Has the student ever been referred, evaluated and/or received services from special education?
_____ Yes _____ No

4. Referral action: _____

SIT Member Date

Notice
Section 504 Meeting

Student: _____ Date: _____
School: _____

Dear Parent or Guardian:

This letter is to inform you that we have some concerns about your child's progress at school. We have attempted some interventions with your child. They include:

We would like to arrange a meeting to discuss eligibility for further accommodations/services in order to ensure that _____ is afforded an appropriate education. We have scheduled a meeting on _____. This meeting will be held at _____ to discuss your child's educational needs. We would very much appreciate your participation.

If you have any questions, or if this meeting time is not convenient for you, please call me at _____. We will discuss your questions or arrange a mutually convenient meeting time.

Sincerely,

(Name)
(Position)

Louisburg USD #416
Section 504 Consent to Evaluate

Student Name:

Date of Birth:

School:

Grade Level:

Date:

Parent/Legal Guardian:

Address:

Dear Parent/Guardian,

In order to determine if the individual educational needs of your child are being appropriately addressed, a referral has been made and an evaluation has been requested under Section 504 of the Rehabilitation Act of 1973. The purpose of the Section 504 referral process is:

- (1) To determine whether your child has a physical or mental impairment which may be substantially limiting one or more major life activities (e.g., walking, seeing, hearing, speaking, breathing, learning, and/or caring for one's self), and
- (2) To develop a special accommodation plan so that your child can have access to and receive an appropriate education if he/she is determined to be disabled under Section 504.

The Section 504 evaluation, which will be conducted at no cost to you, may include the following procedures: a review of records, interviews with those knowledgeable about your child, observations, and use of other educational and/or psychological assessment measure. If individual psychological assessment instruments are to be administered, you will be asked to give written consent for those procedures.

Following the evaluation, a meeting will be held to discuss the findings. You will be invited to this Section 504 Evaluation Meeting.

Please read the statement of Section 504 Parental Rights included with this notice.

If you have any questions, need additional information, wish to discuss the referral information, or have any information which may be helpful, please contact Louisburg Middle School at 913-837-1800.

Sincerely,

I have been notified and give written consent to have my child evaluated for possible Section 504 eligibility.

Parent Signature

Date

Louisburg USD 416 does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

**Louisburg USD #416
Section 504 Review Notice**

Student Name:

Date of Birth:

School:

Grade Level:

Date:

Parent/Legal Guardian:

Address:

Dear Parent or Legal Guardian:

You are invited to attend a Section 504 (Re)Evaluation Meeting to discuss the results of your child's evaluation. The purpose of this meeting is to determine if your child is eligible to receive, or continues to need, services under Section 504 in order that he/she has access to and can receive an appropriate education.

Initial Section 504 Evaluation

Section 504 Reevaluation

Annual Review

You are encouraged to attend this meeting. You may bring person(s) who have knowledge about or interest in your child. The meeting will be held at:

Date:

Time:

Location:

School Representative:

Phone:

Email Address:

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Section 504 Review of Services

Student: _____ Date: _____

Purpose of the Meeting: It is necessary to periodically review the student's progress under Section 504 services and make recommendations to continue, modify or terminate the program(s). (504 plan should be reviewed once each year)

Discussion of Progress: _____

Recommendation

- Continue present services with no changes.
- Modify the present program (see attached).
- Exit from program based upon the following evaluation results.

Discussion of Recommendations: _____

The following members of the Section 504 Committee agree with the recommendations.

_____	_____
_____	_____
_____	_____
_____	_____

Louisburg USD# 416

504 Evaluation Report

Initial Evaluation	Reevaluation/Program Review	Date:
Student:		Grade:
School:	Case Manager:	

504 Eligibility – According to Section 504, a person with a disability is one who “has a physical or mental impairment which substantially limits one or more major life activity.” 34 CFR 104.3(j)(I)

1. What is the specific legitimately recognized physical or mental impairment?

Supporting documents attached:	Yes	No
Description:		

2. What is the major life activity significantly impacted by the physical or mental impairment?

Supporting documents attached:	Yes	No
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	Eating		Concentrating		Seeing
	Sleeping		Thinking		Hearing
	Standing		Communicating		Speaking
	Lifting		Caring for self		Breathing
	Bending		Perform manual task		Learning
	Reading		Walking		Working

3. How is the student’s participation in the classroom or other school related activities substantially limited by the impairment?

Supporting documents attached:	Yes	No
Include documentation from academic/behavioral interventions, observations and a description of how the student’s performance would compare with average peers (nation wide) of similar age, experience and background.		

	Participation in classroom/course work and assessments:
	Participation in other school activities:
	Performance on district assessments:
	Performance on diagnostic assessments:
	Performance on State assessments:

	Other:
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4. Compared to average students in the general national) population of similar age, experience and background, is the student substantially limited in the classroom or school activities as a result of their impairment?

	Yes , student is eligible/continues to be eligible for 504 services.	Develop/Review 504 plan
	No , student is not eligible/no longer eligible for 504 plan.	Consider appropriateness of a Student Assistance Plan

Notification given by:	
Method of notification:	
Date:	

Louisburg USD #416
540 Plan Notice of Termination

Student:	School:
Date of Evaluation:	Grade:

After completing a re-evaluation under Section 504, the 504 Evaluation Committee has determined that at this time _____ no longer exhibits a substantial limitation, therefore, he/she is no longer eligible for, or in need of a Section 504 plan.

Data which supports the decision to terminate services:

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Recommendations:

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Signatures of committee members:

Signature	Position	Signature	Position

**Louisburg USD # 416
Section 504 Grievance Form**

Date:	Your Name:
Child's Name:	Child's School:
Daytime phone you can be reached at:	
Address:	

Nature of your grievance. Please describe the policy or action you believe may be in violation of Section 504 or other Civil Rights statute.

If others are affected by the possible violation, please give their names and/or positions.

Name	Position

Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.

Signature of Grievant

Date

**Send completed form to:
Insert school name and address**