



School District of Manawa

Section 504/ADA Prohibition  
against Discrimination Based on  
Disability Plan

Approved by the Manawa Board of Education on  
July 2021

School District of Manawa  
Section 504/ADA Prohibition against Discrimination Based on  
Disability

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## **Nondiscrimination on the Basis of Handicap/Disability**

The District will not discriminate against otherwise qualified students with disabilities (i.e., students who otherwise meet eligibility criteria – e.g., age – for participation in the educational program and/or activities) in the provision of its educational programs and activities. The District further will provide a free appropriate public education to qualified students with disabilities. Said education shall entail the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of non-disabled students are met. This includes providing academic and non-academic services to students with disabilities in the same setting as their non-disabled peers to the maximum extent appropriate. In addition to its provision of educational services, the Board will not discriminate against otherwise qualified students with disabilities in its provision of non-educational academic and extra-curricular services and activities such as counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the District, referrals to agencies that provide assistance to persons with disabilities, and employment of students, and will provide students with disabilities an equal opportunity to participate in such services and activities. Qualified students with disabilities will be afforded accommodations/modifications/interventions to the District's non-academic and extra-curricular services and activities, unless such accommodations/modifications/interventions, service, or activity would impose an undue financial burden. A determination that a particular accommodation/modification/intervention would constitute an undue burden must be made by the Superintendent or his/her designee after considering all resources available for use in the funding and operation of the service or activity, and must be accompanied by written statement of the reasons for reaching that conclusion. In the event the Superintendent or his/her designee determines that an undue burden would result, the District will take any other action that would not result in such burden but would still allow, to the maximum extent possible, individuals with disabilities to receive the benefits of the District's non-academic and extra-curricular services and activities on an equal basis as individuals without disabilities.

## **Procedures Applicable to Section 504**

Annually the District will undertake to identify and locate every qualified person with a disability residing in the District who is not receiving a public education, and notify the person and their parents or guardians of the District's duties and responsibilities under Section 504.

### **Referral**

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 Building Consultation Team for evaluation. Referrals may be made by anyone (e.g., parents, teachers, or other knowledgeable professionals). Referrals shall be made on the Suspected Disability Referral Form and submitted to the building principal. Referrals may be made at any time.

Parents may request a referral form by contacting the building principal, guidance counselor, or District 504 Coordinator.

### **Evaluations**

Upon receipt of a Suspected Disability Referral Form, the building principal will notify the appropriate 504 Case Manager who will collect all relevant information on the student to assist in documenting whether the student has a physical and/or mental impairment that substantially limits one or more major life activities.

The 504 Case Manager should contact school staff who perform assessments and have them review existing pertinent information and determine whether additional assessments are needed. If an evaluation is needed, parent/guardian written consent will be obtained and a copy of the Notice of Section 504/ADA Procedural Information and Rights will be sent to the parents.

The Building Consultation Team (BCT) will consider all relevant information on the student to determine whether he/she is disabled under Section 504. The assessment information may include, but will not be limited to, medical reports that document a physical and/or mental impairment, aptitude and achievement test scores, teacher observations, recommendations, and other data, including information on social or cultural background and adaptive behavior. Parents will be afforded the opportunity to meaningfully participate and provide input in the evaluation process. The student's parents will be sent a letter inviting them to attend and participate in the BCT conference at least seven calendar days prior to the conference.

### **Plan**

If a student is identified as disabled pursuant to Section 504, and the BCT determines the student requires specialized services and/or accommodations/modifications/interventions in order to receive FAPE (Free and Appropriate Education) and to access the District's programs and

activities on an equal basis to students without disabilities, the BCT will develop and complete the Section 504 Plan. The Plan will specify the accommodations/modifications/interventions necessary so that the student's needs are met as adequately as the needs of nondisabled students. The purpose of the Section 504 Plan is to provide the student with equal access to school activities, to remove barriers to educational opportunity, and provide, to the degree possible, a level playing field. The building principal will request written permission from parents to implement the Section 504 Plan.

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

Re-evaluations are not required at specific intervals; however, assessments will be updated so that eligibility and accommodation planning is based on information that accurately defines the student's disability and reflects the student's current strengths and needs. At least every three years appropriate school staff should determine whether updated evaluations are needed. A re-evaluation will be completed prior to a significant change in placement. When a re-evaluation is needed, parents will be sent prior notice. Consistent with initial evaluations, parents will be afforded the opportunity to meaningfully participate and provide input in the re-evaluation process.

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

The parents may challenge the actions of the BCT regarding identification, evaluation or placement of their child by filing a request for an impartial due process hearing. Alternatively, the parents may file an internal complaint. If the parents elect the former, the Board must provide a due process hearing before an impartial hearing officer ("IHO") that is not employed by the District. A parent does not need to first exhaust the internal complaint process in order to file a request for a due process hearing. In fact, a due process hearing may be requested at any time and parents do not waive that right if they first opt to try to resolve their dispute through the internal complaint process. If a parent is not satisfied with the IHO's decision, s/he may appeal it to a Federal Court of competent jurisdiction.

The parents may also file a complaint with the Office for Civil Rights. The Office for Civil Rights, however, is not part of the District's internal complaint process or the system of procedural safeguards, and, absent extraordinary circumstances, will not review the results of individual placement and other educational decisions so long as the District complied with the "process" requirements of Section 504 (concerning identification and locations, evaluation, and due process procedures).

## **504 Process**

### **School District of Manawa**

1. A concern is raised about a student by parent or school staff member.
2. The student is referred to the Building Consultation Team (BCT).
3. The BCT reviews all documentation and decides if there is enough information to make a Section 504 Referral. The 504 Referral Form is given to the referring staff member or parent.
4. Upon receipt of the completed referral form, the Principal will notify the 504 Case Manager (School Counselor) who will collect all relevant information.
5. A copy of the completed Referral Form, Procedural Information and Rights, and Letter Notice Section 504 Initial Evaluation are sent to parent. Consent is to be obtained within 30 days of receipt of referral.
6. Following receipt of consent from parents, Release of Information form is filled out and sent to parents if the district doesn't already have permission to talk to the student's physician. The Physician Questionnaire is then sent after the Release of Information form is returned.
7. Within 60 days, the principal will convene the BCT to determine eligibility under 504. Meeting Notice is sent to parents at least 7 days prior to conference.
8. Summary of Evaluation Report is filled out at the meeting.

#### **If found ineligible:**

1. Summary of Evaluation Report and Procedural Information and Rights are sent to parents.
2. BCT decides if the student needs a Response to Intervention (RtI) Plan, student can be served appropriately without written interventions or more information is needed before making determination.

#### **If found eligible:**

9. 504 Plan is developed by BCT. Parents are given Procedural Information and Rights and Section IX of the 504 Plan is filled out by parents giving consent to implement the plan if parents attended the meeting.
10. 504 Plan along with Procedural Information and Rights are sent to parents and consent to implement plan is obtained prior to finalizing the plan.
11. Copy of finalized plan is sent to District 504 Coordinator and filed in student's cumulative file.
12. Copies of plan are distributed to the student's teachers.
13. Before school starts each year, teachers of the student receive a copy of the 504 Plan.
14. Within the first 2 months of a new school year, BCT needs to meet to review the 504 Plan, decide whether to continue the existing plan, discontinue current plan or develop new plan.
15. A copy of the active 504 Plan is forwarded to the District 504 Coordinator (Secondary School Counselor), put in cumulative file and distributed to teachers by October 15.
16. Copy of active 504 Plan is sent to parents and Procedural Information and Rights is offered.
17. At least every 3 years, appropriate school staff should determine whether an updated evaluation is needed.
18. When re-evaluation is needed parents will be sent prior notice and copy of Procedural Information and Rights.

## **NOTICE OF SECTION 504/ADA PROCEDURAL INFORMATION AND RIGHTS**

### **WHAT IS SECTION 504?**

Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008 (hereinafter "Section 504"), is Congress' directive to schools receiving any Federal funding to eliminate discrimination based on disability from all aspects of their school operations. It states: "No otherwise qualified individual with a disability shall solely by reason of his/her 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." Since the School District is a recipient of Federal dollars, its administrators and staff are required to provide eligible disabled students with equal access (both physical and academic) to services, programs, and activities offered by its schools. Section 504 is a civil rights statute and not a special education statute.

### **HOW CAN I REFER MY CHILD TO DETERMINE 504 ELIGIBILITY?**

If you suspect that your child is "disabled" under Section 504/ADA, contact your child's teacher, school counselor, or building principal. You will be asked to complete a referral form and grant consent for a 504 evaluation. After the evaluation is complete, a meeting will be scheduled to determine if your child has a "disability." You have the right to the opportunity to meaningful participation in the process and provide input, even if you cannot attend the meeting in person.

### **WHAT CRITERIA ARE USED TO DETERMINE 504 ELIGIBILITY?**

A student qualifies for Section 504 protection if s/he is determined to be an individual with a disability as defined by the statute. Specifically, the student must have a physical or mental impairment that substantially limits one or more major life activities, or have a record of such an impairment, or be regarded as having such an impairment. Only those students with an actual impairment, however, are entitled to accommodations/modifications/interventions pursuant to Section 504. Those students with a record of an impairment or who are regarded as having an impairment are entitled to protection from discrimination based upon disability.

Major life activities include, but are not limited to, functions such as (a) caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, learning, and (b) the operation of major bodily functions including the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

### **WHAT IS THE DIFFERENCE BETWEEN SECTION 504 AND THE IDEIA?**

Section 504 prohibits discrimination against students with disabilities and requires school districts to provide students with disabilities regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met. Any necessary accommodations/modifications/interventions must be delineated in a Section 504 Plan.

IDEIA requires districts to provide disabled students (ages 3 through 21) with special education and related services and supplementary aids and services designed to meet their unique needs and prepare them for further education, employment, and independent living. The special education and related services must be delineated in an Individualized Education Program (IEP).

## **PROCEDURAL INFORMATION AND RIGHTS**

Below is a description of the rights granted by Federal law to individuals with disabilities. It is the intent of the District, pursuant to Section 504, to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

You have the right to:

- A. have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;
- B. have the School District advise you of your rights under Federal law;
- C. receive written notice of any decision regarding the identification, evaluation, or educational placement of your child;
- D. have your child receive a free appropriate public education (FAPE);

This includes the right to be educated with students who are not disabled to the maximum extent appropriate (i.e. the student's education will be provided in the regular education classroom unless it is demonstrated that education in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily) and to receive regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met.

- E. have your child educated in facilities and receive services comparable to those provided students without disabilities;
- F. have evaluation and educational placement decisions made based upon a variety of information sources, and by persons who know your child and are knowledgeable about the evaluation data and placement options;
- G. have your child transported in a non-discriminatory manner;

If the District refers a student for services outside the District, adequate transportation will be provided at no greater cost to you than if the services were provided within the District.

- H. place your child in a private school or alternative educational program;

However, if the District makes a FAPE available to your child and nevertheless you choose to place your child elsewhere, the District is not required to pay for your child's education at the private school or alternative educational program, including any costs associated with related transportation.

- I. have your child be given an equal opportunity to participate in nonacademic and extra-curricular activities offered by the District;
- J. examine all relevant education records, including, but not limited to, those documents related to decisions regarding your child's identification, evaluation, educational program, and placement;
- K. obtain, at your own expense, an independent educational evaluation of your child;



- L. obtain copies of education records at a reasonable cost unless the fee would effectively deny you access to the records;
- M. a response from the School District to reasonable requests for explanations and interpretations of your child's education records;
- N. periodic re-evaluations and an evaluation before any significant change in program/service modifications;
- O. request amendment for your child's education records if there is reasonable cause to believe that information contained in the record(s) is inaccurate, misleading or otherwise in violation of the privacy rights of your child;

If the School District refuses to amend the record(s), you have the right to request a hearing and/or to attach to the record(s) a statement of why you disagree with the information it contains.

- P. request mediation or an impartial due-process hearing related to decisions or actions concerning your child's identification, evaluation, and/or educational program or placement, and obtain any relief that is authorized by law;

You and your child may take part in the hearing and have an attorney represent you. Hearing requests must be made to the District Compliance Officer.

- Q. receive all information in your native language and mode of communication;
- R. file an internal complaint;
- S. file a complaint with the U.S. Department of Education's Office for Civil Rights;
- T. be represented at any point in the process by an attorney;
- U. be notified of your Section 504 rights (1) when evaluations are conducted, (2) when consent for an evaluation is withheld, (3) when eligibility is determined, (4) when a Section 504 Plan is developed, and (5) before there is significant change in the Plan.

Complaints, including complaints of disability-based harassment and requests for due process hearings, must be put in writing and must identify the specific circumstances or areas of dispute that have given rise to the complaint or requests for a hearing, and offer possible solutions to the dispute. Complaints must be filed with the District Section 504/ADA Compliance Officer. The Board of Education has designated Carmen O'Brien as the District Section 504/ADA Compliance Officer. The District Compliance Officer can be reached at the following address/phonenummer/e-mail:

515 E. Fourth St.  
 Manawa, WI 54949  
 Phone: (920) 596-2524  
 Fax: (920) 596-2655

[cobrien@manawaschools.org](mailto:cobrien@manawaschools.org)

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Midwest Regional offices:

Office for Civil Rights  
U.S. Department of Education  
Citigroup Center  
500 W. Madison Street, Suite 1475  
Chicago, IL 60661-4544  
FAX: (312) 730-1576  
PHONE: (312) 730-1560  
TDD: (877) 521-2172  
E-mail: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov)  
Web: <http://www.ed.gov/ocr>

SUSPECTED DISABILITY REFERRAL FORM

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

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities. (See below).

**A. Statement of Suspected Section 504 Disability**

**B. Nature of the Concern (attach additional sheets if necessary).**

1. Check the suspected physical or mental impairment.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Emergent Allergy          | <input type="checkbox"/> Orthopedic Impairment         |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness         | <input type="checkbox"/> Recovering Chemical Dependent |
| <input type="checkbox"/> Brain Injury                    | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Seizures                      |
| <input type="checkbox"/> Cancer                          | <input type="checkbox"/> Hearing Impairment        | <input type="checkbox"/> Speech Impairment             |
| <input type="checkbox"/> Cerebral Palsy                  | <input type="checkbox"/> Heart Disease             | <input type="checkbox"/> Visual Impairment             |
| <input type="checkbox"/> Developmental Aphasia           | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Multiple Sclerosis        |  |
| <input type="checkbox"/> Dyslexia                        | <input type="checkbox"/> Muscular Dystrophy        |  |

2. Describe (and attach) any evaluative/data source supporting the diagnosis.

3. Check any major life activity(ies) that are limited. (Note this list is not exhaustive.)

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

4. Describe (and attach relevant data) how any major life activities are substantially limited.

5. Check any major bodily functions that are limited. (Note: This list is not exhaustive.)

Bladder	Immune System
Bowel	Neurological System
Brain	Normal Cell Growth
Circulatory/Cardiovascular System	Reproduction
Digestive System	Respiratory System
Endocrine System	Other: _____

6. Describe (and attach relevant data) how any major bodily function(s) (is)(are) substantially limited.

C. To date, what accommodations/modifications/interventions or special provisions have been made to assist the student?

\_\_\_\_\_  
Signature of Person Making Referral      Relationship to Student      Date

The signature of the principal receiving this Referral, documents that a copy of this form and the Notice of Section 504/ADA Procedural Information and Rights have been given or sent to the parent or guardian.

\_\_\_\_\_  
Principal's Signature      Date Received

For Office Use Only			
Copies to:	District 504 Coordinator	<input type="checkbox"/> Building Administrator	<input type="checkbox"/> Teacher(s)
<input type="checkbox"/> Parent(s) Files		<input type="checkbox"/> District Health Coordinator	<input type="checkbox"/> School Counselor



# School District of Manawa

*"Students Choosing to Excel, Realizing their Strengths"*

800 Beech Street | Manawa, WI 54949 | (920) 596-2525

www.manawa.k12.wi.us

## Letter/Notice: Section 504 – Parental Notice for Initial Evaluation

(504 C)

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 Building Consultation Team to collect and review information on your child’s learning and behavior. The teacher(s), school counselor, principal, and other staff members maybe 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 meet with you to discuss plans to meet your child’s needs. If you have any questions, please contact \_\_\_\_\_ (Section 504 Coordinator) at the SCHOOL DISTRICT OF MANAWA.

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 attached.

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**

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_ Yes, I consent to the proposed screening/evaluation, if deemed necessary

\_\_\_\_\_ No, I do not consent to the proposed screening/evaluation

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

Parent Signature

cc: Student Behavior / Pupil Records File \_\_\_\_\_



SECTION 504 RELEASE OF INFORMATION AND RECORDS

In order to ensure your child is provided with equal access (both physical and academic) to services, programs and activities offered by our school, a mutual exchange of information and records is required for your child.

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

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

The requested exchange is between the School District of Manawa and the following:

\_\_\_\_\_  
(hospital, clinic, physician, institution, association, or school)

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

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Records that may be exchanged include the following: (check all that apply)

- Release all information
- Release the checked information:
  - General identifying data (name, address, birth date, grade level completed, grades, class standing, attendance record)
  - Standardized achievement and aptitude test scores Personality and interest scores
  - Teacher ratings
  - Record of extra-curricular activities Individualized education programs Psychological reports
  - Medical reports
  - Psychiatric report
  - Other: \_\_\_\_\_

**Consent of Parent/Guardian for Release of Information**

I authorize the School District of Manawa and the above-named individual/organization/agency to exchange information and records as indicated. Except as limited above, this authorization encompasses all information pertaining to the minor, including protected health information (PHI) as defined in the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations, and education records as defined in the Family Educational Rights and Privacy Act (FERPA).

We expressly waive all provisions of law (including, but not limited to, the privacy provisions of HIPAA, FERPA, and R.C. 3319.321), forbidding any physician or other person who has or may hereafter treat, attend, or examine the minor, or any educational agency, from disclosing any knowledge or information, including PHI, which they may have there by acquired.

Pursuant to HIPAA, the following are specified as part of this authorization:

- A. The purpose of disclosure is for assisting the School District in offering the student a free appropriate public education pursuant to Section 504 of the Rehabilitation Act of 1973.
- B. This authorization expires one (1) year after the date it is signed.
- C. The parents signing this permission form understand that they may revoke this authorization at any time by providing written notification to the District Compliance Officer, the building principal/Building Compliance Officer, or the individual/organization/agency listed above, except to the extent that this authorization has already been relied upon.
- D. The parents signing this form have been informed that the individual/organization/agency listed above may not condition treatment, payment, enrollment, or eligibility for benefits on whether the parents sign this authorization.
- E. The parents signing this form have been informed of the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and to be no longer protected by HIPAA. The parents signing this form are also aware that any information disclosed to the School District is subject to other state and Federal privacy laws.

Parent's Signature	Relationship to Student	Date Signed
--------------------	-------------------------	-------------

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

Please send released information/records to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies to:                     Parent/Guardian                     Cumulative Folder



SECTION 504 PHYSICIAN QUESTIONNAIRE

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

A referral has been initiated for the above-named student under Section 504 of the Rehabilitation Act of 1973, as amended. In order for a student to qualify for protection under Section 504, s/he must have a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions such as the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions, etc.). Because the referral is related to medical concerns, we are requesting information from you. The parent/guardian signed the attached Section 504 Release of Information and Records.

**Please complete this form and attach any reports pertinent to the medical and/or educational needs of this child. We are NOT requesting evaluation, testing, or services be performed, but reports of diagnostic work performed in the past.**

1. What physical and/or mental impairments have been identified that may qualify this student under Section 504?
  
2. What major life activity(ies) may be substantially limited as a result of the impairment?
  
3. Detail available medical background, including a written diagnostic statement and copies of any/all reports.
  
4. What treatments or medications are recommended for this impairment?
  
5. What precautions or accommodations are recommended for consideration by the school?

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Please return this questionnaire to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies to:         Parent/Guardian         Cumulative Folder

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NOTICE OF SECTION 504 MEETING

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

To: \_\_\_\_\_

From: \_\_\_\_\_

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

Initial Conference

Review Conference

Causal Relationship Conference

We are planning a Section 504 Meeting. The meeting will include a discussion of your child's evaluation results, classroom performance, and eligibility for protection under Section 504. If your child is identified as disabled pursuant to Section 504, the 504 Team will determine whether s/he requires regular or special education and related aids and services in order to receive a free appropriate public education. If services, including but not limited to accommodations/modifications/interventions, are needed, a Section 504 Plan will be prepared. We request that you attend this meeting to assist us with the discussion and program recommendations. Enclosed is a copy of the Parent Rights under Section 504. The meeting is scheduled as follows:

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

We expect the following persons to attend the meeting. You have the right to bring others to the meeting. If there are other school personnel you wish to have present, please let us know so arrangements can be made.

**Participants**

\_\_\_\_\_  
(Building Compliance Officer/Principal/Designee)

\_\_\_\_\_  
(General Education Teacher)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Guidance Counselor)

\_\_\_\_\_  
(School Psychologist)

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Other)

The evaluation data and other information to be discussed are available for your review prior to this conference. **Please keep one copy of this notice and return the other so that we will know your intent.**

**Enclosed is a copy of the Notice of Section 504/ADA Procedural Information and Rights.**

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**Parent Reply to Request to Attend 504 Conference**

I received the Notice of Section 504 Conference and Notice of Section 504/ADA Procedural Information and Rights sent to me by school personnel.

- I will attend the meeting at the time stated.
- I would prefer to participate by telephone call. At the time of the conference, I can be reached at the following number:\_\_\_\_\_.
- I request that the meeting be held without my being present.
- I would like the meeting to be held at the following time and location:\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Copies to:     Parent/Guardian     Cumulative Folder

SECTION 504 SUMMARY EVALUATION REPORT

**Personal Information:**

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

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

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

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

The Building Consultation Team met on \_\_\_\_\_ (date).

**Conference Type:**            Initial                    Case Review            Re-Evaluation

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

Sources of Information Considered in Determining Eligibility:

Parent Recommendation	Physician Diagnosis
Educational Evaluation/Performance	Major Health Problem
Teacher Observation/Recommendation	Behavioral Evaluation/Performance
Ineligibility for Services under IDEIA	Other _____

Summary of data and evaluation information that was presented:

**Committee Determinations:**

1. The student has a physical or mental impairment.            Yes            No  
\*See attached documentation of medical condition.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Emergent Allergy          | <input type="checkbox"/> Orthopedic Impairment         |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness         | <input type="checkbox"/> Recovering Chemical Dependent |
| <input type="checkbox"/> Brain Injury                    | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Seizures                      |
| <input type="checkbox"/> Cancer                          | <input type="checkbox"/> Hearing Impairment        | <input type="checkbox"/> Speech Impairment             |
| <input type="checkbox"/> Cerebral Palsy                  | <input type="checkbox"/> Heart Disease             | <input type="checkbox"/> Visual Impairment             |
| <input type="checkbox"/> Developmental Aphasia           | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Multiple Sclerosis        |  |
| <input type="checkbox"/> Dyslexia                        | <input type="checkbox"/> Muscular Dystrophy        |  |

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List attached sources of documentation:

2. If student has a physical or mental impairment in #1 above, does the impairment result in a substantial limitation of one or more major life activity(ies)?      Yes      No

List attached sources of documentation related to extent of limitation or lack of limitation for each condition identified in Section 1:

Summarize the impairment for each condition identified in Section 1 in relation to the average student:

3. Identify any major life activities or major bodily functions that are substantially limited.

- a. Check any major life activities that are substantially limited:

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

- b. Check any major bodily functions that are substantially limited:

Bladder	Neurological System
Bowel	Normal Cell Growth
Brain	Respiratory System
Circulatory/Cardiovascular System	Reproduction
Digestive System	Other: _____
Endocrine System	
Immune System	

Determination:

- The student is eligible under Section 504/ADA as a person with a disability for the following conditions.

Does this student need regular or special education and related aids and services, including but not limited to, accommodations/modifications/interventions?

No

Explain:

Yes

Indicate the type of plan to be written: \_\_\_\_\_

Note: if specially designed/special education is required, follow IDEA procedures

The student is not eligible under Section 504/ADA as a person with a disability.

Does this student nevertheless need accommodations/modifications/interventions?

No

Explain:

Yes

Indicate the type of plan to be written: \_\_\_\_\_

**Recommendations:**

A Section 504 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 a Section 504 Plan.

The student has an impairment that substantially limits a major life activity, but does not require a Section 504 Plan.

Other \_\_\_\_\_.

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

**504 Team:**

Principal \_\_\_\_\_

Teacher \_\_\_\_\_

Counselor \_\_\_\_\_

Other \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Nurse \_\_\_\_\_

Teacher \_\_\_\_\_

Other \_\_\_\_\_

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**Acknowledgment:**

I received a copy of the Notice of Section 504/ADA Procedural Information and Rights for the current year.

- I agree with the IAT's recommendations as stated above.
- I disagree with the IAT's recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

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

For Office Use Only			
Copies to:	District 504 Coordinator	<input type="checkbox"/>	School Counselor/District Health Coordinator
	Parent(s) Files	<input type="checkbox"/>	Building Administrator



SECTION 504 PLAN

SECTION 504 PLAN  
\* CONFIDENTIAL \*

Case Manager

- School Counselor  
 District Health Coordinator

- Initial 504 Plan  
 Continuing 504 Plan

The student covered under this Plan is a student with a disability. The accommodations/modifications/interventions listed on this Plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973 (Section 504).

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

Section I

NAME:		DATE OF BIRTH:	
ADDRESS:			
CITY:		STATE:	PHONE #:
PARENT/GUARDIAN NAME(S):			
BUILDING:	GRADE:	STUDENT ID#:	

SECTION II What physical or mental impairment has the team identified?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Emergent Allergy          | <input type="checkbox"/> Orthopedic Impairment         |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness         | <input type="checkbox"/> Recovering Chemical Dependent |
| <input type="checkbox"/> Brain Injury                    | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Seizures                      |
| <input type="checkbox"/> Cancer                          | <input type="checkbox"/> Hearing Impairment        | <input type="checkbox"/> Speech Impairment             |
| <input type="checkbox"/> Cerebral Palsy                  | <input type="checkbox"/> Heart Disease             | <input type="checkbox"/> Visual Impairment             |
| <input type="checkbox"/> Developmental Aphasia           | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Multiple Sclerosis        |  |
| <input type="checkbox"/> Dyslexia                        | <input type="checkbox"/> Muscular Dystrophy        |  |

DIAGNOSIS:

Date of Diagnosis: \_\_\_\_\_ Physician: \_\_\_\_\_ Medication: \_\_\_\_\_

SECTION III

BACKGROUND INFORMATION (Pertinent educational and additional medical information):

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SECTION IV

ELIGIBLE DISABILITY UNDER: Check major life activities and/or bodily functions that are substantially or extremely limited as a result of the physical or mental impairment.

Bending  
Breathing  
Caring for one's self  
Communicating  
Concentrating  
Eating  
Hearing  
Learning  
Lifting  
Performing manual tasks

Reading  
Seeing  
Sleeping  
Speaking  
Standing  
Thinking  
Walking  
Working  
Other: \_\_\_\_\_

Bladder  
Bowel  
Brain  
Circulatory/Cardiovascular System  
Digestive System  
Endocrine System  
Immune System

Neurological System  
Normal Cell Growth  
Respiratory System  
Reproduction  
Other: \_\_\_\_\_



SECTION V

Substantial Limitation (i.e., concern or problem to be addressed)	Intervention/Strategy (i.e., accommodation/modification /intervention)	Person(s) Responsible	Date to Begin	Evaluation Procedure	Comments
Testing Accommodations (if needed)					

Location of the Implementation of this Plan: \_\_\_\_\_  
 How will teachers and staff be made aware of this Plan: \_\_\_\_\_  
 How will this Plan be monitored \_\_\_\_\_  
 Person responsible for monitoring Plan: \_\_\_\_\_ Anticipated Review Date: \_\_\_\_\_

SECTION VI

INITIATION DATE:

DURATION OF PLAN:

NEXT REVIEW DATE:

SECTION VII

Attachments  Yes  No

If Yes, List documents attached: \_\_\_\_\_

SECTION VIII

PARTICIPANTS (Name) (Title) (Date)


\_\_\_\_\_ Case Manager \_\_\_\_\_

\*\* Plans that require expenditure of funds beyond the school's budget must be approved in advance by the District Administrator or Central Office designee.

\_\_\_\_\_ District Administrator or Designee \_\_\_\_\_ Date

SECTION IX

I received a copy of the Notice of Section 540/ADA Procedural Information and Rights for the current year:

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

I give permission for this Section 504 Plan to be implemented for my child. The information contained in this plan will be distributed to appropriate individuals in the building. Your signature indicates consent to share this plan with necessary staff.

I do not give permission for this Section 504 Plan to be implemented for my child.

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

For Office Use Only	
Copies to: District 504 Coordinator	___ Building Administrator
___ Teacher(s)	___ Parent(s)
___ 504 Case Manager	___ File
(School Counselor or District Health Coordinator)	

Copies to:  Parent/Guardian  Cumulative Folder

## PARENTS' PROCEDURAL RIGHTS AND SAFEGUARDS, INCLUDING DUE PROCESS

Below is a description of the rights granted by Federal law to individuals with disabilities. It is the intent of the District, pursuant to Section 504, to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

- A. students with disabilities have the right to take part in, and receive benefits from, public education programs without discrimination because of their disabilities;
- B. parents have the right to be advised of their rights under Section 504;
- C. parents have the right to receive written notice of any decision regarding the identification, evaluation, or educational placement of their child;
- D. parents have the right to have their child receive a free appropriate public education ("FAPE") if the child has a physical or mental impairment that substantially limits one or more major life activities;

This includes the right to be educated with students who are not disabled to the maximum extent appropriate (i.e., the student's education will be provided in the regular education classroom unless it is demonstrated that education in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily) and to receive regular or special education and related aids/services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met.

- E. parents have the right to have their child educated in facilities and receive services comparable to those provided to students without disabilities;
- F. parents have the right to have evaluation and educational placement decisions made based upon a variety of informational sources, and by persons who know the student, and are knowledgeable about the evaluation data and placement options;
- G. parents have the right to have their child transported in a non-discriminatory manner;

If the District refers a student for aids, benefits, or services outside the District, the District will ensure that adequate transportation is provided at no greater cost to the parents than if the aids, benefits, or services were provided within the District.

- H. parents have the right to place their child in a private school or alternative educational program;

However, if the District makes a FAPE available to the student that conforms to the requirements of Section 504 and nevertheless the parents choose to place the student elsewhere, the District is not required to pay for the student's education at the private school or alternative program, including costs associated with transportation.

- I. parents have the right to have their child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District;
- J. parents have the right to examine all relevant education records, including, but not limited to, those documents related to decisions regarding their child's identification, evaluation, educational program and placement;
- K. parents have the right to obtain, at their own expense, an independent educational evaluation of their child;
- L. parents have the right to obtain copies of education records at a reasonable cost unless the fee would effectively deny the parents access to the records;
- M. parents have the right to a response from the District to reasonable requests for explanations and interpretations of their child's education records;
- N. parents have the right to receive all information in the parents' native language and mode of communication;
- O. parents have the right to periodic re-evaluations and an evaluation before any significant change in program/service modifications;
- P. parents have the right to request amendments of their child's education record(s) if there is reasonable cause to believe that information contained in the record(s) is inaccurate, misleading or otherwise in violation of the privacy rights of their child;  
  
If the District refuses to amend the record(s), the parents have the right to request a hearing and/or to attach to the record(s) a statement of why they disagree with the information it contains.
- Q. parents have the right to request mediation or an impartial due process hearing related to decisions or actions concerning their child's identification, evaluation, educational program or placement;
- R. parents have the right to file an internal complaint;
- S. parents have the right to be represented at any point in the process by an attorney;
- T. parents have the right to recover reasonable attorney fees as authorized by law (i.e., if the parents are successful on their due process claim);
- U. parents have the right to be notified of their Section 504 rights:
  - 1. when evaluations are conducted;
  - 2. when consent for an evaluation is withheld;
  - 3. when eligibility is determined;
  - 4. when a Section 504 Plan is developed; and
  - 5. before there is significant change in the Section 504 Plan.

## **Procedural Rights Pertaining to Section 504 Due Process Hearings**

When a request for a due process hearing is received, the aggrieved party will have the opportunity to receive a hearing conducted by an impartial hearing officer ("IHO") (i.e., by a person not employed by the Board of Education, not involved in the education or care of the child, and not having a personal or professional interest that would conflict with his/her objectivity in the hearing).

The District will maintain a list of trained IHO's that may include IDEIA hearing officers, attorneys, and Directors of Special Education outside the District. The District Compliance Officer will appoint an IHO from that list, and the costs of the hearing shall be borne by the District. The appointment of an IHO will be made within fifteen (15) school days after the request for a due process hearing is received.

A party to such a due process hearing shall have:

- A. the right, at his/her/their own cost, to be accompanied and advised by legal counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities;
- B. the right to present evidence, and confront, cross-examine and compel the attendance of witnesses;
- C. the right to a written or electronic verbatim record of such hearing; and
- D. the right to written findings of fact and the reasons for the decision.

The IHO shall conduct the due process hearing within a reasonable period of time (i.e., not to exceed ninety (90) calendar days from the request for such a hearing, unless this time-frame is mutually waived by the parties or is determined by the IHO to be impossible to comply with due to extenuating circumstances).

The IHO will give the parent and/or student written notice of the date, time and place of the hearing. Notice will be given no less than twenty-one (21) calendar days prior to the date of the hearing, unless otherwise agreed to by the parent and/or student. The notice shall include:

- A. a statement of time, place and nature of the hearing;
- B. a statement of the legal authority and jurisdiction under which the hearing is being held;
- C. a reference to the particular section of the statutes and rules involved;
- D. a statement of the availability of relevant records for examination;
- E. a short and plain statement of the matters asserted; and
- F. a statement of the right to be represented by counsel.

The IHO shall conduct the hearing in a manner that will afford all parties a full and fair opportunity to present evidence and to otherwise be heard. The parent and/or student may be represented by another person of his/her choice, including an attorney.

The IHO shall make a full and complete record of the proceedings.

The IHO shall render a decision in writing to the parties within thirty (30) calendar days following the conclusion of the hearing. The decision will be based solely on the testimony and demonstrative evidence presented at the hearing and include a summary of the evidence (i.e., findings of fact) and the reason for the decision.

The notification shall include a statement that either party may appeal the decision.

Appeal of the IHO's decision may be made to a Federal court of competent jurisdiction.

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## **SECTION 504/ADA – COMPLAINT PROCEDURES RELATED TO ACCESSIBILITY OF DISTRICT FACILITIES**

If a person believes that s/he has been discriminated against on the basis of his/her disability, the person may utilize the following complaint procedures as a means of reaching, at the lowest possible administrative level, a prompt and equitable resolution of the matter.

The following person is/are designated as the District's Section 504/ADA Compliance Officer ("District's Compliance Officer"):

Carmen O'Brien, Director of Curriculum

515 E. Fourth St.

Manawa, WI 54949

Phone: (920) 596-2524

Fax: (920) 596-2655

[cobrien@manawaschools.org](mailto:cobrien@manawaschools.org)

Building principals shall serve as Building Section 504/ADA Compliance Officer(s) ("Building Compliance Officer").

Internal complaints must be submitted in writing and must identify the specific circumstances or areas of dispute that have given rise to the complaint, and offer possible solutions to the dispute. The complaint must be filed in a timely manner with either the District Compliance Officer or the Building Compliance Officer. The District's Compliance Officer is available to assist individuals in filing a complaint.

### **Internal Complaint Procedure (ag2260.01B)**

A person who has a complaint about District facilities or services may register such complaint with the Building Compliance Officer and/or District Compliance Officer. Such complaints should be filed in writing within thirty (30) calendar days of the circumstances or event giving rise to the complaint. Use of the internal complaint procedure is not a prerequisite to the pursuit of other remedies, including the filing of a complaint with the U.S. Department of Education's Office for Civil Rights.

- A. The written complaint must contain the following information:
  1. Name(s) of person(s) filing complaint.
  2. Whether the person(s) represents an individual or group.
  3. Whether the person(s) making the complaint has discussed the problem with the Building Compliance Officer and/or the District Compliance

Officer.

4. A written summary of the complaint and a proposed solution.
- 
- B. The Building Compliance Officer or the District Compliance Officer will conduct an impartial investigation and will respond to the complaint within five (5) business days. This complaint procedure contemplates informal, but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to present witnesses and other evidence relevant to the complaint.
  - C. If a satisfactory response is not received within five (5) business days, the person should forward a copy of the complaint to the District Administrator, who will respond within ten (10) business days.
  - D. If a satisfactory response is not received within ten (10) business days, the person may forward a copy of the complaint to the Board of Education. The Board will consider the complaint and respond within forty (40) calendar days.

### **OCR Complaint**

At any time, if a member of the public believes that s/he has been subjected to discrimination based upon his/her disability in violation of Section 504 or the Americans with Disabilities Act, as amended ("ADA"), the individual may file a complaint with the U.S. Department of Education's Office for Civil Rights ("OCR"). The OCR can be reached at:

U.S. Department of Education  
Office for Civil Rights  
Citigroup Center, 500 W. Madison Street, Suite  
1475  
Chicago, IL 60661  
312-730-1560  
Fax: 312-730-1576  
TDD: 877-521-2172  
E-mail: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov)  
Web: <http://www.ed.gov/ocr>



## **Prohibition Against Retaliation**

The Board will not discriminate against, coerce, intimidate, threaten or interfere with any individual because the person opposed any act or practice made unlawful by Section 504 or the ADA, or because that individual made a charge, testified, assisted or participated in any manner in an investigation, proceeding, or hearing under Section 504 or the ADA, or because that individual exercised, enjoyed, aided or encouraged any other person in the exercise or enjoyment of any right granted or protected by Section 504 or the ADA.

Approved 11/19/12

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MANIFESTATION DETERMINATION REVIEW 504 PLANS

In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the Building Consultation Team (BCT) (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's 504 Plan, any teacher observations, and any relevant information provided by the parents of the child.

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nature of the student's disability:

Nature of the behavior subject to disciplinary action:

The Notice of Section 504/ADA Procedural Information and Rights was presented with an explanation by \_\_\_\_\_.

Name/Title \_\_\_\_\_

- |   |            |                    |
|---|------------|--------------------|
| 1. Is new or additional evaluation/data needed?<br>If yes, refer the student for evaluation.  | Yes        | No                 |
| 2. Does student have or require a Section 504 Plan?<br>If yes, is the Section 504 Plan appropriate?<br>If no, revise the Plan and attach a copy of the modified Plan. | Yes<br>Yes | No<br>No           |
| 3. Was the student capable of understanding that the behaviors exhibited were in violation of school rules and/or were unacceptable?                                  | Yes        | No                 |
| 4. Previous suspensions/expulsion:  | Yes        | No (attach record) |
| 5. Aggregate number of suspension days: _____   |            |                    |
| 6. In relationship to the behavior subject to disciplinary action   |            |                    |
| a. Did the BCT review relevant information in the student's file and the student's 504 Plan?  | Yes        | No                 |
| b. Did the BCT review relevant information presented by the parents and teacher observations?   | Yes        | No                 |

c. Did the BCT determine that the conduct in question was caused by or had a direct and substantial relationship to the child's disability?

Yes No

Explain:

d. Was the child's conduct a direct result of the District's failure to implement the 504 Plan?

Yes No

Note: The behavior is a manifestation of the student's disability if the BCT indicated yes on item C or D under #6.

Conclusion:

Based upon the information considered, the BCT determined that the behavior \_\_\_\_ was \_\_\_\_ was not a manifestation of the student's disability.

Date of Manifestation Determination Review: \_\_\_\_\_

Please note: If the behavior was a manifestation of the disability, the team should consider action such as whether the 504 Plan needs to be changed, a behavior plan needs to be developed or amended, additional assessment is necessary, etc.

If the behavior is not a manifestation of the student's disability, the District may apply the regular disciplinary procedures as those applied to non-disabled students. The team will also consider whether any additional evaluations need to be conducted or if any modifications to the 504 Plan should be made.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Copies to: \_\_\_\_ Parent/Guardian \_\_\_\_ 504 Case Manager \_\_\_\_ Office of Pupil Services  
\_\_\_\_ Cumulative File