

**SCHOOL DISTRICT of MANAWA**  
**STUDENT NON-DISCRIMINATION**

---

**INDEX**

---

**POLICIES & PROCEDURES**

Nondiscrimination on the Basis of Handicap/Disability  
Section 504 Procedures for Students With Disabilities

**FORMS**

Parents/Student Rights In Identification, Evaluation, Accommodation and Placement (504 A)  
Referral for Section 504 Services (504 B)  
Parental Notice and Consent for Section 504 Evaluation (504 C)  
Evaluation Meeting Invitation (504 D)  
Eligibility Determination for Section 504 (504 E)  
Eligibility Determination for Section 504 (504 F)  
504 Plan (504 G)  
Letter Regarding Determination – No Requirement for 504 Plan (504 H)

**COMPLAINT PROCEDURE**

Student Nondiscrimination Complaint and Grievance Procedure  
Section 504 / ADA Grievance – Student  
Record of Conference with 504 District Coordinator

**DISCIPLINE/CAUSAL RELATIONSHIP DETERMINATION**

Section 504 Causal Relationship 504 Team Conference Report

## **NONDISCRIMINATION ON THE BASIS OF HANDICAP/DISABILITY POLICY**

Federal and State Statutes prohibit discrimination against qualified handicapped/disabled persons, including both students and staff members, by school districts receiving federal financial assistance. This includes all programs or activities of the school district receiving federal funds regardless of whether the specific program or activity involved is a direct recipient of federal funds.

The School District does not discriminate against individuals, including all students, staff and as identified below, on the basis of age, sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental emotional or learning disability or handicap in its education programs or activities.

To ensure compliance with Federal and State Statutes, the School District will:

- Prohibit discrimination against qualified handicapped/disabled persons in any aspect of School District employment solely on the basis of disability.
- Make facilities, programs and activities accessible, usable and open to qualified handicapped/disabled persons.
- Ensure that students who are handicapped/disabled are identified, evaluated, and provided with appropriate educational services.
- Provide free appropriate education at elementary and secondary levels, including nonacademic and extracurricular services and activities to qualified handicapped/disabled persons.
- Prohibit exclusions of any qualified handicapped/disabled person solely on the basis of handicap/disability from participation in any preschool education or day care program or activity or any adult education or vocational program or activity.
- Provide each qualified handicapped/disabled person with the same health, welfare, and other social services as are provided other persons.

Legal References: Wisconsin State Statutes §115, §118.13, §111.31, and §111.34  
Title IX; Education Amendment of 1972  
Title VI, Civil Rights Act of 1964, 1991  
Section 504, Rehabilitation, Act of 1973  
Americans With Disabilities Act of 1990 and Amendments, 2008  
Individuals with Disabilities Education Act 2004 (2006, 2008 regulations)

## SECTION 504 PROCEDURES FOR STUDENTS WITH DISABILITIES

### **Evaluation**

Any student who needs or is believed to need special accommodations, related services or programs under Section 504 of the Rehabilitation Act of 1973, may be referred to the Sec. 504 Committee for evaluation.

The Sec. 504 Committee shall be composed of persons knowledgeable about the student's school history, the student's individual needs, the meaning of evaluation data, and the placement options.

The student's parent or person in parental relationship shall be notified of the Sec. 504 Committee meeting within a reasonable period of time prior to the meeting and invited to participate.

The Sec. 504 Committee shall consider all relevant information on the student to determine whether he/she is disabled under Section 504. Information may include reports from physicians, observations from parents, teachers, school personnel, results of standardized tests, etc.

The Sec. 504 Committee shall determine whether the student is disabled under Section 504, and, if so, develop a written educational plan describing what accommodations, services or programs will be provided to meet the student's needs.

The student's parent or person in parental relationship shall be notified in writing of the Sec. 504 Committee's determination and recommendation.

### **Review of the Student's Evaluation**

The Sec. 504 Committee shall meet periodically to review the student's evaluation but in any event at least every 3 years and sooner if requested by staff, parent or adult pupil. In addition, prior to any significant change in placement, a reassessment of the student's needs shall be conducted.

### **Procedural Safeguards: Due Process**

The parent or person in parental relationship shall be notified in writing of any District decision concerning the identification, evaluation, and placement of a student.

The parent or person in parental relationship shall have the right to examine the student's records.

Parents or persons in parental relationship who disagree with the identification, evaluation, services or placement of a student with disabilities shall have the right to request an impartial due process hearing. The request for a hearing shall be made in writing, within thirty days after receipt of the Sec. 504 Committee's determination. The request shall state the reasons the hearing is being requested and be sent to (Section 504 Coordinator).

The parent or person in parental relationship shall have an opportunity to participate and be represented by counsel at the due process hearing.

The parent or person in parental relationship shall be notified in writing of the hearing officer's decision. The school district or parent or person in parental relationship may seek review of the decision of the Sec. 504 hearing officer by the Commissioner of Education, or the State Review Officer, as appropriate, and by a federal court of competent jurisdiction.

A Sec. 504 due process hearing may be called at the request of the school district or a parent or person in parental relationship. The proceedings shall be presided over and decided by an impartial hearing officer.

Requests for a due process hearing must be submitted in writing to \_\_\_\_\_ (Section 504 Coordinator).

Parents or persons in parental relationship shall be notified of the hearing at least 10 days prior to the date set for the hearing. The notice shall contain:

- A statement of time, place, and nature of the hearing.
- A statement of the legal authority and jurisdiction under which the hearing is being held.
- A statement of the matters asserted.
- A statement of the right to be represented by counsel.
- A statement of the right to examine relevant records.

The school district's notices to the student's parent or person in parental relationship shall be in English or in the native language or mode of communication of the parent or person in parental relationship.

At the hearing, each party shall have an opportunity to present relevant information and outside expert testimony.

A copy of the hearing officer's decision shall be delivered to the school district and the parent or person in parental relationship within a reasonable period of time following completion of the hearing.

The decision of the hearing officer is binding on all parties involved; it is subject to review by the Office for Civil Rights, as appropriate, and by a federal court of competent jurisdiction.

## SCHOOL DISTRICT

### PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION, ACCOMMODATION AND PLACEMENT (Section 504 of the Rehabilitation Act of 1973)

The following is a description of the rights granted by federal law to students with disabilities. 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. Please keep this explanation for future reference.

You have the right to:

1. Have your child take part in and receive benefits from public education programs without discrimination because of his/her disabling condition/disability.
2. Have the School District advised you of your rights under federal law.
3. Receive notice with respect to Section 504 identification, evaluation and/or placement of your child.
4. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate in the least restrictive environment. It also includes the right to have the School District make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
5. Have your child educated in facilities and receive services comparable to those provided to non-disabled students.
6. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act.
7. Have an evaluation, educational recommendation, and placement decision based upon a variety of information sources and developed by a team of persons who are knowledgeable of the student, the assessment data, and any placement options. If eligible under Sec. 504, this includes periodic re-evaluations at 3 year intervals or more frequently if warranted, or if parent or teacher requests.
8. Have transportation provided to and from an alternative placement setting, at no greater cost to you than would be incurred if the student were placed in a program operated by the School District.
9. Have your child be given an equal opportunity to participate in non-academic and extracurricular activities offered by the School District.
10. Examine all relevant records relating to decisions regarding your child's Section 504 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. Obtain a response from the \_\_\_\_\_ School District to reasonable requests for explanations and interpretations of your child's records.
13. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the \_\_\_\_\_ School District refuses this request for amendment, \_\_\_\_\_, district 504 Coordinator shall notify you within a reasonable time and advise you of your right to an impartial hearing.
14. Request mediation or file a grievance in accordance with the \_\_\_\_\_ School District's Section 504 mediation, grievance and hearing procedures.
15. Request an impartial hearing (due process hearing) regarding, the Section 504 identification, evaluation, educational program, or placement of your child. You and the student may take part in the hearing and have an attorney represent you.
16. File a formal complaint with the U.S. Department of Education.

Office for Civil Rights, Region V  
Citigroup Center  
500 W. Madison Street, Suite 1475  
Chicago, IL 60661  
Phone: (312) 730-1560

The person in the \_\_\_\_\_ School District who is responsible for ensuring compliance with Section 504 is:

Name: \_\_\_\_\_  
Title: Section 504 Coordinator  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**SCHOOL DISTRICT**  
**REFERRAL FOR SECTION 504 SERVICES**  
 (Section 504 of the Rehabilitation Act of 1973)

**Date:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**I. STATEMENT OF SUSPECTED SECTION 504 DISABILITY/DISABLING CONDITION:**

Please check [ ] the statement(s) which apply.

I am concerned that this person:

- (A) May have a physical or mental impairment which substantially limits one or more major life activities: e.g. Walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and/or performing manual tasks, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking and communicating. Major life activity also includes the operation of a major bodily function, including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive.

Explain (provide examples):

- (B) May have a record of such impairment.
- (C) May be regarded as having such an impairment (not transitory or minor).

**II. NATURE OF THE CONCERN:**

- B. State the physical or mental impairment which may be substantially limiting major life activity (the ameliorative effects of assistive technology, reasonable accommodations, auxiliary aids or services, learned behavior and adaptive neurological modifications may not be considered). Disability determinations under this section may not consider mitigating measures such as medication, medical supplies, appliances, low-vision devices, prosthetics, hearing aids and/or mobility devices, (ordinary eye glasses may be considered).
- C. Indicate which major life activity(s) is being limited.
- D. Indicate how the major life activity(s) is being limited.

\_\_\_\_\_  
 Signature of the Person Making Referral  
 Title:

\_\_\_\_\_  
 Date of Referral (mo./day/yr.)

Rights provided to the parent by:

Date:

The signature of the Principal/Administrator receiving this referral also documents that the *Notice: Receipt of Section 504 Referral, Parent/Student Rights in Identification, Evaluation, Accommodation and Placement*, and a copy of this referral have been given or sent to the parent/legal guardian.

\_\_\_\_\_  
 Person Receiving Referral

\_\_\_\_\_  
 Date Received (mo./day/yr.)

\_\_\_\_\_  
 Signature of Administrator

Copies to:  Parent/Guardian  Section 504 Coordinator  Student Behavior/Pupil Service File  
 Other: \_\_\_\_\_

**SCHOOL DISTRICT**  
**Section 504 Parental Notice and Consent for Initial Evaluation**

Date:

To the Parent/Guardian of:

As part of our efforts to help improve your child's classroom performance, I have asked members of our Child Study Team to collect and review information on your child's learning and behavior. The teacher(s), guidance counselor, school psychologist, school social worker and other staff members may be involved in observation, interviews, administration of behavior checklists, and other data collection activities. (Your child is not suspected of being an exceptional student at this time.)

Once the information has been reviewed, we will be meeting with you to discuss plans to meet your child's needs. If you have any questions, please contact \_\_\_\_\_ (Section 504 coordinator) at \_\_\_\_\_ School District.

You are provided specific rights concerning this request, which are designed to keep you fully informed concerning decisions about your child. These 504 rights are enclosed.

Please provide your consent for us to accomplish this screening/evaluation by indicating your decision and providing your signature (below) and returning the bottom half of this form to: \_\_\_\_\_ (Section 504 coordinator).

**Parent Consent**

Yes, I consent to the proposed screening/evaluation of my child \_\_\_\_\_, if deemed necessary.

No, I do not consent to the proposed screening/evaluation of my child \_\_\_\_\_.

Comments: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Copies to:  Parent/Guardian  Section 504 Coordinator  Student Behavior/Pupil Records File  
 Other: \_\_\_\_\_



**SCHOOL DISTRICT**  
**Section 504 Evaluation Meeting Invitation**

Date:

Dear \_\_\_\_\_ :

We would like to meet with you to discuss the educational needs of your child:

The meeting has been scheduled for \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.

The purpose(s) of this meeting is to (all checked apply):

Determine eligibility for Section 504 of the Rehabilitation Act

Develop a 504 plan

Review/Revise 504 plan

We encourage your attendance and participation at this meeting. Enclosed is a copy of the parent/child rights you are entitled to under Section 504.

Sincerely,

Section 504 Coordinator

Phone:

Email:

Enclosure

cc:

**SCHOOL DISTRICT  
ELIGIBILITY DETERMINATION**  
(Section 504 of the Rehabilitation Act of 1973)

**Date:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**I. MEETING TYPE:**       Initial                       Case Review/Revise

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

Sources of Information Considered in Determining Eligibility:

- |  |  |
|--|--|
| <input type="checkbox"/> Parent Recommendation                 | <input type="checkbox"/> Physician Diagnosis               |
| <input type="checkbox"/> Educational Evaluation/Performance    | <input type="checkbox"/> Major Health Problems             |
| <input type="checkbox"/> Teacher Observation/Recommendation    | <input type="checkbox"/> Behavioral Evaluation/Performance |
| <input type="checkbox"/> Ineligibility for Services under IDEA | <input type="checkbox"/> Other _____                       |

Summary of data and evaluation information that was presented: \_\_\_\_\_

**II. 504 TEAM DETERMINATIONS (TO BE COMPLETED AT THE MEETING):**

1. The student has a physical or mental impairment.       Yes    No

If yes, what is the impairment? \_\_\_\_\_

If no, the student is not eligible for accommodations under Section 504.

2. If the student has an impairment in #1, above, does the impairment **substantially limit** a major life activity?       Yes    No

Major life activities include: Walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and/or performing manual tasks, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking and communicating. Major life activity also includes the operation of a major bodily function, including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive.

If yes, describe the major life activity and how it is substantially limited as a result of the disability i.e., provide a school-related description of the impairment, including its severity, duration, whether it provides a substantial limitation. The ameliorative effects of assistive technology, reasonable accommodations, auxiliary aids or services, learned behavior and adaptive neurological modifications may not be considered. Disability determinations under this section may not consider mitigating measures such as medication, medical supplies, appliances, low-vision devices, prosthetics, hearing aids and/or mobility devices, (ordinary eye glasses may be considered).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, the student is not eligible for accommodations under Section 504.

In the alternative, does the student have a record of such impairment?  Yes  No Explain:  
\_\_\_\_\_  
\_\_\_\_\_

If no, the student is not eligible for accommodations under Section 504.

In the alternative, is the student regarded as having such an impairment (not transitory or minor—is it greater than six months with ongoing treatment?).  Yes  No.

Explain: \_\_\_\_\_  
\_\_\_\_\_

If no, the student is not eligible for accommodations under Section 504.

If the answers to #1 and #2 above were both yes, does the student require a Section 504 Accommodation Plan in order to receive an appropriate education?  Yes  No

*If yes, the 504 Team must complete a Section 504 Accommodation Plan and include it as a part of this report.*

*If no, the student is not eligible for accommodations under Section 504.*

**Recommendations:**

- A Section 504 Accommodation Plan is recommended and attached.
- The student does not have a physical or mental impairment that substantially limits a major life activity and is not eligible for accommodations under Section 504.
- The student has an impairment that substantially limits a major life activity, but does not require a Section 504 Accommodation Plan.
- Other \_\_\_\_\_

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

**504 Team:**

Principal: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Counselor: \_\_\_\_\_  
Other: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_  
Nurse: \_\_\_\_\_  
Psychologist: \_\_\_\_\_  
Other: \_\_\_\_\_

**Acknowledgment:**

- I am aware of my rights under Section 504. I agree with the recommendations as stated above.
- I am aware of my rights under Section 504. I disagree with the recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Copies to:  Parent/Guardian  Section 504 Coordinator  Student Behavior/Pupil Records File  
 Other: \_\_\_\_\_

**SCHOOL DISTRICT**  
**Section 504 Eligibility Determination**

Date:

Dear \_\_\_\_\_ :

Your child, \_\_\_\_\_, was recently determined to be eligible for services under Section 504 of the Rehabilitation Act of 1973. Enclosed is the 504 Plan that was developed by the 504 team on \_\_\_\_\_. Please sign the plan, indicating either your rejection or acceptance, and return one signed copy in the envelope provided. Previously you received a copy of your procedural rights under Section 504. If you would like another copy of your rights, please contact the school office.

Our school staff is confident that with the additional support of this 504 Plan, your child will receive an appropriate education. Please call me if you have any questions regarding the 504 Plan. Your assistance in this process is appreciated.

Sincerely,

Sincerely,

Section 504 Coordinator

Phone:

Email:

Enclosure

cc:

**School District 504 Plan**

Initial     Review/Revise

<b>504 Case Manager:</b>		<b>Disability:</b>	
<b>Meeting Date:</b>		<b>Plan in effect from:</b>	_____ to _____

<b>Student Name:</b>			
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Grade:</b>		<b>School:</b>	
<b>Parent or Legal Guardian:</b>			
<b>Address:</b>			
<b>Phone:</b>			

<b>Basis for Sec. 504 Eligibility/Major Life Activity Impacted:</b>

<b>Education Impact:</b>

<b>Educational Strategies:</b> <i>Describe necessary accommodations and modifications, educational/related services</i>	<b>Staff Responsible:</b>	<b>Review/Continue</b>
1.		<input type="checkbox"/> Review <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
2.		<input type="checkbox"/> Review <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
3.		<input type="checkbox"/> Review <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
4.		<input type="checkbox"/> Review <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
5.		<input type="checkbox"/> Review <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue

<b>Describe location of services:</b> Regular Education/Other (e.g. health room)

<b>Meeting Participants:</b>	<b>Title:</b>
	Parent/Legal Guardian
	Classroom Teacher
	504 Case Manager/Section 504 Coordinator
	Administrator

**Parent Consent for Initial 504 Plan:**

- I give my consent for my child to receive the related aids and services described in this plan
- I do not give my consent for my child to receive the related aids and services described in this plan

\_\_\_\_\_ (Signature of Parent/Guardian)

\_\_\_\_\_ (Date)

Copies to:  Parent/Guardian     Section 504 Coordinator     Student Behavior/Pupil Records File  
 Other: \_\_\_\_\_

**SCHOOL DISTRICT  
Section 504 Parental Notice**

Date:

To the Parent/Guardian of:

At the 504 meeting held on \_\_\_\_\_, it was determined that your child no longer requires a 504 Plan for the following reason(s):

**Detail reasons student no longer requires services under Section 504**  
**(e.g., student is being provided services under IDEA / IEP; disabling condition no longer limits a major life activity; student is not regarded as disabled; disabling condition ends)**

Enclosed is a copy of the 504 Plan that was reviewed. Previously you received a copy of your procedural rights under Section 504. If you would like another copy of your rights under Section 504, please contact the school office.

Our school staff is confident that the information your child continues to receive will provide an appropriate education. Please call me if you have any questions regarding this decision.

Sincerely,

Section 504 Coordinator  
Phone:  
Email:

Enclosure

cc:

## **STUDENT NONDISCRIMINATION COMPLAINT AND GRIEVANCE PROCEDURE**

### Student Nondiscrimination Complaint Procedures

The School District encourages informal resolution of complaints under this policy. If any person believes that the School District, or any part of the school organization, has failed to follow the law and rules of §118.13, Wis. Stats., or in some way discriminated against pupils on the basis listed above, he/she may bring or send a complaint to the following address: [Address of School District]

The following procedures shall be followed in addressing the complaint(s):

#### **Step 1**

- A person who believes he/she has a valid basis for a grievance under Section 504 or the ADEA shall prepare and file a written statement of the complaint, including evidence/documentation supporting the need for additional services and/or the inadequacy of the services provided for the child, with the 504 District Coordinator of the School District. The complaint will be acknowledged within forty-five (45) days, in writing.

#### **Section 2**

- The 504 District Coordinator will investigate the complaint and provide a written reply to the complainant on behalf of the Board of Education within ninety (90) days of receipt of the complaint unless the parties agree to an extension of time.

#### **Step 3**

- If a complainant wishes to appeal a negative determination by the Board, the complainant may appeal directly to the State Superintendent within thirty (30) days of the decision on behalf of the Board of Education. Appeals should be addressed to: State Superintendent, Wisconsin Department of Public Instruction, 125 S. Webster Street, P.O. Box 7841, Madison, Wisconsin 53707-7841. Appeals relating to the identification, evaluation, educational placement or the provisions of a free appropriate public education of a child with a disability under State or Federal law shall be resolved through procedures authorized by Chapter 115, Subchapter V., Wis. Stats.

Discrimination complaints may also be filed with the federal government at: Office Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, Illinois 60661.

**SECTION 504/ADA GRIEVANCE – STUDENT**

\_\_\_\_\_  
NAME OF GRIEVANT

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS

**RELATIONSHIP TO THE SCHOOL DISTRICT**

\_\_\_\_\_ STUDENT \_\_\_\_\_ (SCHOOL ATTENDS)

- RECEIVING SPECIAL EDUCATION
- RECEIVING REGULAR EDUCATION

\_\_\_\_\_ PARENT \_\_\_\_\_ (CHILD'S NAME)

**DESCRIPTION OF DISABILITY:**

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

**STATEMENT OF GRIEVANCE (INCLUDING DATE OF ALLEGED DISCRIMINATION):**

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

**WHAT ACTION ARE YOU REQUESTING? (I.E., RELIEF SOUGHT):**

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

\_\_\_\_\_  
GRIEVANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED BY  
504 DISTRICT COORDINATOR



**RECORD OF CONFERENCE WITH  
504 DISTRICT COORDINATOR**

A CONFERENCE WAS HELD ON \_\_\_\_\_ AT \_\_\_\_\_, AND MATTERS  
(DATE) (TIME)

PERTAINING TO THE FOLLOWING ALLEGED COMPLAINT WERE DISCUSSED.

BRIEF DESCRIPTION OF ALLEGED COMPLAINT:

---

---

---

---

DISPOSITION OF ALLEGED COMPLAINT:

---

---

---

---

---

---

\_\_\_\_\_  
BUILDING PRINCIPAL/SECTION 504 COORDINATOR

\_\_\_\_\_  
DATE

---

---

IF YOU WISH TO APPEAL THIS DECISION, ENCLOSED IS THE COMPLAINT PROCEDURE AND APPEAL TIMELINE.

\_\_\_\_\_  
PARENT/STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED BY  
SECTION 504  
DISTRICT COORDINATOR

## SECTION 504 CAUSAL RELATIONSHIP 504 TEAM CONFERENCE REPORT

**Personal Information:**

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

Sex:  M  F ( ) Grade: \_\_\_\_\_ School: \_\_\_\_\_ ID# \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

**The Notice of Parent/Student Rights** was presented with explanation by: \_\_\_\_\_

1. Reason for Causal Relationship Conference: \_\_\_\_\_

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

2. Alleged misconduct: \_\_\_\_\_

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

3. Is new or additional evaluation/data needed?  Yes  No

4. Does student have or require a Section 504 Accommodation Plan?  Yes  No  
If yes, is the Section 504 Accommodation Plan appropriate?  Yes  No  
If no, revise the Plan and attach a copy of the modified Plan.

5. Was the student capable of understanding that the behaviors exhibited were in violation of school rules and/or were unacceptable?  Yes  No

6. Previous suspensions/expulsion  Yes  No (attach record)

7. Aggregate number of suspension days: \_\_\_\_\_

8. Is there a causal relationship between the misconduct and the student's disability?

Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, what options were discussed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. 504 Team recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Committee Members:**

Section 504 Officer/Principal/Designee: \_\_\_\_\_

Teacher: \_\_\_\_\_

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

Parent: \_\_\_\_\_

Parent: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

I have been given the opportunity to participate in this Conference and understand that if no causal relationship exists, my child will be afforded all due process rights as any other student. I also have been informed in writing of my Parents/Student Rights.

Parent/Guardian: \_\_\_\_\_

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

Copies to:  Parent/Guardian  Section 504 Coordinator  Student Behavior/Pupil Records File  
 Other: \_\_\_\_\_

## Attention! Student Record Locator

This cumulative file may not contain all records for this student. To determine if other records exist, please call, e-mail or write to:

\_\_\_\_\_ School

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Fax

\_\_\_\_\_ E-mail