



# **Section 504**

Rehabilitation Act of 1973

## **A Toolkit for Schools**

Fall, 2011

# ACKNOWLEDGMENTS

This toolkit was developed with the thoughtful research and advisement of this committee. The committee worked from May through August, 2011 with a commitment to providing our schools with the information and tools that ensure the appropriate protections for students with disabilities under Section 504.

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*This manual is meant to serve as a practical guide for implementing Section 504. It is not intended to state new law or supplant any federal or state laws, regulations, or requirements. Nothing in this manual should be seen as having the force of law. This manual should not be cited as law or as imposing any additional requirements or obligations outside the requirements of existing law. Systems, schools, and parents are not required to adhere to this manual, but only to the requirements of Section 504 of the Rehabilitation Act of 1973 and the guidance issued by the United States Department of Education Office for Civil Rights, and the rules of the State of Michigan and the State Board of Education.*

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**What is Section 504?**





# INTRODUCTION

Section 504 of the Rehabilitation Act of 1973 (commonly referred to as “504”) prohibits discrimination against students on the basis of their disability. The United States Department of Education has issued revisions to the requirements of Section 504 with emphasis on procedural safeguards and other protections that would present discrimination against individuals with disabilities, effective March, 2011.

The purpose of this manual is to inform School District employees about Section 504 and to provide sample procedures and forms that have been developed to comply with the requirements of Section 504. This manual reflects the commitment of all schools in Wayne County to address the educational needs of ALL children.

School district administrators and employees should become knowledgeable about the local school district procedures concerning Section 504, with a particular emphasis on parent and student rights.

If you have questions regarding this toolkit or Section 504, please contact:

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If you have Section 504 questions concerning either current students or prospective students, please contact the Office of the Superintendent for your school district to locate your local 504 Coordinator.

## DISTRICT SECTION 504 COORDINATOR

NAME  
TITLE  
ADDRESS  
TELEPHONE  
FAX

## Section 504 Overview

Section 504 of the Rehabilitation Act of 1973 is a federal law which prohibits discrimination against persons with disabilities. The law provides:

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

29 U. S. C. § 794

Section 504 is based on the principle that students with disabilities shall not be denied access to educational facilities, programs and opportunities on the basis of their disability.

For a student to qualify for Section 504 protection, the student must: **(1) have a mental or physical impairment (2) which substantially limits (3) one or more major life activities.** All three criteria must be met before the student is eligible for Section 504 protection.

Section 504 requires that the School District offer a Free Appropriate Public Education (FAPE) to each eligible student who has a physical or mental impairment that substantially limits a major life activity. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services that are designed to meet the student's individual educational needs as adequately as the needs of non-disabled students, and in accordance with Section 504 requirements pertaining to educational setting, evaluation, placement and procedural safeguards. The FAPE obligation extends to all students described in this paragraph, regardless of the nature or severity of their disability.

## Definition of Terms: Section 504

**Free Appropriate Public Education (FAPE)** – A free appropriate public education is the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of disabled persons as adequately as the needs of non-disabled persons are met.

**Individual with a disability** – An individual with a disability is a person who:

1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities;
2. Has a record of such impairment; or,
3. Is regarded as having such impairment.

**Major Life Activities** – A major life activity includes, but is not limited to functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Major life activities also include standing, lifting, bending, reading, concentrating, thinking and communicating. The term also includes the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**Physical or mental impairment** – a physical or mental impairment is:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
2. Any mental or psychological disorder such as cognitive impairment, organic brain syndrome, emotional or mental illness and specific learning disabilities.

**Substantially Limits** – A student who has a physical or mental impairment that *substantially limits* a major life activity may be found to have a disability under Section 504. This determination is made on a case-by-case basis.

Except for ordinary eye glasses or contact lenses, the effects of mitigating measures (*e.g.*, medications, prosthetics, hearing aids, *etc.*) may not be considered when assessing whether a student has an impairment that substantially limits a major life activity. To the extent feasible, only the impact the impairment has on a major life activity without mitigating measure may be considered when determining whether the disability substantially limits a major life activity.

If a student has an impairment that is episodic or in remission, the School District must consider whether the impairment, *when active*, would substantially limit a major life activity. If so, then the student meets the definition of a student with a disability.

## **Policy of Non-Discrimination**

It is the responsibility of the local school district and Board of Education to adopt a policy of non-discrimination such that no otherwise qualified student with a disability shall be excluded from participation in, denied the benefits of, or be subjected to discrimination solely on the basis of his/her disability in any program or activity conducted by the school district.

It is the responsibility of the local school district and Board of Education to identify, evaluate and provide a free appropriate public education to each qualified student with a disability within its jurisdiction regardless of the nature or severity of the disability.

A grievance procedure must be established for addressing complaints of discrimination on the basis of disability. A description of this procedure and other relevant information may be obtained by contacting the school district's Section 504 Coordinator or office of the Superintendent.

The school district may appoint a designee to serve as the District Section 504 Coordinator. The building level administrator is ultimately responsible for the implementation of plans by the appropriate staff who work with the student.

## **Child Find**

The School District attempts to identify and locate every student residing in the School District who may be a student with a disability under Section 504, regardless of whether he or she is currently receiving a public education. The School District will notify those students and their parents of their rights under Section 504.

The School District may satisfy the Section 504 notification obligation by advertising, by posting notices in places likely to be visited by qualified students with disabilities and their parents, by including notices in School District publications and on its web site, and by directly contacting parents of students the School District believes may be eligible.

The School District will also ensure that the information in its Section 504 notices is written in a manner that would reasonably be easily understandable to a parent. The notices will contain the name and contact information for the School District's Section 504 coordinator.

A parent has a right to refuse to provide consent for evaluation or for services or to not respond to district requests. In these circumstances, the district has the option, but not the obligation, to pursue the Section 504 evaluation by using due process. The district is not relieved of duties to identify, locate, and evaluate all children with disabilities, including those children whose parents revoked services. Child Find is an ongoing process, expectations are that children whose parents revoke consent will be identified, located, and offered an evaluation in the same manner as any other child if the child is suspected of having a disability and being in need of services.

## **Response to Intervention and Student Study Team Strategies**

Many schools are using Response to Intervention (RtI) as a systematic procedure to provide supplemental and individualized instruction to address needs in foundational basic skills. Student progress is closely monitored with adjustments in instructional interventions based on student learning rates. Parents must be informed of the data used to measure student progress, the strategies used with their child, and their rights to request an evaluation at any time.

Some schools utilize a Student Study Team process in which individualized strategies are offered to the parents and teachers of students who are experiencing difficulties in school. Classrooms are naturally multi-tiered and multi-skilled environments. The implementation of personalized strategies helps teachers to be more intentional in the possible instructional and behavioral methodologies and expectations, and, by so doing: (1) Assists teachers with students who present a wide variety of educational and behavioral needs and; (2) Strengthens educational opportunities within the general education program.

It must be emphasized that the RtI or Student Study Team procedures are **not** intended to impede any necessary referrals for consideration of eligibility under the Individuals with Disabilities Education Act (IDEA) or Section 504. If, at any time, a teacher, counselor, administrator, or other professional staff member suspects that the student's difficulties are attributable to a disability, the student should be referred for an evaluation. If a parent/guardian at any time requests an evaluation, the School District must either honor that request or notify the parent/guardian of his/her due process rights and the IDEA, or Section 504, as applicable.

## Parental Rights

Section 504 guarantees certain rights to parents of students with disabilities. The intent of these procedural protections is to keep the parent/guardian fully informed concerning educational decisions about their child, and to inform the parent/guardian of their rights if they disagree with any of these decisions. At age 18, these rights transfer to the student. The Notification of Parent Rights (Form H) should be used every time you plan to meet for purposes of Section 504 evaluation, plan development, or change in programs. Use the Parent Invitation to Section 504 Meeting (Form G) to document your invitation to meetings.

## The Section 504 Process

The Section 504 Process consists of four steps: (1) Referral; (2) Evaluation; (3) Eligibility Determination; and (4) the Section 504 Plan. For eligible students with a plan, the district must also provide regular reviews of the plan, reviews to support changes in program and/or transitions across grade levels, and conduct re-determination evaluations.

The referral to the school may be made by a parent, staff member, or the student. The school district must conduct a timely evaluation to determine the student's eligibility under Section 504. From the date a referral request is received, a time frame of thirty (30) school days is recommended for completion of the identification, evaluation, and, if necessary, development of a Section 504 Plan for each student who is referred pursuant to the School District's Section 504 policy.

The determination of eligibility is based on the evaluation and is a team decision that includes persons knowledgeable of the student, the evaluation findings, and the meaning of the data. If determined to be eligible, an appropriate plan is developed and implemented. The school district will be responsible for the implementation of the plan and to provide regular review of the appropriateness of the plan. A Section 504 plan may be revised or discontinued at anytime. The plan should be reviewed at least annually and updated, as needed, based on changes in student status and the context at school. A Section 504 plan review is also necessary when there is a

change in program, building assignment, or staff. A 504 plan may be discontinued with proper notice, evaluation and review.

### **Referral**

A student who, because of a suspected mental or physical impairment, is believed to be in need of accommodations or educational services under Section 504, may be formally referred by a parent, teacher, other certified school employee(s), or the adult aged student himself/herself. The referral process involves proper documentation of the presenting concerns, notice to parents, consent, and notice of procedural safeguards. Parents are to be provided with copies of referral and consent forms and given the opportunity for clarification of terms, timelines, and procedural safeguards.

### **Evaluation**

A determination of Section 504 eligibility (*i.e.*, a physical or mental impairment that substantially limits a major life activity within the school environment) must be based on a multi-source evaluation. The evaluation procedures to be followed may, but need not, include all of those which are followed in evaluating students under the Individuals with Disabilities Education Act (“IDEA”). The nature and extent of the information needed to make a Section 504 eligibility decision is determined on a case-by-case basis by a group of persons knowledgeable about the student and the meaning of evaluation data.

The evaluation process should begin with a thorough review of the student’s educational records. Evaluation standards require that assessments are (1) used for the purposes they were developed; (2) administered by qualified personnel; (3) tailored to assess the specific area of concern and not to provide a global ability score; and (4) selected and administered to ensure the test accurately reflects the student’s abilities rather than reflecting the impairment. The following sources of information may be considered as appropriate evaluation methods:

- Observations of the student
- Standardized tests or other assessments by school staff
- Parent/Student/Teacher interviews
- Behavior rating scales or other checklists
- Pertinent medical information
- Information provided by the parent

If a student is suspected of having a physical impairment and the School District does not already have a current diagnosis documented by a physician, input from a physician may be sought as part of the evaluation process. **Please note that a diagnosis of a physical or mental impairment does not, in and of itself, determine eligibility under Section 504.** As mentioned above, there must also be separate findings that the impairment substantially limits a major life activity.

Medical evaluations are NOT required under Section 504. The school district may NOT require the parent to provide medical information or evaluation. If the evaluation team determines that a medical evaluation is necessary, the district must pay for it. *Letter to Veir, 20 IDELR 864 (OCR, 1993)*.

### **Eligibility Determination**

The eligibility determination should be made by a group of persons knowledgeable about the student, the meaning of the evaluation data and placement options. The school should form a team to conduct the evaluation, determine eligibility, and develop a plan for the eligible student. Appropriate team members may include the classroom teacher, instructional resource teachers and appropriate related services staff, if needed. Use the Parent Invitation to Section 504 meeting (Form G), the Notification of Parent Rights (Form H), and the Parent Consent for Section 504 Evaluation (Form I). Additional considerations are offered to assist the district in making appropriate eligibility determinations.

**Substantial Limitation:** The Office for Civil Rights (OCR) does not endorse a single formula or scale that measures substantial limitation. *See Protecting Students with Disabilities: Frequently Asked Questions about Section 504 and the Education of Children with Disabilities (March 2009)*. The determination must be made on a case by case basis with respect to the individual student. The standard for determining a substantial limitation is broad and typically references access to participate and to fulfill the expectations of the non-disabled students.

**Major Life Activities:** Some individuals interpret this to mean that a student must have a substantial limitation in the area of learning to be eligible under Section 504 and use this criteria to exclude students from eligibility. This would be an oversimplified understanding of this provision in the law. A student may have a disability that in no way affects their ability to learn, yet they may need extra help of some kind for them to access learning. *Letter to McKEthan, 23 IDELR 504 (OCR 1995)*. Physical or mental impairments may substantially limit major life activities other than learning that interfere with the student's ability to access and benefit from the school's programs and activities.

**Mitigating Factors:** In the past, school districts were allowed to consider a student's use of mitigating measures, such as medications, in determining if the impairment substantially limited a major life activity. Since revisions in the law that occurred in 2009, such factors cannot be considered when making disability determination. The determination of eligibility and the plan must be developed independent of the use of mitigating measures. Consider how the student would access and benefit from instruction were the mitigating factors not available.

**Episodic or In Remission Disabilities:** An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. A *temporary*



injury or illness of a duration less than six months is not regarded as an impairment that substantially limits a major life activity.

**Section 504 Is NOT Interchangeable with IDEA:** Section 504 eligibility is NOT automatically bestowed on a student who is referred for a special education evaluation and who is subsequently determined not IDEA eligible. *Letter to Veir, 20 IDELR 864 (OCR 1993)*. Parents may not avoid having a child labeled as special education by “opting” for a Section 504 plan. *Letter to McKethan, 25 IDELR 295 (OCR 1996)*. Similarly, a district does not have the flexibility to opt to provide Section 504 services when the student is IDEA eligible. *Yankton Sch. Dist, v. Shramm, 24 IDELR 704 (8<sup>th</sup> Cir. 1, 1996)*.

**No Automatic Eligibility:** A medical diagnosis of an illness does not automatically mean a student can receive services under Section 504. The illness must cause a substantial limitation on the student’s ability to learn or another major life activity. *See Protecting Students with Disabilities: Frequently Asked Questions about Section 504 and the Education of Children with Disabilities (March 2009)*.

**Access NOT Advantage:** Section 504 is not designed to improve grades, raise test scores, or reduce homework responsibilities. If a student is only seeking test accommodation, it is likely the student does not need a Section 504 plan.

**Prevent Over-Identification:** Recognize there are other factors that could adversely affect student learning, such as socioeconomic status, educational disadvantage, poor early instruction, difficult family situation, gang involvement, truancy, or limited English proficiency. Invest in training of staff to learn about Section 504. Explain to staff that it can be a violation to identify a student as a student with a disability when in fact the difficulty stems from other factors.

**Prevent Misconceptions Leading to Violations:** It is a misconception to assume that general education accommodations supplant the need for Section 504 eligibility or services. Another misconception is that a student must fail in all classes to be eligible. It is important to recognize that a student who continues to struggle, with intervention, may indeed have a substantial limitation. Also, the courses may require additional skills that are impacted by the student’s impairment.

### **Section 504 Plan**

Where a student is found to be eligible, a Section 504 Plan will be developed. The building Section 504 Team, which includes the parents, will be responsible for determining the special accommodations and services that are needed to ensure that the student receives a free appropriate education. The Plan will specify how services will be provided and by whom. See Form J for the Section 504 Plan.

The Section 504 Plan shall be signed by the Building Administrator. Prior to implementation, a copy of the Plan shall be provided to the parent(s)/guardian(s), which indicated the School District's intent to implement the plan. Parent must always be provided a copy of the Notification of Parental Rights (Form H).

If a Section 504 Plan is developed for a student, only school personnel with implementation responsibilities shall be informed of the existence and particulars of the plan. Staff should be informed on the contents of the plan when the plan is created, revised, and at points of transition, including transfers between buildings, or changes in schedule, staff, or program.

#### **Annual Review**

The teacher or other person(s) designated by the Section 504 Team shall monitor the student's progress and the effectiveness of the student's plan. The teacher or other designated person will meet with the parent(s) at least annually to determine whether the Section 504 Plan continues to be appropriate or whether any changes are thought to be necessary. A Section 504 team meeting will be convened at any time to review the changes in student need or other appropriate concerns.

#### **Reevaluation**

A multi-source evaluation should be completed periodically to re-determine eligibility under Section 504 and/or before any significant changes are made in the Section 504 Plan. A school district shall not require outside evaluations or examinations as a condition of eligibility or plan continuance. Medical evaluations are NOT required under Section 504. The school district may NOT require the parent to provide medical information or evaluation. If the evaluation team determines that a medical evaluation is necessary, the district must pay for it. *Letter to Veir, 20 IDELR 864 (OCR, 1993).*

## **Service Animals**

Effective March 15, 2011, the U.S. Department of Justice now requires public entities, including schools, to modify policies, practices or procedures to permit a qualified individual with a disability to use a service animal on public premises. The individual with a disability shall be permitted to be accompanied by a service animal in all areas of a public entity's facilities where members of the public; participants in services, programs or activities; or invitees (as relevant) are allowed to go. A definition of a service animal is limited to dogs and horses. The provisions of this requirement are not extended to other species of animal.

A dog is service animal if the following criteria are met:

- The dog was individually trained
- To do work or perform tasks
- For the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability

The language regarding the miniature horse as service animal follows:

“A public entity shall make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability.”

Schools may consider four factors when determining their ability to make reasonable modifications in policies, practices, or procedures to permit the use of the service animal. The four factors include:

1. Type, size, and weight;
2. Whether the handler has sufficient control;
3. Whether housebroken; AND
4. Legitimate safety requirements

There are questions the school may and may not ask to establish the reasonableness of the use of the service animal. The school may ask if the animal is required of the disability and what tasks the animal has been trained to perform. The school may not ask about the use of the service animal in obvious contexts (For example, a visually impaired person using a trained leader dog). It is unlawful to ask about the nature or extent of the person’s disability. It is also unlawful to require documentation or certification of the animal’s training.

Listed below are the types of tasks that may be performed by a service animal:

- Assist blind/visually impaired to navigate
- Alert deaf/hearing impaired to presence of people or sounds
- Pull a wheel chair
- Provide seizure assistance
- Alert to presence of allergens
- Retrieve items (medicine, telephone)
- Provide physical support, balance and stability to individuals with mobility disabilities
- Prevent or interrupt impulsive or destructive behavior of persons with psychiatric and neurological disabilities

A public entity may ask an individual with a disability to remove a service animal from the premises if:

- The animal is out of control *and* the animal’s handler does not take effective action to control it; OR
- The animal is not housebroken
- The animal’s presence fundamentally alters the nature of the program, service or activity

Under Section 504, the school is NOT responsible for the care or supervision of the service animal. If a school properly excludes a service animal or miniature horse, the individual with a disability must be given the opportunity to participate in the service, program, or activity without having the service animal on the premises. The school may also ask for payment for damages incurred by the service animal.

## Suspension and Expulsion of Students Served Under Section 504

Students who are eligible under Section 504 have certain additional protections when charged with a violation of the Code of Student Conduct which may result in a suspension or expulsion. Similar to suspension or expulsion of a student with a disability under the IDEA, it is necessary to conduct a manifestation determination review for a Section 504 disabled student when:

- The suspension or expulsion will be for more than ten (10) consecutive school days. As is true under IDEA, a suspension/expulsion of more than ten (10) consecutive days constitutes a significant change in placement and requires the School District to determine if the cause of the behavior is the disability identified in the student's Section 504 plan.
- A series of suspensions that total more than ten (10) school days in a school year may create a pattern of exclusion. If cumulative suspensions/expulsions for a student on a Section 504 Plan total more than ten (10) schools days in a school year, it must be determined if a significant placement change has occurred. This decision is made on a case-by-case basis. If a group of short suspensions creates a pattern of exclusion, then this constitutes a change in placement and the School District must conduct a manifestation determination meeting before further suspensions or expulsions occur. The Office for Civil Rights has identified some of the key factors in determining the existence of a pattern of exclusion; these include the length of each suspension, the proximity of one suspension to another, the similar or dissimilar nature of the behavior, and the total amount of time the student is excluded from school.

Section 504 allows a student to be disciplined, without going through the manifestation determination review process, where the student is charged with and found to be currently engaging in the illegal use of drugs or alcohol, in violation of the School Code.

The manifestation determination process will determine if the violation was due to the student's disability. The review must also consider the appropriateness of the student's plan of supports and services under Section 504. Appropriate actions should include consideration for a referral for IDEA evaluation when the manifestation determines the behavior is likely related to the disability. In those situations in which the student committed an infraction leading to state mandated removal from school, the review process must consider the obligations to provide FAPE under IDEA.

In situations in which the manifestation determination process determines the behavior is NOT related to the disability, the student is to be given the same treatment or sanctions as the nondisabled students, consistent with the school district Code of Student Conduct and local district policy. The provisions of FAPE do not apply during the period of discipline or removal from school. The student may apply for reinstatement following the same policy as nondisabled peers.

## Complaints & Grievances

A person who believes that he/she has been discriminated against by the School District on the basis of his/her disability may pursue a grievance/complaint through School District's Grievance/Complaint Procedure (Form M).

Grievance and Impartial Due Process Procedures must include procedural safeguards notification to parents. A parent may request an impartial due process hearing at any time and should be provided notice of this right. While the school district must also offer a process for addressing complaints and grievances, the parent should not be delayed or denied in their exercise of due process.

The complaint or grievance process is outlined below:

1. The grievance process starts with a meeting at the building level to review concerns and consider possible immediate solutions. The meeting should occur in a reasonable timeframe. The building administrator should meet with parent to discuss concerns and attempt to resolve the issues. Suggested meeting participants may include: Parent, Staff involved with the student's 504 plan, and Building Administrator. The meeting outcomes should be summarized and shared with the parent and District Section 504 Coordinator.
2. If the issue does not reach satisfactory resolution, parent should file a written grievance with the District 504 Coordinator.
3. The District Section 504 Coordinator will investigate the concern and prepare a written summary of findings and recommendations.
4. Upon parent and district review of recommendations, the parent and district, by mutual agreement, may enter a facilitation meeting to reconcile any concerns that cannot be resolved through the recommended course of action.
5. If the issue does not reach satisfactory resolution, the parent may request an impartial due process hearing through the District Section 504 Coordinator or office of the Superintendent.
6. An impartial hearing officer will be appointed by the school district.
7. The impartial hearing officer will conduct an evaluation and make written recommendations.
8. If the due process hearing does not resolve the issue, the parent may file a complaint with the OCR.

Office for Civil Rights  
Cleveland, Ohio  
US Dept of Education  
600 Superior Avenue East, Suite 750  
Cleveland, Ohio 44114

## Impartial Due Process Hearings

Parents or persons in a parental relationship who disagree with the identification, evaluation, placement or provision of a free appropriate public education for a student with a disability have the right to request an impartial due process hearing. Request for a Section 504 due process hearing must be made to the School District Section 504 Coordinator. Upon receipt of such a request, the necessary arrangements will be made by the School District, including the selection of a hearing officer. A hearing may not be conducted by a person who is an employee of the School District, or by any person having a personal or professional interest which would conflict with his or her objectivity in the hearing. For assistance in identifying an appropriate hearing officer, the district may begin by contacting legal counsel. See the Sample Section 504 Due Process Hearing Request Form (Form N).

Any party to a hearing has the right to:

- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities;
- Present evidence and confront, cross-examine, and compel the attendance of witnesses;
- Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five days before the hearing;
- Request that the hearing officer bar as evidence any evaluation or recommendation completed but not disclosed to the other party at least five business days prior to the hearing;
- Obtain a written or electronic verbatim record of the hearing or obtain alternate forms of the verbatim record to be provided in the parent's native language; and
- Obtain written or electronic findings of fact and decisions.

The School District will adhere to the following timeframes in the event of a request for a due process hearing:

- A hearing will be scheduled not less than fifteen (15), nor more than thirty (30) calendar days following receipt of a written request from the parent.
- The Hearing Officer will, not later than thirty (30) calendar days after the hearing, do both of the following:
  - Reach a final decision regarding the matter; and
  - Send a written copy of the decision to each party.
- In the absence of an appeal, the decision of the Hearing Officer will be implemented by the School District within fifteen (15) calendar days of the School District's receipt of the decision.









## **Section 504 Toolkit:**

### **Sample Forms**



**DISTRICT**

**DISTRICT SECTION 504 COORDINATOR TO DO LIST**

- Become knowledgeable and current in the requirements of Section 504
- Review Board of Education Policy on Section 504
- Develop and maintain current District Procedures under Section 504
- Satisfy Section 504 child find notification obligations
- Provide training of building principals on Section 504 process and requirements
- Train building principals on implementation of Section 504
- Provide information and training to staff on Section 504 requirements
- Review district grievance and complaint procedures under Section 504
- Investigate complaints
- Train building principals on discipline suspension and expulsion requirements under Section 504
- Train building principals on district procedure for Manifestation Determination Review under Section 504

**DISTRICT  
BUILDING PRINCIPAL SECTION 504 TO DO LIST**

**GENERAL ROLES AND RESPONSIBILITIES**

- Become knowledgeable and current in the requirements of Section 504
- Review Board of Education Policy on Section 504
- Know District Procedures under Section 504
- Provide information and training to staff on Section 504 requirements
- Coordinate scheduling of Section 504 meetings
- Comply with district procedures and timelines for the Section 504 process
- Provide for the physical accommodations required to prevent discrimination under Section 504
- Provide for the supports, services, technology, and modifications as defined in the student Section 504 Plan
- Provide accommodation in scheduling to ensure access for the student with a disability according to the Section 504 Plan
- Provide training of appropriate staff on health, medication, or behavior management
- Ensure implementation of the Section 504 Plan
- Provide documentation of timely implementation of district Section 504 process
- Communicate with the District Section 504 Coordinator

**STEPS TO TAKE SECTION 504 INITIAL REFERRAL**

- Provide notice of referral to parent within reasonable timeline (Recommend 10 days)
- Arrange for appropriate staff to attend a team meeting to review the evaluation request
- Obtain or direct staff to obtain parent consent for the Section 504 evaluation
- Obtain or direct staff to obtain release of information  
Note: Parent release of medical or other records is not a condition for ineligibility, refusal of service, or renewal of service
- Provide notice to parent of due process rights with consent
- Schedule a meeting to determine Section 504 eligibility and plan within 30 school days of consent for evaluation
- Provide notice to parent of due process rights at eligibility determination and Section 504 plan development/review

- Arrange for the provision of the supports, services, technology, or modifications as defined in the student Section 504 Plan
- Contact District Section 504 Coordinator if parent disagrees with a school recommendation, requests a grievance/complaint, or requests a due process hearing

**STEPS TO TAKE WITH SECTION 504 ANNUAL REVIEW OR TRANSITION OR CHANGE IN PROGRAM**

- Provide notice to parent of Section 504 meeting
- Arrange for the appropriate staff to attend in sending and receiving schools
- Provide parent notice of due process rights
- Review and revise the plan as appropriate to the supports, services, and modifications required to prevent discrimination and create access to participate as non-disabled peers  
Note: A Review meeting may lead to the discontinuance of a Section 504 Plan, if appropriate documentation of student progress, change in student status, or change in program supports a decision to discontinue the Section 504 Plan
- Arrange for the provision of the supports, services, technology, or modifications as defined in the student Section 504 Plan
- Contact District Section 504 Coordinator if parent disagrees with a school recommendation, requests a grievance/complaint, or requests a due process hearing

**STEPS TO TAKE WITH SECTION 504 RE-EVALUATION (3 YEARS)**

- Provide notice to parent of meeting to discuss re-evaluation
- Provide parent notice of due process rights
- Obtain or direct staff to obtain parent consent for the Section 504 evaluation  
Note: If the parent refuses to consent to the evaluation, the school district may proceed to conduct a Re-Evaluation meeting
- Arrange for the appropriate staff to conduct the evaluation and collect relevant data
- Obtain or direct staff to obtain release of information, if needed  
Note: Parent release of medical or other records is not a condition for refusal of service or renewal of service
- Schedule release of staff to participate in Re-evaluation meeting and Plan Review
- Contact District Section 504 Coordinator if parent disagrees with a school recommendation, requests a grievance/complaint, or requests a due process hearing

**STEPS TO TAKE WITH SECTION 504 MANIFESTATION DETERMINATIONS**

- Track the number of student removals from school
- Plan Manifestation Determination Review meeting at 10 removals

**Form B**

- Provide notice to parent of meeting to discuss Manifestation Determination
  - Provide parent notice of due process rights
  - Arrange for the appropriate staff to conduct the evaluation and collect relevant data
  - Obtain or direct staff to obtain release of information, if needed
- Note: Parent release of medical or other records is not a condition for refusal of service or renewal of service
- Schedule release of staff to participate in Manifestation Determination meeting
  - If disability is related to behavior, contact Director of Special Education to consider referral for special education evaluation under IDEA
  - If disability is related to the behavior, FAPE must be continued during period of suspension/expulsion, similar to the requirements of IDEA. Make arrangements to continue supports and services
  - If disability is not related to behavior, proceed to implement punishment and sanctions in the same manner as for non-disabled students and in accordance with District Code of Conduct and State School Code
  - Contact District Section 504 Coordinator if parent disagrees with a school recommendation, requests a grievance/complaint, or requests a due process hearing

**STEPS TO TAKE WHEN STUDENT ENROLLS WITH SECTION 504 PLAN**

- Assemble a team of persons knowledgeable about the data, options and appropriateness of the plan
- Provide the parent notice of the Section 504 Review meeting
- Provide the parent notice of due process rights
- Review the existing Section 504 Plan and supporting documentation from the previous district
- If the team agrees with the Section 504 Plan, implement the plan as written
- If the team questions the plan, the school must conduct an evaluation to determine the appropriate educational program for the student

**DISTRICT**  
**CLASSROOM TEACHER SECTION 504 TO DO LIST**

**GENERAL ROLES AND RESPONSIBILITIES**

- Become knowledgeable and current in the requirements of Section 504
- Attend training on Section 504 requirements
- Comply with district procedures and timelines for the Section 504 process
- Provide relevant observations and progress data at Section 504 meetings
- Follow the Section 504 Plan which may include:  
Supports, services, technology, physical accommodations, modifications, accommodation in scheduling, testing, or instruction to ensure access for the student with a disability according to the Section 504 Plan
- Train on medical/health management, when required by the individual plan
- Document implementation of Section 504 Plan
- Communicate with the Building Principal on district procedural or implementation issues

**STEPS TO TAKE SECTION 504 INITIAL**

- Contact Building Principal to refer a student for Section 504
- Immediately contact Building Principal if a parent contacts you and requests Section 504
- Cooperate with scheduling of meetings
- Record student classroom behaviors and progress according to district procedure
- Report student behavior and progress in Section 504 meetings
- Contribute recommendations to Plan development regarding appropriate supports, services, modifications, technology, or accommodations to prevent discrimination and create access to benefit from instruction as non-disabled peers
- Attend training on special management such as health, medication, or behavior
- Document communication with student or parent regarding the Section 504 eligibility or plan
- Maintain a record of student behavior or progress and plan implementation
- Report concerns to the Building Principal

**STEPS TO TAKE EXISTING SECTION 504 PLAN**

- Review the existing Section 504 Plan
- Request a Section 504 meeting to discuss revisions to the plan, if needed
- Record student classroom behaviors and progress according to district procedure
- Report student behavior and progress in Section 504 meetings

## Form C

- Contribute recommendations to Plan development regarding appropriate supports, services, modifications, technology, or accommodations to prevent discrimination and create access to benefit from instruction as non-disabled peers
- Attend training on special management such as health, medication, or behavior
- Document communication with student or parent regarding the Section 504 eligibility or plan
- Maintain a record of student behavior or progress and plan implementation
- Report concerns to the Building Principal



COMMUNICATION LOG

Student: \_\_\_\_\_ Parent: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other Contact: \_\_\_\_\_

Contacted Person	Date	Notes	Contacted By

**District:  
SECTION 504 REFERRAL**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ DOB: \_\_\_\_\_ Sex M F

Parent(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Interpreter needed for parents?  Yes  No

**Reason for Referral**

Staff Recommendation     Intervention Team     Parent     Other

There is reasonable cause to suspect that this student has a handicap, which substantially limits one or more of the following major life activities:

- Learning                       Social Emotional/Behavioral                       Communication
- Health                               Vision     Hearing
- Motor/Movement     Self-Help Skills     Other \_\_\_\_\_

Prior Referrals:        \_\_\_\_\_ Intervention Team (Attach copy of Referral, Action Plan, and Data)  
                                  \_\_\_\_\_ IEP (Attach copy of Referral, MET Summary, and IEP, Page 1)  
If Intervention or IEPT information is attached, please sign and date this form at the bottom. If not, please complete the following section.

**Presenting Concern**

Describe the presenting concern.

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Referred by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

District: \_\_\_\_\_

**Section 504 Information Review**

Review date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Circle:

**IEP:** yes no **504 Plan:** yes no **ELL:** yes no **Interpreter for Parents:** \_\_\_\_\_

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**Meeting Participants and Attendance**

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

\_\_\_\_\_  
Building 504 Coordinator

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

\_\_\_\_\_  
Teacher of Record

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

\_\_\_\_\_  
Teacher of Record

\_\_\_\_\_  
Student

\_\_\_\_\_  
Other

\_\_\_\_\_  
Other

Parent Input:

\_\_\_\_\_

Staff Input:

\_\_\_\_\_

Student Input:

\_\_\_\_\_

\_\_\_\_\_

Section 504 Information Review

1. Current Concern: A Section 504 eligible student exhibits a physical or mental impairment that substantially limits one or more major life activities.

a. The suspected physical or mental impairment is in the area of:

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b. Perception of limitation in major life activity:

Use this tool to review and make comment as to the extent to which the physical or mental impairment presents as a substantial limitation of major life activity. The rating may be based on information provided in interview, existing evaluation data, or observation.

**Standards for Defining a Substantial Limitation**

- **Normal Expectation:** Student participation and/or functioning is within normal expectation when compared to non-disabled peers.
- **Accessible Functioning:** Some limitation of participation or functioning but student is able to meet expectations of non-disabled peers with differentiation and/or typical accommodations.
- **Substantial Limitation:** The condition prevents the individual from participation in or functioning at expectation of non-disabled peers.

Major Life Activity Area	Comments:
Learning	
Social/Emotional/Behavior	
Communication	
Health	
Vision	
Hearing	
Motor Movement	
Self-Help Skills	
Other:	

Note: The use of mitigating measures, such as medications or assistive devices, does not lessen the impact of the disability on major life activities and does not exclude a student from Section 504 eligibility.

c. Are the student's activities disrupted on a chronic or intermittent basis?

Chronic interference of activity                       Intermittent disruption of activity

Describe: \_\_\_\_\_

2. Other Exclusionary Considerations: Please identify other or additional factors that may distinguish presenting concerns.

- Second Language Learning                       Substance Use/Abuse
- Vision corrected with glasses                       Hearing corrected with aides
- Physical injury (less than 6 months)                       Social issues
- College entrance exam                       Court-ordered school attendance
- Truancy

3. Attendance: Identify number of days absent at each grade level:

Kdg.  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Identify any absence patterns: \_\_\_\_\_

Grades repeated (indicate which grades): \_\_\_\_\_

Factors affecting school attendance \_\_\_\_\_

4. If data are available, list the past three years of academic achievement scores. Attach appropriate documentation. (Suggested data sources may include: CLASSA, DRA, MLPP, MEAP, Aimsweb, NWEA, STAR, Other Standardized Tests.)

		State Assessment	District Assessment	Classroom Assessment
Reading	Test/Date			
	Test/Date			
	Test/Date			
Math	Test/Date			
	Test/Date			
	Test/Date			
Writing	Test/Date			
	Test/Date			
	Test/Date			

5. Describe concerns regarding student pattern of achievement.

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6. List any individual evaluations that have been conducted:

<u>Type of Evaluation/Evaluator</u>	<u>Date</u>	<u>Recommendations</u>	<u>Action Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Disciplinary actions for current year and last year:

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	<u>Current Year</u>	<u>Last Year</u>	<u>Comment</u>
# Days In-school suspension:	_____	_____	_____
# Days Out-of-school suspension:	_____	_____	_____

8. List student involvement with other agencies (state agencies, medical, counseling, courts):

<u>Agency</u>	<u>Date</u>	<u>Service Summary</u>
_____	_____	_____

9. List any identified health factors which may contribute to student's school problems:

<u>Condition</u>	<u>Diagnosed By</u>	<u>Date</u>	<u>Impact</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>Current Medications</u>	<u>Dosage</u>	<u>Reason for Medication</u>
_____	_____	_____
_____	_____	_____

10. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; 504 Plan; IEP):

Instructional/Behavioral Intervention	Date Begun/Ended	Outcome
_____	_____/____	_____
_____	_____/____	_____
_____	_____/____	_____

11. Summary:

\_\_\_\_\_

**Section 504 Considerations of Area(s) of Major Life Activities:**

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the major life activities when compared to the average student.

- Yes
- No

**Recommendation of Section 504 Team:**

- The student should be evaluated for possible Section 504 eligibility.
- No further evaluation at this time.
- No additional evaluation needed. Develop Section 504 Plan.
- Review current Section 504 Plan.

\_\_\_\_\_  
Building 504 Coordinator Signature

\_\_\_\_\_  
Date

District:
Parent Invitation to Section 504 Meeting

Dear Parent(s)/Guardian(s):

This letter is to make you aware of the need to consider whether your child, due to a possible disability, is entitled to certain protections under Section 504 of the Rehabilitation Act of 1973, and/or of the need to review your child's educational program. We are planning a conference as follows:

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Meeting Location: \_\_\_\_\_ Meeting Date/Time: \_\_\_\_\_

The purpose of this conference will be:

- \_\_\_ Review of Services: To review and discuss your child's present educational status/504 Plan.
\_\_\_ Consent to Evaluate: To discuss a referral of your child for possible Section 504 eligibility.
\_\_\_ Initial 504 Plan: To make a determination regarding 504 eligibility and education program.
\_\_\_ Three-Year Reevaluation: To discuss the possible need to evaluate/reevaluate your child.
\_\_\_ Termination of Services: To discuss ending of services.
\_\_\_ Manifestation Determination: To review if behavior is due to disability.
\_\_\_ To discuss at your request: \_\_\_\_\_
\_\_\_ Other: \_\_\_\_\_

The following persons have been invited to attend this meeting:

Table with 4 columns: Name, Title, Name, Title. Two rows of blank lines for entries.

Enclosed please find a copy of your rights under Section 504. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Building 504 Coordinator Date Telephone



**NOTIFICATION OF PARENT RIGHTS  
Section 504 of the Rehabilitation Act of 1973**

**DISTRICT SECTION 504 COORDINATOR NAME  
ADDRESS  
TELEPHONE**

The purpose of this notice is to inform parent and student of the rights granted to them under Section 504. The federal regulations that implement Section 504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR). They include the following rights:

1. Have the district advise you of your rights under federal law;
2. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;
3. Receive notice with respect to identification, evaluation, or placement of your child;
4. Have your child evaluated by the district prior to determining eligibility under Section 504;
5. To be notified prior to any action (be it a proposal or refusal) regarding the identification, evaluation, or placement of your child;
6. Have evaluation, educational, and plan of services decisions made based upon a variety of information sources, and by persons who know the student, the evaluation data, and placement options;
7. Have periodic review of your child's educational need for Section 504 plan of services;
8. Have your child receive a free appropriate public education. This includes the right to be educated with nondisabled students to the maximum extent appropriate. 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;
9. Have your child educated in facilities and receive services comparable to those provided nondisabled students;
10. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
11. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program and placement and 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 district to reasonable requests for explanations and interpretations of your child's records;
13. File a local grievance with the District 504 Coordinator;
14. Request an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You and the student may take part in the hearing and have an attorney represent you at your own expense. The impartial Hearing Officer will be selected by the district;
15. Hearing requests must be made to the District Section 504 Coordinator;  
Submit a complaint with the Office for Civil Rights.

**Office for Civil Rights  
Cleveland  
U.S. Department of Education  
600 Superior Avenue East  
Suite 750  
Cleveland, OH 44114**

District:

PARENT CONSENT FOR SECTION 504 EVALUATION

STUDENT NAME: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

PARENT HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Section 504 of the Rehabilitation Act of 1973 is a federal law which prohibits discrimination against persons with disabilities. For a student to qualify for Section 504 protection, the student must: (1) have a mental or physical impairment (2) which substantially limits (3) one or more major life activities. Your child has been referred for an evaluation to determine eligibility under the provisions of Section 504. The referral for this evaluation was made due to the concerns described below:

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

The proposed evaluation may include review of student records, observations of the student in the classroom or other school areas, student interviews, parent interviews, requests for medical or other evaluation records, and the collection of classroom assessment data. These evaluation activities may be conducted by the classroom teacher, counselor, or relevant staff, such as the school nurse. Additional evaluation activities are listed:

<u>Evaluation Activity</u>	<u>Possible Personnel</u>
_____	_____
_____	_____

I understand that the evaluation will be conducted within 30 school days of receipt of parent consent and that a Section 504 meeting will be held to discuss the evaluation results, eligibility, and any educational program recommendations. I can revoke my consent at any time. I understand the reason(s) for the referral and the description of the evaluation process and have checked the box below:

- Permission is voluntarily given to conduct the evaluation process.
- Permission is denied.

PARENT NOTIFICATION OF RIGHTS

- I have received a written copy of the Parent Notification of Rights under Section 504 of the Rehabilitation Act.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**District:  
SECTION 504 PLAN**

MEETING DATE: \_\_\_/\_\_\_/\_\_\_ PREVIOUS DATE: \_\_\_/\_\_\_/\_\_\_

STUDENT: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT(S): \_\_\_\_\_ PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

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**MEETING PURPOSE**

Initial     Review     Redetermination     Manifestation Review

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**PARENT CONTACT**

The parent(s)/guardian(s) were contacted by the school to ensure that they would have an opportunity to attend this meeting, to explain the purpose of the meeting and the role of the participants.

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**MEETING PARTICIPANTS IN ATTENDANCE**

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

\_\_\_\_\_  
Principal

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

\_\_\_\_\_  
Teacher of Record

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

\_\_\_\_\_  
Teacher of Record

\_\_\_\_\_  
Student

\_\_\_\_\_  
District 504 Coordinator

\_\_\_\_\_  
Other

**MEETING SUMMARY**

All information referenced in this meeting must be documented and attached to this report.

1. Review of evaluation information:

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2. Describe how the identified disability significantly limits a major life activity.

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**ELIGIBILITY**

Yes  No Student meets Section 504 eligibility criteria

**PLAN OF SUPPORTS AND SERVICES**

Intervention	By Whom	Setting/Location

\*Attach appropriate Health Plan, Behavior Intervention Plan, or other documents, as appropriate.

**PARTICIPATION IN STATEWIDE ASSESSMENT**

Accommodation(s) needed:  Yes  No

List Accommodation(s): \_\_\_\_\_  
 \_\_\_\_\_

Date Section 504 Plan will begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated duration of the Section 504 Plan before next review:  One Year  Other

**NOTICE FOR PROVISION OF SECTION 504 SERVICES**

The district will provide written notice to the parent when the district proposes to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student; or when they refuse to initiate or change the educational placement of the student or provision of FAPE to the student.

You are receiving notice for: \_\_\_\_\_  
(student name) (student ID)

**DISTRICT COMMITMENT TO SECTION 504 PLAN**

The school district intends to implement the Section 504 Plan as written is authorized with the signature of the building principal.

\_\_\_\_\_  
*Building Principal* *Date*

**DISTRICT NOTICE OF CHANGE IN PROGRAM**

- You are receiving this notice because your student was found ineligible for Section 504 at the team meeting dated: \_\_\_\_\_.
- You are receiving this notice because we will be offering a change in placement. See the complete plan for the details of this change.

**PARENT NOTICE**

A complete copy of the Section 504 Plan, together with the Parent Notification of Rights under Section 504 of the Rehabilitation Act were provided to the parent(s)/guardian(s).

Method of delivery:

- U.S. Mail to home address
- Delivered personally to parent(s)/guardian(s)
- Other: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ *Contact Person*

**PARENT CONSENT**

**For students found eligible for Section 504 only.**

- I give consent for the initial provision of the Section 504 plan.
- I refuse consent for the initial provision of the Section 504 plan.

X \_\_\_\_\_  
*Signature of Parent* *Date*

District

**Parental Authorization for Release of Information**

School District abides by the limitations and regulations of the Family Educational Rights and Privacy Act (FERPA.)

To obtain a copy of this document, please call your school office.

Child's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
School Currently Attending \_\_\_\_\_

Information requested: (*Note – Information to be released must be checked prior to obtaining consent.*)

- |  |   |
|--|---|
| <input type="checkbox"/> Psychological evaluation              | <input type="checkbox"/> Demographic/social history           |
| <input type="checkbox"/> Speech-Language evaluation            | <input type="checkbox"/> Medical and developmental histories  |
| <input type="checkbox"/> Vision evaluation results             | <input type="checkbox"/> Medical diagnoses                    |
| <input type="checkbox"/> Hearing/audiological exam results     | <input type="checkbox"/> Discharge summary                    |
| <input type="checkbox"/> Occupational therapy evaluation       | <input type="checkbox"/> Individualized Education Program     |
| <input type="checkbox"/> Physical therapy evaluation           | <input type="checkbox"/> Individualized Family Service Plan   |
| <input type="checkbox"/> Special ed. evaluation report         | <input type="checkbox"/> Special education eligibility report |
| <input type="checkbox"/> Permission for special ed. evaluation | <input type="checkbox"/> Permission for special ed. services  |
| <input type="checkbox"/> Verbal communication _____            |   |
| <input type="checkbox"/> Other _____                           |   |

By my signature, I give consent for the information specified above to be released to School District from \_\_\_\_\_  
*Name of district, agency, person, etc.*

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

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

I understand that I may revoke this consent at any time and that my consent will automatically expire one year from the date that I sign this form. I understand that this information will only be disclosed to School District personnel who have a reason to access it for the purposes of record keeping and/or for determining this child's educational needs.

\_\_\_\_\_  
*Signature of Parent / Guardian / Child (if age of majority)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Parent / Guardian / Child (if age of majority)*

School District  
Manifestation Determination Review for 504 Plans

Date of Meeting: \_\_\_\_\_ Date of 504 Plan: \_\_\_\_\_  
Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

The 504 team held this meeting to determine whether or not the alleged misconduct of the pupil named above was caused by, or a direct manifestation of, the pupil’s disability and whether or not the 504 Plan was being implemented. The team reviewed and considered pupil’s health records, discipline records, evaluation results, observations of the student, information provided by the pupil’s parents/guardians and pupil’s 504 Plan.

**Disability under Section 504:** \_\_\_\_\_

**Manifestation Determination:**

Was the conduct in question caused by or was there a direct and substantial relationship to the child’s disability?

YES  NO

Was the conduct in question a direct result of the district’s failure to implement the 504 Plan?

YES  NO

A “No” answer to both of these questions indicates that the behavior is determined not to be a manifestation of the child’s disability. The relevant disciplinary procedures applicable to students without disabilities may be applied to the student in the same manner and for the same duration in which the procedures would be applied to students without disabilities.

A “Yes” answer to either of these questions indicates that the behavior is determined to be a manifestation of the student’s disability. The Section 504 team must convene a meeting and determine what supports are necessary to meet the student’s needs in the least restrictive environment.

**Comments:**

\_\_\_\_\_  
Administrator / District Representative

\_\_\_\_\_  
Parent

\_\_\_\_\_  
General Education Teacher

\_\_\_\_\_  
Parent

\_\_\_\_\_  
General Education Teacher

\_\_\_\_\_  
Other

\_\_\_\_\_  
School Staff Member

\_\_\_\_\_  
Other

A copy of the written notice of this meeting that was provided to the parents is attached to this document. A copy of this document provided to the parent constitutes written notice of the 504 team decision. Enclose a copy of the **Section 504 Procedural Safeguards** with all written notices.

**District**  
**Section 504 Grievance / Complaint Form**  
**Section 504 Coordinator**

Contact Information [Insert Name and Title]  
 [Insert Phone]  
 [Insert Fax]

The School District pledges that the School District complies with Section 504 of the Rehabilitation Act of 1973, 29 USC § 794, and its implementing regulations, and that no discrimination on the basis of disability is permitted in the programs or activities that the School district operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to your school's principal or the School District Section 504 Coordinator, located at [Insert Address of Section 504 coordinator].

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

On behalf of: \_\_\_\_\_

Complainant is:  Student: \_\_\_\_\_  
 Student's Parent(s): \_\_\_\_\_  
 Other: \_\_\_\_\_

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

Street
City
State
Zip

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

Home
Work

1. Describe the alleged violation of Section 504 in specific terms. Include: (1) the specific incident or activity that is viewed as discrimination; (2) the individuals involved; (3) dates, times, and locations involved; and (4) the disability that forms the basis of the complaint (attach additional pages if needed).
  
2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.
  
3. Please describe how you propose to resolve this issue.
  
4. Do you wish this complaint to be mediated by the School District Section 504 coordinator or designee?  No  Yes

**PLEASE RETURN THIS FORM TO THE BUILDING PRINCIPAL**  
**COPY TO SCHOOL DISTRICT SECTION 504 COORDINATOR**



District
Section 504 Due Process Hearing Request Form

Contact Person

Contact Information [Insert Name and Title]
[Insert Phone]
[Insert Fax]

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

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

City / State / Zip: \_\_\_\_\_

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

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

City / State / Zip: \_\_\_\_\_

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

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

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

City / State / Zip: \_\_\_\_\_

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

Problem and Facts: What is the nature of the problem and what are the facts that relate to the problem? (You may list more than one problem).

Three horizontal lines for writing the problem and facts.

(Use additional pages if necessary)

Proposed Solution: Describe the actions or services that you believe will resolve the issues based on the information available to you.

Three horizontal lines for writing the proposed solution.

(Use additional pages if necessary)

Signature of Individual Submitting Request: \_\_\_\_\_

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

Please print name here: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

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

Please Return This Form to the School District's Section 504 Coordinator





**Section 504 Toolkit:**  
**Tips for Effective Plans**



## Assistive Technology

Assistive technology tools can create increased educational access for students with Section 504 plans. Assistive technology tools can range from simple tools, like post-it notes, to reader software to sophisticated equipment. As part of developing an appropriate plan for the student, the team may consider the need for and benefits of assistive technology tools.

Remember that the student's response, the skills of the persons using the technology, and attitudes about technology tools can positively or negatively impact the effectiveness of the plan. Make sure to take the time to train students, parents, teachers, and others as appropriate as to the proper use of the tool to support the implementation of the plan.

The Michigan Integrated Technology Support (MITS) is a state sponsored initiative that provides resources that includes information, training, and a lending library. The website for MITS is: <http://mits.cenmi.org/Home.aspx>.

Teams may also become familiar with the SETTTS Framework for establishing a student's needs for assistive technology. The SETTTS Framework is available at this website: <http://www.joyzabala.com/Home.php>. The SETTTS is an acronym for evaluating the student, environment, and tasks to establish the barriers and solutions. There are a variety of helpful articles and tools for download that can be used to develop an appropriate plan.

The National Center on Accessible Instructional Materials (NIMAS) <http://aim.cast.org/> is another resource for learning about assistive technology in the classroom.

## Behavior Management Tips

There are many students who are eligible for Section 504 plans due to a variety of conditions that involve special behavior management considerations. The Section 504 plan may need to include procedures and strategies that will support the student to appropriately follow classroom routines and to participate in instruction. Positive behavior support methods are helpful in the development of school-wide and classroom-wide strategies to teach students how to behave in school. The student with a Section 504 Plan may be a candidate for a functional behavior assessment and simple behavior plan as part of the intervention. For information on a variety of tools for positive behavior support, please visit the resources located on the Wayne RESA website at: <http://www.resa.net/curriculum/positivebehavior/>.

In general, student behaviors can be categorized as Externalizing or Internalizing. Externalizing behaviors are those that can be disruptive to classroom learning processes. Students with externalizing behaviors are often described as disruptive, overly-active, temperamental, impulsive, and aggressive. The behaviors are directed at other persons or things. Internalizing behaviors are characterized as thoughts and actions that inhibit the student's ability to engage in learning. Internalizing behaviors may include perseveration, social withdrawal, daydreaming, anxious thoughts, or lack of concentration. Listed below are some general suggestions for the management of troublesome behaviors at school.

### Ten Tips for the Classroom Teacher

1. Inform pupils of what is expected of them
2. Establish a positive learning climate
3. Provide a meaningful learning experience
4. Avoid threats
5. Demonstrate fairness
6. Build and exhibit self-confidence
7. Recognize positive student attributes
8. Time the recognition of student attributes
9. Use positive modeling
10. Structure the curriculum and classroom environment

### Externalizing Behaviors

Research has found the following interventions can be effective in reducing externalizing behaviors:

- **Teaching at-risk children and youth how to identify and manage their emotions.** The majority of skills-training programs (20 out of 26) that teach at-risk children and youth emotion regulation skills (such as thinking before acting or breathing deeply) were successful at reducing externalizing behavior.
- **Referring to family therapy.** Nearly all family therapy programs or programs that included a family therapy component (10 out of 12) had positive impacts on reducing at least one externalizing behavior in children and in adolescents.

- **Developing or adapting programs to be sensitive to the culture of the target population.** Culturally-adapted programs typically engage participants in a culturally relevant and linguistically appropriate ways and train facilitators to be aware of their own culture and sensitive to the culture of participants.
- **Teaching parents skills related to effective communication, discipline, monitoring, supervision, and limit-setting.** A slight majority of parent training programs (30 out of 47) produced positive impacts on at least one externalizing behavior.
- **Teaching interpersonal and social problem-solving skills to non-delinquent children and youth.** Examples of social skills include communicating well, having positive interactions with peers, resolving conflicts, and cooperating with others. Examples of social problem-solving skills include identifying a problem, coming up with solutions to the problem, evaluating these solutions, and deciding what to do.
- **Delivering at least 30 sessions.** About two-thirds of the programs that delivered at least 30 sessions (20 out of 30) were successful at decreasing at least one externalizing behavior. In contrast, about one-half (32 out of 63) of programs that delivered less than 30 sessions worked (4 out of 9 programs with 20 to 29 sessions; 18 out of 33 programs with 10 to 19 sessions; and 10 out of 21 programs with less than 10 sessions).

### **Internalizing Behaviors**

Research has found the following interventions can be effective in reducing the negative impact of internalizing behaviors:

- **Functional Behavior Assessment** is a good place to begin to define the behaviors and conditions in which the behaviors occur. The assessment may also be helpful in identifying the positive reinforcers, peers, and strategies that will be critical to the plan.
  - There is a clear description of the problem behavior
  - The events, times, and situations that predict both the occurrence and nonoccurrence of problem behavior are identified
  - Events immediately following problem behaviors are identified
  - One or more educated guesses (hypotheses) about the function maintaining problem behavior are developed, and
  - Direct observation data identifying and confirming the function of the problem behavior is complete
- **Individualized Multi-component Interventions**  
Information gathered from a functional behavioral assessment helps this team develop and implement behavior support plans that are positive, proactive, educative, and functional. These interventions may include: 1) proactive strategies for changing the environment so triggering events are removed, 2) teaching new skills that replace problem behaviors, 3) eliminating or minimizing natural reinforcement for problem behavior, and 4) maximizing clear reinforcement for appropriate behavior.
- **Training Social Interaction** Plans that combine interaction with peers, training in self-regulation, and positive reinforcement have been found to be effective in improving social interactions and engagement

## Home/School Behavior Plan

The school and parents agree to support each other, work together, and create consistent expectations for: \_\_\_\_\_

Positive behaviors to be increased:

Behaviors to be decreased:

The school agrees to:

Parents agree to:

When will this plan be explained to the student?

Next meeting date to review progress:

Signature of school staff: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parents/guardians: \_\_\_\_\_

From Wayne RESA School-Wide Positive Behavior Support <http://www.resa.net/curriculum/positivebehavior/>



**Targeted Instruction in Social Skills/Behavior Expectations**

The Section 504 Team may review these questions to develop a targeted intervention within the student Section 504 Plan.

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

What skills/behaviors will be the focus of instruction?

Where will the instruction occur?

What time of day will it occur?

How many times per week will instruction occur?

Who will do the instruction?

What other staff will be involved in teaching or reinforcing the skills/behaviors?

For how long a period of time will the instruction take place? (Suggested between 4-8 weeks)

What methods will be used to evaluate the effectiveness of the instruction?

When will the data be reviewed?

## Attention Deficit Hyperactivity Disorder (ADHD)

### Definition of ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood disorders and may continue through adolescence and adulthood. It is a developmental disorder primarily characterized by inattentive and hyperactive behaviors with symptoms occurring before the age of seven years. The hallmark symptoms of ADHD are inattention, hyperactivity, and impulsivity.

### Symptoms of ADHD

#### Inattention

- Easily distracted, miss details, forget things, and switches between activities
- Difficulty focusing on one thing
- Bored with a task after a few minutes, unless doing something enjoyable
- Difficulty focusing attention on organizing or completing a task or learning something new
- Trouble completing or turning in homework, losing necessary things (like pencils)
- Does not seem to listen
- Daydream, move slowly, seems confused
- Difficulty processing information as quickly or accurately as others
- Struggles to follow instructions

#### Hyperactivity

- Fidget and squirm in seats
- Talk nonstop
- Dash around, touching or playing with anything in sight
- Trouble sitting still during dinner, school, or story time
- Constantly in motion
- Difficulty doing quiet tasks or activities

#### Impulsivity

- Impatient
- Blur out inappropriate comments, show emotions without restraining, and act without regard for consequences
- Difficulty waiting or delaying gratification
- Interrupts conversations or others' activities

### Management of ADHD

Current treatments focus on reducing the symptoms and improving the individual's functioning. Treatments may include medication, various types of psychotherapy, education or training, or a combination. A one-size-fits-all approach does not apply for all children with ADHD. What works for one child may not work for another. Medications may have different side effects. It is not clear whether medications can help children learn more or improve their academic skills. That is why most professionals recommend a combination of approaches.

### Tips for Classroom Management of ADHD

- Make important information memorable – use colors, highlighter, bold print
- Teach the student to use organizational tools, like calendars, planners, or binders
- Chunk activities into smaller units
- Check for student understanding of instruction
- Repeat, review, and revise instructions to the student
- Allow movement in your classroom
- Monitor or check student completion
- Use positive behavioral support strategies
- Make rules simple and clear

### Stop the Homework Turnstile

The completion of schoolwork is a tremendous challenge for the student and major frustration to the teacher and parents. For many students with ADHD, the management of homework is a turnstile of challenge. Schools and parents often set up elaborate methods of communicating with one another as to missing work, assignments to be completed, and tactics for helping the student focus in to get the work done. Here are some suggestions for dealing with homework:

- **Time.** Set a reasonable amount of time for homework and manageable volume of homework for the child. Rule of thumb is 10 minutes for each grade. That means a 1<sup>st</sup> grader should have no more than 10 minutes of homework while it is reasonable to ask a 7<sup>th</sup> grader to have 70 minutes of study at home.
- **Independent Work.** A student is not able to complete work at home if the student is not able to follow instructions. Homework should be clearly understood by the student. The work should be brief enough and of a difficulty for the student to work independently with little prompting or re-teaching by the parent. Remember the ADHD student may have not attended to all instructions and may not remember what to do when they go home. They may need additional review or supports, such as pre-filled notes, web-based resources (Moodle), or technology tools.
- **Organizational Tools.** Set up simple organizational tools for the student, the family, and yourself. Check-in sheets, planners, assignment logs can help everyone stay on track. Use electronic posting of assignments and study sheets so they can be retrieved at home and school.
- **Homework Is Not Incomplete Classwork.** Do not use homework to make up for work not completed in school unless you are using homework in this way for all of your students. Think about how you will accommodate and structure the student's assignments so classwork is completed in school and homework, the same homework as non-disabled students, can be completed at home.

### Check IN/Check OUT and Behavior Plans

Check In/Check Out is a method of providing students with the structure and feedback they need to be more successful in school. Simple Behavior Plans are also helpful in specifying the expectations and consequences for the student, parents, and teachers. For resources on Check In/Check Out, visit the Wayne RESA Positive Behavior Support webpage: <http://www.resa.net/curriculum/positivebehavior/>.

-District- Attention Deficit Hyperactivity Disorder Plan		
<b>Student Information:</b>  Name: _____ DOB: __/__/__  Grade: ____ Teacher: _____  Counselor: _____  Principal or Asst. Principal: _____  Secondary Student Schedule Attached: Yes No	<b>Parent information:</b>  Parent(s): _____ Mother: (H) _____ Father: (H) _____ (W) _____                  (W) _____ (Cell) _____                  (Cell) _____  Physician: _____ Phone: _____ Medicaiton consent needed: Yes No Medication consent attached: Yes	
Current Medications		
Medication	Dosage	Time
Academic Related Supports		
Activity	Supports Necessary/Required	
<b>Attention</b>		
<b>Waiting/Taking Turns</b>		
<b>Memory</b>		
<b>Organization</b>		
<b>Completing Tasks</b>		
<b>Activity Level</b>		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **School Refusal Behavior**

### **Definition of School Refusal Behavior**

School refusal behavior is a general term that refers to attempts to miss school. Approximately 2% - 5% of students miss school because of anxiety. School refusal behavior often results from a complex mix of factors, including mental health problems, medical problems, family issues, school difficulties, transitions, or stressful life events. The most common age for school refusal is early adolescence. The focus of this information will be as school refusal behaviors related to mental health and the school setting. Remember, Section 504 is not appropriate for immediate concerns or for behaviors that are not related to a disability (i.e., truancy). A Section 504 evaluation may be considered for conditions lasting or expected to persist for at least six months.

### **Warning Signs of School Refusal Behavior**

- Frequent absences
- Frequent tardiness
- Absences on significant days (e.g., days of tests)
- Pattern of absences on first day back after weekends or vacations
- Frequent requests to go to the nurse's office
- Frequent requests to call home or go home during the day

### **Anxiety and School Refusal Behavior**

#### **Separation Anxiety**

- More common in younger children
- The child is preoccupied with thoughts of harm befalling a loved one and are overly-dependent on the caregiver

#### **Social Anxiety and Performance Anxiety**

- The student worries about what others think, are concerned with how they will be judged, and fear humiliation
- Intense anticipatory anxiety about giving speeches, taking tests, or participating in sports

#### **Generalized Anxiety Disorder**

- The student has excessive anxiety and worry about a number of situations and events.
- The student is concerned about their competence, perfectionistic with schoolwork and perceives the world as threatening
- The anxiety interferes with school performance and can cause fatigue, restlessness, difficulty concentrating, irritability, sleep disturbances, and muscle tension
- Other anxiety disorders may also exist, for example, obsessive-compulsive disorder, panic attack, agoraphobia, or post traumatic stress disorder

### **Additional Conditions Associated with School Refusal**

#### **Depression**

- Depression may be a cause of school refusal behavior for some students

- Depression symptoms may include depressed mood, lack of interest in activities, irritability, difficulty getting along with others, risk-taking behavior, difficulty concentrating, or suicidal ideation

### **Management of School Refusal Behavior**

A Section 504 Plan becomes appropriate when the condition has continued for at least six months, indicating there may be an on-going mental health issue connected to the school refusal. The Section 504 team will need to work closely with the parent, student, teacher, and treating medical staff to develop an appropriate plan that will best address the symptoms of the student to engage the student in school. This will be a team effort on the part of the school and family. For mild school refusal and simple separation anxiety, forced school attendance may be the most appropriate intervention. The most common approach to addressing school refusal behavior is to use gradual re-entry. The behaviors or steps necessary to approach and enter the school are practiced with the supports of positive reinforcement and supportive adults. For example, the student may arrive at school but not go inside on day one, enter the school and visit the front office on day two, identify a comfortable class and stay in that class on day three, and so forth. Students with severe anxiety or a complex of symptoms may benefit from the mitigating measures of medications or counseling. Your Section 504 Plan should clearly identify how the school will support the student to attend school and participate in learning activities.

### **Tips for Classroom Management of School Refusal Behavior**

- Reward students for school attendance
- Create a welcoming, engaging environment that helps students feel connected to their classmates and to you as the teacher
- Avoid using criticism or sarcasm with your students
- Watch for signs of avoidance of classroom activities that involve public performance.
- Provide scaffolds to students to support them with participating in classroom activities
- Support the student to pay attention and complete assignments with cues, prompts, and reminders
- Show sensitivity to students with performance anxiety. For example, reduce the need to give speeches or provide an alternate test-taking environment
- Use relaxation techniques in the classroom. For example, help the student(s) to use deep breathing, to close their eyes and picture something they like, to pause and listen to music, to get a drink of water, etc.
- Provide a safe place where students can go when feeling stressed or overwhelmed
- Allow for progressive reentry to your classroom
- Recognize that the school refusal behaviors are connected to on-going conditions of anxiety and/or depression
- Consider a simple positive behavior plan to support student participation and task completion

### **Dealing with Schoolwork**

The completion of schoolwork is a tremendous challenge for the student and major frustration to the teacher and parents. What should a teacher do when students are missing school and falling behind with their schoolwork? Is it reasonable to just send the schoolwork home? How much

time should a student be given to catch up? How would it be fair to the student or class to simply excuse assignments? There are no simple answers to these questions because the decisions need to be made on a student by student basis.

- **Start with your school policies.** If you do not have policies for making up school work as a district or building, then you need to develop some beginning expectations for the amount of time students have to make up work and the number of days a student must attend school to be promoted to the next grade level. Your policies should include some criterion for students who are missing school for medical or disability-related absences. Make sure your policies do not discriminate against the individual and are fairly implemented. Begin by asking what you would do with non-disabled students.
- **The Same Is Not Equal.** Think about what it means to access the curriculum. Assignments are methods we use for students to practice skills and gain new knowledge. When students miss school assignments due to absences from school, what activities would support the student to gain access to the skills and information they missed while they were out of school? In some cases, the student can catch up with individualized tutoring or extra study time. Other students may benefit from modified assignments that expose them to missed content. It may be possible to integrate missed terms into a current project and provide scaffolds for the student to have the exposures they need to the content. The Section 504 Plan should address such considerations that create the supports, modifications, and access to the instructional program for the student.
- **Independent Work.** A student is not able to complete work at home or catch up independently if the student is not able to follow instructions. Homework should be clearly understood by the student. The work should be brief enough and of a difficulty for the student to work independently with little prompting or re-teaching by the parent. Remember, anxiety and depression may interfere with the student's ability to concentrate. The student may have not attended to all instructions and may not remember what to do when they go home. They may need additional review or supports, such as pre-filled notes, web-based resources (Moodle), or technology tools.
- **Organizational Tools.** Set up simple organizational tools for the student, the family, and yourself. Check-in sheets, planners, assignment logs can help everyone stay on track. Use electronic posting of assignments and study sheets so they can be retrieved at home and school.
- **Homework Is Not Incomplete Classwork.** Do not use homework to make up for work not completed in school unless you are using homework in this way for all of your students. Think about how you will accommodate and structure the student's assignments so classwork is completed in school and homework, the same homework as non-disabled students, can be completed at home.

-District-  
**School Refusal Behavior Plan**

<b>Student Information:</b>  Name: _____ DOB: __/__/____  Grade: ____ Teacher: _____  Counselor: _____  Principal or Asst. Principal: _____  Secondary Student Schedule Attached: Yes No	<b>Parent information:</b>  Parent(s): _____ Mother: (H) _____ Father: (H) _____ (W) _____                 (W) _____ (Cell) _____                 (Cell) _____  Physician: _____ Phone: _____ Medicaiton consent needed: Yes No Medication consent attached: Yes
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**Current Medications**

Medication	Dosage	Time

**Plan for School ReEntry**

Describe the plan.

Steps	Time/Length of Time	Support to Student	Reinforcement/ Feedback

**Classroom Plan**

<b>Relaxation/Anxiety Management</b>	
<b>Completing Tasks</b>	
<b>Participation in Activities</b>	
<b>Feedback/Reinforcement</b>	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Bipolar Mood Disorder

### Definition of Bipolar Mood Disorder

Schools are seeing increasing numbers of students who are identified with Bipolar Mood Disorder. Estimates of prevalence rates range from 1 – 2% in adults to 3 – 6% in the adolescent/adult population. This is a neurobiological disorder that causes severe disturbances in mood, behavior, energy, and sleep. It is a chronic disability that consists of rapid cycles of manic and depressed episodes. Behavior patterns may include excessive mood lability, extended tantrums and rage, intentional aggression, acting out daredevil behavior, substance abuse, inappropriate distractibility, and increased energy. Other co-existing disorders may include Attention Deficit Hyperactivity Disorder (ADHD), Specific Learning Disabilities (SLD), Anxiety Disorders, Oppositional Defiant Disorder (ODD), or Pervasive Developmental Disorder (Autism).

### Symptoms of Bipolar Mood Disorder

#### Manic Episodes:

- Feel very happy or act silly in a way that's unusual
- Have a very short temper
- Talk really fast about a lot of different things
- Have trouble sleeping but not feel tired
- Have trouble staying focused
- Talk and think about sex more often
- Do risky things.

#### Depressive Episodes

- Feel very sad
- Complain about pain a lot, like stomachaches and headaches
- Sleep too little or too much
- Feel guilty and worthless
- Eat too little or too much
- Have little energy and no interest in fun activities
- Think about death or suicide
- Watch for signs of suicidal thinking

### Management of Bipolar Mood Disorder

Bipolar mood disorder can be difficult to diagnose and usually involves a medical professional, such as a psychiatrist. The most common treatments include medication and therapy. Parents and schools should work together to chart the student's behaviors and moods. This information can be used to monitor the effectiveness of medications and behavior interventions and to track the student's mood swings for management decisions. The management of a student with bipolar mood disorder is very stressful for parents and teachers. Make sure plans include supports to staff and create options of safe places for the student to calm down under appropriate supervision. Include resources in the community in the event the student becomes a danger to self or others.

## Tips for Classroom Management of Bipolar Mood Disorder

- Be patient
- Be understanding about mood episodes – they are not planned or volitional
- Do NOT take away recess or access to field trips and events. Make sure the planning includes supports for the student to have access to the same activities as non-disabled peers
- Create a welcoming, engaging environment that helps students feel connected to their classmates and to you as the teacher
- Provide scaffolds to students to support them with participating in classroom activities
- Support the student to pay attention and complete assignments with cues, prompts, and reminders
- Reduce frustrations that may serve as triggers to the mood swings. Set instructional difficulty at a level of success. Chunk activities. Provide constant checks on performance with descriptive, positive feedback.
- Use relaxation techniques in the classroom. For example, help the student(s) to use deep breathing, to close their eyes and picture something they like, to pause and listen to music, to get a drink of water, etc.
- Provide a safe and supervised place where students can go when feeling stressed or overwhelmed
- Allow for reentry to your classroom
- Consider a simple positive behavior plan to support student participation and task completion

## Dealing with Schoolwork

The completion of schoolwork is a tremendous challenge for the student and major frustration to the teacher and parents. What should a teacher do when students are falling behind with their schoolwork? Is it reasonable to just send the schoolwork home? How much time should a student be given to catch up? How would it be fair to the student or class to simply excuse assignments? There are no simple answers to these questions because the decisions need to be made on a student by student basis.

- **Start with your school policies.** If you do not have policies for making up school work as a district or building, then you need to develop some beginning expectations for the amount of time students have to make up work and the number of days a student must attend school to be promoted to the next grade level. Your policies should include some criterion for students who are missing school for medical or disability-related absences. Make sure your policies do not discriminate against the individual and are fairly implemented. Begin by asking what you would do with non-disabled students.
- **The Same Is Not Equal.** Think about what it means to access the curriculum. Assignments are methods we use for students to practice skills and gain new knowledge. The student will have a limited frustration tolerance for academic work and may, as a result, have difficulty focusing on tasks, completing work, or participating fully with instructional activities. In some cases, the student can catch up with individualized tutoring or extra study time. Other students may benefit from modified assignments that

- expose them to missed content. It may be possible to integrate missed terms into a current project and provide scaffolds for the student to have the exposures they need to the content. The Section 504 Plan should address such considerations that create the supports, modifications, and access to the instructional program for the student.
- **Organizational Tools.** Set up simple organizational tools for the student, the family, and yourself. Check-in sheets, planners, assignment logs can help everyone stay on track. Use electronic posting of assignments and study sheets so they can be retrieved at home and school.
- **Homework Is Not Incomplete Classwork.** Do not use homework to make up for work not completed in school unless you are using homework in this way for all of your students. Think about how you will accommodate and structure the student's assignments so classwork is completed in school and homework, the same homework as non-disabled students, can be completed at home.
- **Chart Moods.** Keep a log of the student's moods and activities to help with the management of the condition. Share the log with the family. Older students may participate in the maintenance of their Mood Chart.

Date	Time of Day	Location	Behavior or Mood		Antecedent	Consequence
			Up: Happy	Down: Sad		

-District-  
**Bipolar Mood Disorder Plan**

<p><b>Student Information:</b></p> <p>Name: _____ DOB: __/__/__</p> <p>Grade: ____ Teacher: _____</p> <p>Counselor: _____</p> <p>Principal or Asst. Principal: _____</p> <p>Secondary Student Schedule Attached: Yes No</p>	<p><b>Parent information:</b></p> <p>Parent(s): _____</p> <p>Mother: (H) _____ Father: (H) _____</p> <p>(W) _____ (W) _____</p> <p>(Cell) _____ (Cell) _____</p> <p>Physician: _____</p> <p>Phone: _____</p> <p>Medicaiton consent needed: Yes No</p> <p>Medication consent attached: Yes</p>
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**Current Medications**

Medication	Dosage	Time

**Plan for Management of Outbursts**

Describe the plan.

Steps	Time/Length of Time	Support to Student	Reinforcement/ Feedback

**Classroom Plan**

<b>Relaxation/Anxiety Management</b>	
<b>Completing Tasks</b>	
<b>Participation in Activities</b>	
<b>Feedback/Reinforcement</b>	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## **Health and Medical Tips, Plans, and Forms**

Health plans may be used to define procedures for the management of the health issue. Health plans are NOT to be used in place of Section 504 plans. The health plans are to be attached to and incorporated into the Section 504 plan.





## School District

**Medication Administration Rules and Regulations**

Medication shall be administered in compliance with the following state mandate that states:

***THE REVISED SCHOOL CODE (EXCERPT)******Act 451 of 1976***

*380.1178 Administration of medication to pupil; liability; school employee as licensed registered professional nurse. Sec. 1178.*

*(1) Subject to subsection (2), a school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parent or guardian, and in compliance with the instructions of a physician, physician's assistant, or certified nurse practitioner is not liable in a criminal action or for civil damages as a result of an act or omission in the administration of the medication, except for an act or omission amounting to gross negligence or willful and wanton misconduct.*

*(2) If a school employee is a licensed registered professional nurse, subsection (1) applies to that school employee regardless of whether the medication is administered in the presence of another adult.*

**Responsibility Assignment:**

It shall be the responsibility of the student's school administrator to control and supervise the administration of medication to students in his/her building. The building administrator (in conjunction with the district's special education department) will develop a workable plan in compliance with the above mandate.

**Medication Dispensation Procedures by School Personnel:**

1. The student's parent/guardian must provide the school with written permission and request to administer prescription or over the counter medications using the school district medication authorization form for the current school year.
2. The medication must be accompanied by a physician's written instructions which provides the following information:
  - a. Name of the student
  - b. Name of the medication
  - c. Dosage
  - d. Time to be administered
  - e. Route of administration
  - f. Duration of administration
3. Medication must be administered by the school administrator or designee in the presence of a second adult designee except in an emergency that threatens the life of the student.
4. Any staff person designated to administer medication will be required to receive in-service training from a "registered nurse" or licensed health professional. Contact your special education department for further instructions.
5. Medication must be brought to the school office by the parent/guardian unless other safe arrangements are authorized by the school administrator.
6. Controlled substances must be brought to school by the parent/guardian. The amount of the medication will be immediately counted and recorded on the students' medication log form by a designated staff person. This count should correspond to the recording of the medication administered on the form. When discrepancies appear, the discrepancies need to be investigated by the school administrator.

7. All medications must be kept in the labeled container as prepared by a pharmacy, physician, or pharmaceutical company and label with the student's name, dosage of medication, and frequency of administration. Do not administer the medication if the labeled container does not correspond to the written physician directions. Contact the parent/guardian to provide written physician or pharmaceutical clarification.
8. The school may request that the pharmacy supply all prescription medication in the exact dosage prescribed so the dividing pill or calculating dosage is not the responsibility of the school personnel. Contact your special education department for further instructions.
9. A medication is stored in a location that is kept locked with limited access except all the time of administration. Emergency medication is an exception to the rule. Emergency medications may require an Individual Health Care Plan (IHCP) directed to all staff that have the need to know. The purpose of the IHCP is to clearly define the potential emergency situation and develop a plan of action that identifies the location of emergency medication. An in-service will be provided by a "licensed health care professional" to all school staff identified to receive the plan and administer the medication. Contact your special education department for further instructions.
10. A log of medication administration by individual must be kept with the complete Medication Authorization Form attached. The school district Medication Log Form is available by request from your special education department. The log identifies the individual student, medication route, dosage, and time of administration. Designated school personnel giving medication will record the date/time of administration and initial the form.
11. An error in the administration of a medication must be reported immediately to the building administrator. The building administrator will report the medication error to the parent/guardian immediately and regarding further action such as poison control, consult with the physician, or pharmacist. An "Accident Report" form must be completed.
12. The parent will be notified of any suspected adverse reaction to a medication. Call 911 if a symptom suggests the necessity of such an action.
13. Administer the medication precisely as directed by the physician. When in doubt or discrepancies exist, do not give the medication until there is clarification by the physician or pharmacist. Medication changes require new physician orders and new medication log. When changing the medication, write discontinued and date on the obsolete log.
14. A request to discontinue a medication before the duration indicated by the physician should be confirmed in writing or fax by the physician. Write discontinued on the form and date of this action. Attach the written request to the medication log. Contact the parent to pick up discontinued medication.
15. Prescription and medication supply renewal is the responsibility of the parent/guardian.
16. The school may set a designed time for administration of medication. The parent/guardian will be informed of this designed time and should be advised to communicate this to the physician. If an exception to the school designated administration time is needed, the physician is requested to send a written explanation along with medication instruction to the school.
17. Expiration dates must be checked periodically, especially on Epi-pens and inhalers.
18. The parent/guardian is contacted at the end of the school year to pick up remaining medications. Medication not picked up requires appropriate disposal by means of flushing down the toilet. Dispose of unclaimed Epi-pens by placing the item in a sharps container. Follow disposal procedures and protocols outlined by your local school district.

19. An information letter describing the school district's medication policy should be made available to school administrators for distribution to parents.
20. Information about a student's health history and/or medication is subject to the rules of confidentiality. There will be as little emphasis on students taking medication as possible. It should be treated as natural, appropriate, safe, and a service that the schools are pleased to offer.

**Procedures for Student Self-Administration/Self Possession:**

Definition: Self-administration means, "that the student is able to consume or apply prescription medication in the manner directed by the physician without additional assistance or direction". Self-possession means, "that under the direction of the physician, the student may carry medication on his/her person to allow for immediate and self-determined administration".

1. The student's parent/guardian must provide a written request and give written permission prior to consideration to allow a student to self-possess and self-administer medication.
2. Written physician's instruction will include the name of the student, name of the medication, dosage, time to be administered, route of administration, and duration of administration. The physician provided instructions must clearly state that the student needs to self-possess and/or self-administer her/his medication. A health reason for such an action will be required to be clearly stated in the instructions. The physician instructions must be received prior to consideration of the request.
3. This request should be forwarded to your special education department for further instructions.
4. A contract for self-administration/self-possession will be required to be signed by the parent and student stating the conditions of this responsibility.
5. The medication, if accepted, will be contained in a labeled container as prepared by a physician, pharmacy or pharmaceutical company with the student's name, dosage, and frequency of self-administration.
6. The school administrator may discontinue the student's self-administration privilege upon advanced notice to the student and his/her parent/guardian. If a student is under an Individual Education Plan (IEP) or a Section 504 Plan, the action must be taken in accordance with Individuals with Disabilities Act (IDEA) or Section 504 of the Rehabilitation Act of 1973 requirements.

**Procedures for Injectable Medications:**

Injectable medications require that a Medication Authorization Form be completed prior to the consideration of the request for administration during the school day. The school administrator will contact their special education department requesting a review of the request. The request will be evaluated and a written reply will be provided to the school administrator from the special education department. The request will be forwarded to a district nurse who will assess the health issues and develop an IHCP and/or Emergency Care Plan in cooperation with the parent, health care provider, and school personnel. School personnel will be in-serviced by a district nurse on the requirements of the usage of the injectable medication and the IHCP.

**Guidelines:**

1. A student who is able to self-inject the medication will be provided with privacy access to the necessary equipment, and a disposable container for sharps. The medication will be stored in compliance with the school district medication procedures as identified in the IHCP.
2. Emergency Medical Personnel (911) will be called to the scene when a student has an emergency medication to be administered by injections and cannot personally inject the medication, unless otherwise required by the IEP or student's accommodation plan pursuant to Section 504 of the Rehabilitation Act of 1973. In this school district, a health accommodation plan is the IHCP.
3. School personnel will be trained by a district nurse for administration of epinephrine in a self-injecting (auto pen) unit.
4. School personnel, other than nursing personnel, will not be expected to administer subcutaneous or intramuscular injections that are not supplied in auto pen form.

DISTRICT  
**Physician Questionnaire for ADD/ADHD**

Student: \_\_\_\_\_ Today's date: \_\_\_ / \_\_\_ / \_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

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

Telephone # home: \_\_\_\_\_ work: \_\_\_\_\_

1. What symptoms have you identified that may qualify your patient as having ADHD (i.e., attention span, impulsiveness, restlessness, etc.)
  
2. Detail available medical background, including a written diagnostic statement and copies of any and all reports.
  
3. Is medication being recommended for the child that may or may not be affecting behavior? Please comment.
  
4. Do you have any recommendations for considerations at an upcoming conference?

Please return this questionnaire to:

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

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

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

Thank you.

**DISTRICT  
PHYSICIAN'S EVALUATION FOR SERVICES DUE TO MEDICAL NEEDS**

**TO THE PARENT:** Please complete this section before giving the form to the child's physician.

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

ENROLLED SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

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**TO THE PHYSICIAN:** We are in the process of evaluating this student for Section 504 services. Please fill out the information below as thoroughly as possible to assist our office in making a service determination. Your assistance in this matter is critical for appropriate educational and medical support.

**Diagnosis:** \_\_\_\_\_

**Brief History in relationship to medical care:**

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

**Severity of Illness:** \_\_\_\_\_

**Date of Last Physical and Results:**

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

**If Neurological, date of latest EEG and Results:**

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

**Medication (s):**

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

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

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

**Instructions for Nurse (If Needed):**

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\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Printed Physician's Name

\_\_\_\_\_  
Address /Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Office Telephone

\_\_\_\_\_  
Office Fax

\_\_\_\_\_  
Date Signed

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PLEASE RETURN TO:

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

DISTRICT  
PERMISSION FORM FOR PRESCRIBED MEDICATION

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER**

**Name of medication:** \_\_\_\_\_

**Reason for medication (Optional):** \_\_\_\_\_

**Form of medications/treatment (circle):**

Tablet/Capsule      Liquid      Inhaler      InjectionNebulizer

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

**Instructions (please include schedule and dose to be given during school hours):**

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

Start Time (date form received): \_\_\_\_\_

Stop Time (end of school year): \_\_\_\_\_

Other dates/duration: \_\_\_\_\_

**Restrictions and/or important side effects:**

- Yes, please described: \_\_\_\_\_
- None anticipated: \_\_\_\_\_
- Special storage requirements:      Refrigerate: \_\_\_\_      None: \_\_\_\_
- Other: \_\_\_\_\_

**This student is both capable and responsible for self-administrating this medication:**

No (state why): \_\_\_\_\_

Yes with Supervision: \_\_\_\_\_

Yes with no supervision: \_\_\_\_\_

**This student may carry this medication:**      Yes: \_\_\_\_      No: \_\_\_\_

No, explain: \_\_\_\_\_

**Please indicate if you have provided additional information:**

- On the back side of this form
- As an attachment
- No additional information was provided

Physician's Additional Comments:

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**Date:** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_

Date FORM WAS RECEIVED BY THE DISTRICT: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**AUTHORIZATION OF PARENT/GUARDIAN FOR SCHOOL PERSONNEL TO  
ADMINISTER MEDICATION**

To \_\_\_\_\_ Date \_\_\_\_\_  
Building Principal

I hereby request that school personnel give my child \_\_\_\_\_  
the medication, ordered above by the physician and will not hold the Board of Education or the  
personnel responsible for complications related to the medication, pursuant to P.A. 451 of 1976-  
S1178.

Parent/Guardian Signature \_\_\_\_\_

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

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



DISTRICT

AUTHORIZATION FOR MEDICATION

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB.: \_\_\_\_\_

\_\_\_\_\_ SCHOOL: \_\_\_\_\_

If you want your child to receive Tylenol (acetaminophen) for pain or fever please indicate below. **This form must be signed by a Physician.**

Name of Drug: \_\_\_\_\_

Name of Drug: \_\_\_\_\_

Dosage: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time & Route: \_\_\_\_\_

Time & Route: \_\_\_\_\_

For Period \_\_\_\_\_ to \_\_\_\_\_

For Period \_\_\_\_\_ to \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Reportable Side Effects: \_\_\_\_\_

Reportable Side Effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If no time limit is specified, this order will expire in one year.

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

I hereby request that school personnel provide my child, \_\_\_\_\_ with this medication to be administered as prescribed above and will not hold the Board of Education, or the personnel, responsible for complications related to this administration.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*A DOSAGE CHANGE MUST BE ACCOMPANIED BY A PHYSICIAN'S PRESCRIPTION**

-District-  
Allergy Health Care Plan

<b>Student Information:</b> Name: _____ DOB: _____ Grade: _____ Teacher: _____ PE: Days: _____ Times: _____ Lunch times: _____ Allergies: _____ _____	<b>Emergency Information:</b> Parent(s): _____ <b>Mother:</b> (H) _____ <b>Father:</b> (H) _____ (W) _____ (W) _____ (Cell) _____ (Cell) _____ <b>Physician:</b> _____ Phone: _____
--	---

**Additional emergency contacts:**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications		
Medication	Dosage	Time

Medications To Be Given At School		
Medication	Brand and Dosage	Time
Epinephrine		
Antihistamine		
Other:		

Support Services			
Location/Event	School Responsibilities	Parent Responsibilities	Student Responsibilities (if appropriate)
<b>Classroom Celebrations / Special Events</b>			
<b>Cafeteria</b>			
<b>Extra-Curricular Activities</b>			

<b>Severe Symptoms:</b> (one or more) <ul style="list-style-type: none"> <li>• Lung: short of breath, wheeze, repetitive cough</li> <li>• Heart: pale, blue, faint, weak pulse, dizzy, confused</li> <li>• Throat: tight, hoarse, trouble breathing/swallowing</li> <li>• Mouth: obstructive swelling (tongue and/or lips)</li> <li>• Skin: many hives over body</li> <li>• Combine: skin (hives, itchy rash, swelling) &amp; gut (vomiting, cramps)</li> </ul>	<ol style="list-style-type: none"> <li><b>1. Inject epinephrine immediately</b></li> <li>2. Call 911</li> <li>3. Monitor</li> <li>4. Give additional medications (antihistamine, inhaler (bronchodilator) if asthma)</li> <li>5. Additional:</li> </ol>
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<b>Mild Symptoms:</b> <ul style="list-style-type: none"> <li>• Mouth: itchy mouth</li> <li>• Skin: a few hives around mouth/face, mild itch</li> <li>• Gut: mild nausea/discomfort</li> </ul>	<ol style="list-style-type: none"> <li><b>1. Give antihistamine</b></li> <li>2. Stay with student; alert parents</li> <li>3. If symptoms progress use epinephrine</li> <li>4. Monitor student</li> </ol>
--	--

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Adapted from form provided courtesy of FAAN (www.foodallergy.org))

-District- Asthma Health Care Plan	
<b>Student Information:</b> Name: _____ DOB: _____ Grade: __ Teacher: _____ PE: Days _____ Times _____	<b>Emergency Information:</b> Parent(s): _____ <b>Mother:</b> (H) _____ <b>Father:</b> (H) _____ (W) _____                   (W) _____ (Cell) _____                   (Cell) _____ <b>Physician:</b> _____ Phone: _____
<b>Additional emergency contacts:</b> Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____	

**Asthma Emergency Action:**

- The following are possible signs of an asthma emergency and indicate need for emergency medical care:
  - Coughs constantly;
  - No improvement 15-20 minutes after initial treatment with medication and symptoms worsening
  - Difficulty breathing (chest and neck pulled in with breathing), walking, or talking;
  - Blue or gray discoloration of the lips or fingernails;
  - Failure of medication to reduce worsening symptoms.
  - Peak flow: \_\_\_\_\_ Personal best peak flow: \_\_\_\_\_
- Emergency medical care steps:
  - Activate the emergency medical system in your area; Phone: \_\_\_\_\_
  - Call parent/guardian or physician
- Triggers: \_\_\_\_\_

Current Medications		
Medication	Dosage	Time
Medications To Be Given At School		
Medication	Dosage	Time

Steps for an Acute Asthma Episode: (To be completed by Physician)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Source: Adapted from: Managing Asthma: A guide for Schools. National Heart, Lung, and Blood Institute). NIH Publication No. 91-2650)

-District- Diabetes Health Care Plan			
<b>Student Information:</b> Name: _____ DOB: _____ Grade: ___ Teacher: _____ Lunch Time: _____ PE: Days _____ Times: _____ Student can perform own blood glucose test: <input type="checkbox"/> Yes <input type="checkbox"/> No Exceptions: _____ Type of glucose meter used: _____		<b>Emergency Information:</b> Parent(s): _____ <b>Mother:(H)</b> _____ (W) _____ (Cell) _____ <b>Father:(H)</b> _____ (W): _____ (Cell): _____ <b>Physician:</b> _____ Phone: _____	
<b>Additional emergency contacts:</b> Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____			
Current Medications			
Medication	Dosage	Time	
Insulin			
Type of Insulin	Dosage	Time	Trained Staff Person or Student
<b>Students with Insulin Pumps:</b> Type of pump: _____ Basal rates: _____ Insulin/Carb ratio: _____ Correction factor: _____			
Meals and Snacks at School			
Meal/Snack	Content/Amount	Time	

**Blood Glucose Monitoring:**

- Target range for blood glucose is \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl
- Usual times to test blood glucose: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Times to do extra blood glucose tests (check all that apply):
  - before exercise       after exercise
  - when student exhibits signs of hyperglycemia \_\_\_\_\_
  - when student exhibits signs of hypoglycemia \_\_\_\_\_
  - other \_\_\_\_\_

Low blood sugar: Range	Intervention:
High blood sugar: Range	Intervention
Administer Glucagon for blood sugar less than:	
Check Ketones for blood sugar over:	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Source: Adapted from form developed by: Disability Rights Education & Defense Fund)

-District- Seizure Health Care Plan		
<b>Student Information:</b> Name: _____ DOB: _____ Grade: ____ Teacher: _____ PE: _____ Times: _____ Seizure Type(s): _____ Allergies: _____	<b>Emergency Information:</b> Parent(s): _____ <b>Mother:</b> (H) _____ (W) _____ (Cell) _____ <b>Father:</b> (H) _____ (W) _____ (Cell) _____ <b>Physician:</b> _____ Phone: _____	
<b>Additional emergency contacts:</b> Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____		
Current Medications		
Medication	Dosage	Time
Medications To Be Given At School		
Medication	Dosage	Time

**Treatment Order:**

- DIASTAT (diazepam rectal gel) \_\_\_\_\_mg rectally prn for:
  - seizure > \_\_\_\_\_ minutes or for \_\_\_\_\_ seizures in \_\_\_\_\_ hours
- Use VNS (vagal nerve stimulator) magnet: \_\_\_\_\_
- Other: \_\_\_\_\_
- Call 911 if:
  - Seizure does not stop by itself or with VNS within \_\_\_\_\_ minutes
  - Seizure does not stop within \_\_\_\_\_ minutes of administering DIASTAT
  - Child does not start to wake up within \_\_\_\_\_ minutes after seizure is over (no DIASTAT given)
  - Child does not start to wake up within \_\_\_\_\_ minutes after seizure is over (after DIASTAT is given)
- Following a seizure: (Please check off)
 

<input type="checkbox"/> Child should rest in quiet place	<input type="checkbox"/> Parent/caregiver should receive copy of seizure record
<input type="checkbox"/> Child may return to class	<input type="checkbox"/> Parent/caregiver notified immediately

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Source: Adapted from form developed by: O'Dell, C., Shinnar, S. Comprehensive Epilepsy Management Center, Montefiore Medical Center Bronx, New York)

-District-  
**Spina Bifida Health Care Plan**

**Student Information:**  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_ Teacher: \_\_\_\_\_  
 PE: Days \_\_\_\_\_ Times \_\_\_\_\_  
 Lunch times: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Information:**  
 Parent(s): \_\_\_\_\_  
**Mother:** (H) \_\_\_\_\_ **Father:** (H) \_\_\_\_\_  
 (W) \_\_\_\_\_ (W) \_\_\_\_\_  
 (Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_  
**Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Notify parent when: \_\_\_\_\_  
 \_\_\_\_\_

**Additional emergency contacts:**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Medications**

Medication	Dosage	Time

**Medications To Be Given At School**

Medication	Dosage	Time

**Academic Related Support Services**

Activity	Supports Necessary/Required
<b>Attention</b>	
<b>Comprehension &amp; Memory</b>	
<b>Handwriting</b>	
<b>Organization &amp; planning</b>	
<b>Tests</b>	
<b>Exercise &amp; physical activity</b>	
<b>Water/bathroom access</b>	
<b>Field trips /extracurriculars</b>	
<b>Emergency drills</b>	
<b>Bowel/bladder control</b>	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Adapted from form provided courtesy of FAAN (www.foodallergy.org))





## **Section 504 Toolkit:**

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