



Walled Lake
Consolidated School District

REHABILITATION ACT OF 1973

SECTION 504

**Walled Lake Consolidated School
District**

Policy and Procedure Manual

The Identification, Evaluation and Education Of Students Who Are
Qualified Persons with A Disability Within the Meaning Of Section 504
Of The Rehabilitation Act Of 1973

Table of Contents

INTRODUCTION.....	4
SECTION 504 – OVERVIEW	5
DEFINITIONS UNDER SECTION 504.....	6
CHILD FIND.....	7
PRE-REFERRAL STRATEGIES.....	7
PARENTAL RIGHTS – SECTION 504.....	7
SECTION 504 – THE PROCESS.....	8
A. Referral	8
B. Evaluation.....	8
C. Eligibility Determination.....	9
D. Section 504 Services Plan	9
E. Review	10
SUSPENSION AND EXPULSION OF STUDENTS.....	10
SERVED UNDER SECTION 504.....	10
IMPARTIAL DUE PROCESS HEARINGS	11
COMPLAINTS/GRIEVANCES.....	12

FORMS (Ctrl + Click on form title from list below to skip to that page in this document.)

[Form A: SECTION 504 CHECKLIST](#)

[Form B: SECTION 504 REFERRAL](#)

[Form C: NOTICE OF PROCEDURAL SAFEGUARDS – SECTION 504](#)

[Form D: PARENT NOTICE – SECTION 504 REFERRAL](#)

[Form E: CONSENT FOR SECTION 504 EVALUATION](#)

[Form F: AUTHORIZATION FOR RELEASE AND EXCHANGE OF STUDENT EDUCATIONAL AND MEDICAL INFORMATION](#)

[Form G: COVER LETTER TO PHYSICIAN](#)

[Form H: PHYSICIAN’S STATEMENT](#)

[Form I: GENERAL EDUCATION TEACHER REPORT – SECTION 504 EVALUATION](#)

[Form J: EVALUATION TEAM MEETING INVITATION](#)

[Form K: SECTION 504 ELIGIBILITY DETERMINATION REPORT](#)

[Form L: PARENT NOTICE – SECTION 504 ELIGIBILITY OR NON-ELIGIBILITY DETERMINATION](#)

[Form M: PARENT INVITATION – SECTION 504 SERVICES PLAN MEETING](#)

[Form N: SECTION 504 SERVICES PLAN](#)

[Form O: SECTION 504 DUE PROCESS HEARING REQUEST FORM](#)

[Form P: SECTION 504 MANIFESTATION DETERMINATION REVIEW](#)

[Form Q: GRIEVANCE / COMPLAINT PROCEDURE](#)

[Form R: SECTION 504 GRIEVANCE/COMPLAINT FORM](#)

SECTION 504 – OVERVIEW

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

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

29 USC 794.

The principal purpose of Section 504, in the educational context, is to assure that students with disabilities are not denied access to educational facilities, programs or 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.** A student also qualifies for protection under Section 504 if he/she has a record of such an impairment or is regarded as having such an impairment.

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.

DEFINITIONS UNDER 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 (i) designed to meet the individual educational needs of disabled persons as adequately as the needs of non-disabled persons are met, and (ii) are based upon adherence to procedures that satisfy the requirements of the Section 504 Regulations.

“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 an impairment; or,
3. Is regarded as having such an 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 is a person with 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 measures 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.

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 the parents of those students of their rights under Section 504.

The School District may seek to notify parents about Section 504 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 including 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.

PRE-REFERRAL STRATEGIES

Pre-referral team strategies are an important first step in providing educational opportunities and services to students who are experiencing difficulties in school. The implementation of such strategies helps teachers vary 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.

Pre-referral 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 under the IDEA, or Section 504, as applicable.

PARENTAL RIGHTS – SECTION 504

Section 504 guarantees certain rights to parents of students with disabilities and adult students with disabilities. The intent of these procedural protections is to keep the parent/guardian or adult student fully informed about educational decisions concerning the student, and to inform the parent/guardian or adult student of their rights if they disagree with any of these decisions. At age 18, these rights transfer to the student. A student's parent(s) or guardian(s) will be given a meaningful opportunity to provide input during the evaluation of the student for eligibility under Section 504.

A Notice of Procedural Safeguards – Section 504 (Form C) has been developed for distribution to parents and adult students.

SECTION 504 – THE PROCESS

- Referral
- Evaluation
- Eligibility Determination
- Development of Accommodation Plan
- Review
- Re-Evaluation
- Time Frame

A. Referral

A student who is suspected of being eligible under Section 504 may be formally referred by a parent, teacher, other certified school employee, or the adult aged student himself/herself. Where a teacher or other certified school employee suspects Section 504 eligibility, a referral *must* be made.

- The person making the referral is to complete a Section 504 Referral form (Form B) and submit the form to the School District’s Section 504 Coordinator.
- Upon receipt of a Section 504 referral from a staff member, the parent should be provided the form letter “Parent Notice – Section 504 Referral” (Form D).
- Whether the referral is made by the parent or by school staff, the parent should be provided with copies of “Consent for Section 504 Evaluation” (Form E) and “Notice of Procedural Safeguards – Section 504” (Form C).

B. 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 the evaluation data.

The evaluation process should begin with a thorough review of the student’s educational records, and will include completion of the General Education Teacher Report (Form I). The following may also be considered:

- 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; and
- Information provided by the parent.

Where formal testing is determined to be necessary, the evaluation procedures must ensure that:

1. Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer.

2. Tests and evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient.
3. Tests are selected and administered so as to best ensure that when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the facets that the tests purport to measure).

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. (See Cover Letter to Physician (Form G), Authorization for Release and Exchange of Student Educational and Medical Information (Form F) and Physician's Statement (Form H)). It must be noted that a parent (or student) is not required to provide a medical statement as a condition of a Section 504 evaluation being conducted. If the School District determines that a medical assessment is necessary for a complete evaluation, the assessment will be at no cost to the parents.

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.

C. 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 "Team"). The parent(s)/guardian(s) of the student or adult student should be given a meaningful opportunity to provide input into the evaluation process and invited to the meeting concerning the eligibility determination. (Form J).

A final determination regarding eligibility shall be made by the Team through completion of the Section 504 Eligibility Determination Report. (Form K).

D. Section 504 Services Plan

Where a student is found to be eligible under Section 504, a Section 504 Plan (Form N) will be developed. The building Section 504 Team, which includes the parents, will be responsible for determining the special education and related services, as well as any accommodations, 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. Where a student's Section 504 Plan includes use of an assistive technology device, the Plan shall require that teachers and paraprofessionals receive the necessary training to ensure that the technology can be utilized properly. The Plan shall specifically address what will occur when an assistive technology device is out of service for repair or is otherwise not functioning.

The Section 504 Plan shall be signed by the Building Administrator/Designee. Prior to implementation, a copy of the Plan shall be provided to the parent(s)/guardian(s) or adult student, which indicates the School District's intent to implement the plan. A copy of the Notice of Procedural Safeguards – Section 504 (Form C) shall be given to the parent(s) / guardian(s) or adult student, together with the notice of the intent to implement.

If a Section 504 Plan is developed for a student, the School District's Section 504 Coordinator or his/her designee, will inform all school personnel with implementation responsibilities of the existence and particulars of the Plan, and provide them with a copy on a "need to know" basis.

E. 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 Plan continues to be appropriate or whether any changes are thought to be necessary. If changes are to be considered, the Section 504 Team will be convened.

F. Reevaluation

A multi-source evaluation should be completed periodically to re-determine eligibility under Section 504 and before any significant changes are made in the Plan.

G. Time Frame

A time frame of thirty (30) school days will be followed 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.

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 that 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 eligible student when:

- **The suspension or expulsion is expected to be for more than ten (10) consecutive school days.** As is true under the IDEA, a suspension/expulsion of more than ten (10) consecutive days constitutes a significant change in placement and requires the School District to determine whether the disability identified in the student's Section 504 Plan is substantially related to the student's alleged misconduct.

- **A series of suspensions that total more than ten (10) school days in a school year and creates a pattern of exclusion.** If cumulative suspensions/expulsions for a student on a Section 504 Plan total more than ten (10) school days in a school year, it must be determined whether a significant placement change has occurred. This is done on a case- by-case basis. If a series of short suspensions creates a pattern of exclusion, 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: (i) the length of each suspension, (ii) the proximity of one suspension to another, (iii) the similar or dissimilar nature of the behavior, and (iv) the total amount of time the student is excluded from school.

If the behavior is found to be a manifestation of a disability, no discipline may be imposed and the student will be returned to his/her pre-disciplinary educational placement. The Section 504 Team will be convened to determine whether the student's Section 504 Plan should be modified.

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 Code of Student Conduct.

IMPARTIAL DUE PROCESS HEARINGS

Parents, guardians, adult students and persons in a parental relationship with the student 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's 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 conflicts with his or her objectivity in the hearing.

Any party to a hearing has the right to:

1. Be accompanied and advised by counsel and/or by individuals with special knowledge or training with respect to the problems of children with disabilities;
2. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
3. Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five days before the hearing;
4. 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;
5. 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
6. 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:

1. A hearing will be scheduled not more than thirty (30) calendar days following receipt of a written request from the parent.
2. The Hearing Officer will, not later than thirty (30) calendar days after the completion of the hearing, do both of the following:
 - a. Reach a final decision regarding the matter; and
 - b. Send a written copy of the decision to each party.
3. In the absence of an appeal or written notice of an intent to pursue an appeal, the decision of the Hearing Officer will be implemented by the School District within ten (10) business days of the School District's receipt of the decision.

Review. The non-prevailing party may request a review (appeal) of the hearing officer's decision. The process shall be:

1. An appeal shall be in writing, specify the findings and conclusions with which there is disagreement, and delivered to the other party within ten (10) business days of receipt of the decision of the hearing officer.

2. Upon receipt of an appeal from the parent, or, where the School District initiates an appeal, the School District will appoint an independent appeals officer to conduct an impartial review.
3. The appeals officer shall receive the entire record of the proceedings below and request short written statements of position from the parents. The appeals officer may, at his/her discretion, conduct the review either with or without oral argument.
4. Upon completion of the review, the appeals officer shall render a written decision, within fifteen (15) school days, which decision will be final.

The procedure, above, is not intended to, nor shall it be interpreted as, denying a parent his/her right to file a complaint with the United States Department of Education or in a court of competent jurisdiction.

COMPLAINTS/GRIEVANCES

Apart from an Impartial Due Process hearing, as provided above, a person who believes that he/she has been discriminated against by the Walled Lake Consolidated Schools on the basis of his/her disability may pursue a grievance/complaint through Walled Lake Consolidated Schools' Grievance/Complaint Procedure. (Form Q).

Section 504 Forms

Form A: Section 504 Checklist

Student Name: Enter student name here. Student No.: Enter student number here.

School: Enter school here. Grade: Enter grade here.

<p>1. If, at any time, a parent or adult student or a teacher, counselor, administrator or other professional staff member suspects that a student may have a disability, and, because of the suspected disability, the student needs or is believed to need special education or related services, a Section 504 Referral (Form B) should be completed. The form should be filed with the Section 504 Coordinator.</p>	<p><u>Enter date here.</u> (Date)</p>
<p>2. The Section 504 Coordinator forwards the Section 504 Referral (Form B) to the building Team Leader.</p>	<p><u>Enter date here.</u> (Date)</p>
<p>3. The Team Leader shall review the referral and, if the student, because of a disability, needs or is believed to need special education or related services, the Section 504 evaluation process will be commenced. If it is determined that the student does not need or is not believed to need special education or related services because of a disability, and an evaluation will <i>not</i> occur, the Team Leader will record this decision, including the rationale, on the bottom of the Section 504 Referral (Form B) and provide Form B to the parent or guardian. If the Referral was made by the parent or adult student, the parent or adult student will be given written notice of the decision not to proceed with the evaluation (Form B) and will be provided with Notice of Procedural Safeguards – Section 504 (Form C).</p>	<p><u>Enter date here.</u> (Date)</p>
<p>4. If it is determined that an evaluation should occur, the Team Leader sends Parent Notice – Section 504 Referral (Form D) to parent/guardian or adult student to advise of the proposed evaluation. Notice of Procedural Safeguards – Section 504 (Form C) and Consent for Section 504 Evaluation (Form E) are also sent to parent(s)/guardian(s) or adult student. (If applicable, Form F, Authorization For Release And Exchange Of Student Educational And Medical Information should also be sent.)</p>	<p><u>Enter date here.</u> (Date)</p>
<p>5. Prior to the evaluation, the District must: (1) receive the parent or guardian’s consent for the Section 504 Evaluation (Form E); (2) provide the parent or guardian with a meaningful opportunity to provide input into the Student’s evaluation; and (3) provide Notice of Procedural Safeguards – Section 504 (Form C) to the parent or guardian.</p>	<p><u>Enter date here.</u> (Date)</p>
<p>6. If applicable, Form F, Authorization For Release And Exchange Of Student Educational And Medical Information, Form G, Cover Letter to Physician and Form H, Physician’s Statement should be sent to physician.</p>	<p><u>Enter date here.</u> (Date)</p>
<p>7. The Team Leader should send Form I, General Education Teacher Report – Section 504 Evaluation to Student’s general education teachers.</p>	<p><u>Enter date here.</u> (Date)</p>
<p>8. The Team Leader identifies members of the student’s Section 504 Team and sends Evaluation Team Meeting Invitation (Form J).</p>	<p><u>Enter date here.</u> (Date)</p>

<p>9. The Section 504 Team evaluates the student’s suspected disability and completes the Section 504 Eligibility Determination Report (Form K). The Team Leader is to send a hard copy of the completed Form L to the School District Section 504 Coordinator, regardless of evaluation outcome.</p>	<p><u>Enter date here.</u> (Date)</p>
<p>10. The Team Leader provides parent(s)/guardian(s) with Parent Notice – Section 504 Eligibility or Non-Eligibility Determination (Form L) and Notice of Procedural Safeguards – Section 504 (Form C), either in person or by mail. The Team Leader is to send a hard copy of this completed form to the School District Section 504 Coordinator, regardless of the evaluation outcome.</p>	<p><u>Enter date here.</u> (Date)</p>
<p>11. If the student is found eligible under Section 504, the Team Leader sends Parent Invitation – Section 504 Plan meeting. (Form M).</p>	<p><u>Enter date here.</u> (Date)</p>
<p>12. Where a student is found eligible, a Section 504 Plan (Form N) is developed. The Team Leader is responsible for ensuring that teachers and other staff members who have implementation responsibilities are made aware of the existence of the Plan and its terms and are provided a copy on a need to know basis. The Team Leader is to send a hard copy of this completed form to the School District Section 504 Coordinator</p>	<p><u>Enter date here.</u> (Date)</p>
<p>13. If the District decides to take any action regarding the identification, evaluation, or placement of a student, Notice of Procedural Safeguards – Section 504 (Form C) will be provided to the parent, guardian, or adult child.</p>	<p><u>Enter date here.</u> (Date)</p>

Form B: SECTION 504 REFERRAL

Student Name: Enter student name here.

Student No.: Enter student number here.

School: Enter school here.

Grade: Enter grade here.

1. <i>Reason for Referral.</i> (Please state the nature of your concern(s).)		
a. Academic concern(s): <u>Click or tap here to enter text.</u>		
b. Behavioral concern(s): <u>Click or tap here to enter text.</u>		
c. Motor/Movement: <u>Click or tap here to enter text.</u>		
d. Social/Emotional: <u>Click or tap here to enter text.</u>		
e. Medical: <u>Click or tap here to enter text.</u>		
f. Other: <u>Click or tap here to enter text.</u>		
2. <i>Observations of Student.</i> (Please describe any supporting observations.) <u>Click or tap here to enter text.</u>		
3. <i>Pre-Referral Interventions.</i> (Please describe any interventions that have been tried at home or at school.) <u>Click or tap here to enter text.</u>		
4. <i>Records.</i> (Please describe any supporting observations.) <u>Click or tap here to enter text.</u>		
Signature of person making referral	Relationship to student	Date of referral
	<u>Enter relationship here.</u>	<u>Enter date here.</u>
FOR SCHOOL DISTRICT USE ONLY		
ACTION TAKEN		
Notice sent to parent(s) requesting consent to conduct a Section 504 evaluation on <u>enter date here.</u>		
Rationale: Section 504 Team Leader (school principal or his/her designee) determined not to conduct a Section 504 evaluation at this time because: <u>Click or tap here to enter text.</u>		

Form C: NOTICE OF PROCEDURAL SAFEGUARDS – SECTION 504

The following is a summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities, as well as certain rights you have under other laws. These include the Individuals with Disabilities Education Act (IDEA) and the Family Education Rights and Privacy Act (FERPA). The intent of the law is to keep you informed about decisions concerning your child, to have you be an active participant in the educational planning for your child, and to inform you of your rights in the event you disagree with any decisions concerning your child's rights under Section 504.

You have the right to:

1. Have the Walled Lake Consolidated Schools advise you of your rights under federal law;
2. Receive notice with respect to: a) Section 504 identification, evaluation, and/or eligibility determinations of your child; b) your procedural safeguards; c) your opportunity to examine relevant records with regard to your child; and d) your right to an impartial due process hearing, including the right to participate, and be represented by legal counsel, but at your own expense, as well as to request a review of the decision of an impartial hearing officer.
3. Have evaluation, educational programming, and placement decisions made based upon a variety of information sources, and by a team of persons who are knowledgeable about the student, the evaluation data, and placement options;
4. Examine education records related to your child, including those concerning the decisions regarding your child's Section 504 identification, evaluation, educational program, and placement;
5. Obtain copies of educational records at a reasonable cost, unless the fee would effectively deny you access to the records;
6. Receive a response from the Walled Lake Consolidated Schools to reasonable requests for explanations and interpretations of your child's records;
7. Request an amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the Walled Lake Consolidated Schools refuses this request for amendment, the School District will notify you within a reasonable time and advise you of your right to an impartial hearing;
8. Have your child receive a free appropriate public education, including related services, if he/she is found to be a qualified student with a disability. The services will be without cost to you or your child, except for those fees that are imposed on non-disabled students or their parents or guardians.
9. Have your child take part in, and receive benefits from, the School District's education programs without discrimination because of his/her disabling condition(s);
10. Have your child be educated with non disabled students to the maximum extent appropriate. This includes the right to have the Walled Lake Consolidated Schools make reasonable accommodations to allow your child an equal opportunity to participate in school and school related activities;
11. Have your child educated in facilities and receive services comparable to those provided non-disabled students;
12. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the Walled Lake Consolidated Schools;
13. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the Walled Lake Consolidated Schools;
14. Request an impartial due process hearing regarding the Section 504 identification, evaluation, eligibility, placement or provision of a Free Appropriate Public Education ("FAPE") for your child.
15. File a complaint in accordance with the Walled Lake Consolidated Schools' Section 504 grievance procedure.

Form D: PARENT NOTICE – SECTION 504 REFERRAL

Student Name: **Enter student name here.**

Student No.: **Enter student number here.**

School: **Enter school here.**

Grade: **Enter grade here.**

Date: **Enter date here.**

Via First Class Mail

Insert Parent Legal Guardian Name here.

Insert Address Line 1 here.

Insert Address Line 2 here.

Dear [Insert Parent/Legal Guardian Name]:

As part of our continuing efforts to monitor the educational performance of our students, we have found that **Insert Child's First Name here.** is experiencing some difficulties. I am prepared to form an evaluation team to determine if that **Insert Child's First Name here.** may have a qualifying disability under Section 504 of the Rehabilitation Act. Members of the evaluation team would collect and review information on your child's learning and behavior. Your child's teacher(s), the school's guidance counselor, school psychologist, and other staff members may be involved in observations, assessments and other data collection activities.

Once the information has been collected, a meeting will be scheduled to discuss the results. You will receive notice of the meeting and are encouraged to attend and participate in the discussion and decision making process.

Under Section 504 you have specific rights concerning this evaluation process, which are designed to keep you fully informed concerning decisions about your child. These rights are summarized in the Notice of Procedural Safeguards – Section 504 document that is enclosed with this letter. Also enclosed is a Consent for Section 504 Evaluation. Please sign and return the form to me so that we may begin the evaluation process.

If you have any questions with regard to the evaluation process, please feel free to contact me my phone at **Enter phone number here.**

Sincerely,

Insert name of team leader here., Section 504 Team Leader

Enclosures

Form E: CONSENT FOR SECTION 504 EVALUATION

Student Name: Enter student name here.

Student No.: Enter student number here.

School: Enter school here.

Grade: Enter grade here.

Date requested: Enter date here.

Parent/Guardian: Enter name of parent/guardian here.

Enter parent/guardian address line 1 here.

Enter parent/guardian address line 2 here.

Enter parent/guardian phone number here.

I understand that my child has been referred for an evaluation as a student with a disability under Section 504 of the Rehabilitation Act of 1973 (Section 504). The evaluation will draw upon information from a variety of sources, which may include, but are not limited to: a school records review, observations of the student, parent/child/teacher input or interviews, assessments and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504.

(Check All That Apply)

- I have received information regarding the Section 504 evaluation procedures and have been informed of the procedural safeguards afforded under Section 504.
- I consent to the above evaluation for my child.
- I refuse permission for the above evaluation for my child.

Dated: _____

Signature of Parent/Guardian

**Form F: AUTHORIZATION FOR RELEASE AND EXCHANGE OF
STUDENT EDUCATIONAL AND MEDICAL INFORMATION**

Student's Name	<u>Enter student name here.</u>	Date of Birth	<u>Enter DOB here.</u>
Parent(s)/Legal Guardian(s)	<u>Enter parent/guardian name/s here.</u>		
Street Address	<u>Enter parent/guardian address here.</u>		
City, State, Zip	<u>Enter parent/guardian city, state, zip here.</u>	Phone	<u>Enter phone here.</u>
I hereby authorize the release and exchange of otherwise confidential educational and medical information between the Walled Lake Consolidated School District and:			
Physician's Name	<u>Enter physician's name here.</u>	Phone	<u>Enter phone here.</u>
Street Address	<u>Enter physician's address here.</u>	Fax	<u>Enter fax here.</u>
City, State, Zip	<u>Enter Physician's city, state, zip here.</u>		
I understand that any information released or exchanged will be treated in a confidential manner and will not be transmitted to a third party without my permission. This authorization is valid for a period of ninety (90) days unless earlier revoked by me in writing.			
Signature of Parent, Guardian or Adult Student			
Date	<u>Enter date here.</u>	Relationship to Student	<u>Enter relationship here.</u>
Street Address	<u>Enter address here.</u>		
City, State, Zip	<u>Enter city, state, zip here.</u>		

PLEASE FORWARD DOCUMENTS TO:

Form G: COVER LETTER TO PHYSICIAN

Insert Date here.

Via First Class Mail

Insert Physician's Name here.

Insert Company Name here.

Insert Address Line 1 here.

Insert Address Line 2 here.

Re: Insert Student's Name here.

Dear Insert Physician Name.:

Insert Student's Name. is currently being evaluated by the Walled Lake Consolidated Schools for the purpose of determining eligibility as a person with a disability under Section 504 of the Rehabilitation Act of 1973. The student may be eligible for special education or related services under Section 504 if he/she has a mental or physical impairment which substantially limits a major life activity.

Enclosed is an authorization for release of information to the School District which has been signed by the student's parent(s)/guardian(s). We ask that you please assist us by completing the enclosed Physician's Statement and either providing it to the parent(s)/guardian(s) or returning it no later than Insert date here. to:

Insert Name, Title and Address Here.

If you have any questions, please do not hesitate to contact me at Insert phone number here. Thank you for your cooperation in this matter.

Sincerely,

Insert Name., Insert Title.

Section 504 Team Representative

Form H: PHYSICIAN'S STATEMENT

Student's Name: **Enter Student's Name here.**

Date of Birth: **Enter Student's DOB here.**

Parents: The following items are to be completed by the physician. You may either return the completed form to the building your child attends or have the physician mail the form directly to the School District.

1. Does the student have a mental or physical impairment? Yes No
If yes, specify diagnosis: **Enter diagnosis here.**

2. Prognosis: This student's mental or physical condition is:
Stable Deteriorating Improving

3. Describe the nature and extent of possible changes in this student's condition: **Click or tap here to enter text.**

4. What are the anticipated effects of the physical or mental impairment on the student's ability to access, participate in, or benefit from the school/educational experience? **Click or tap here to enter text.**

5. Has the student been prescribed any medication about which the School District should be aware?
Yes No
If yes; explain: **Click or tap here to enter explanation.**

6. Are there any other medical factors of which the School District should be aware which could affect this student's performance in a school setting?
Yes No
If yes; explain: **Click or tap here to enter explanation.**

Date: _____ Physician's Signature: _____

Physician's Name & Title (type or print): **Enter Physician's Name and Title here.**

Office Address: **Enter Physician's address here.**

Phone Number: **Enter Physician's phone number here.**

Form I: GENERAL EDUCATION TEACHER REPORT – SECTION 504 EVALUATION

Student Name: [Enter student name here.](#) Grade: [Enter grade.](#) Subject: [Enter subject.](#)

1. The student comes to class with appropriate materials
 - less often than other students of his/her age/grade; or
 - with about the same frequency as others
 2. The student attends and participates appropriately in class discussions/activities
 - less often than other students of his/her age/grade; or
 - with about the same frequency of others
 3. The student completes homework assignments
 - less often than other students of his/her age/grade; or
 - with about the same frequency of others
 4. Based on collected data, the student's reading skills are
 - adequate to handle the material/work that is expected in this class; or
 - inadequate to handle the material/work that is expected in this class; or
 - unknown at this time due to the short time student has been in class; or
 - unknown at this time due to lack of work output upon which to base an assessment
 5. Based on collected data, the student's writing skills are
 - adequate to handle the material/work that is expected in this class; or
 - inadequate to handle the material/work that is expected in this class; or
 - unknown at this time due to the short time student has been in class; or
 - unknown at this time due to lack of work output upon which to base an assessment
 6. Based on collected data, the student's math skills are
 - adequate to handle the material/work that is expected in this class; or
 - inadequate to handle the material/work that is expected in this class; or
 - unknown at this time due to the short time student has been in class; or
 - unknown at this time due to lack of work output upon which to base an assessment
 7. The student's grade to date in this class is: [Enter grade here.](#)
 8. In order for the student to earn this grade, have you provided accommodations/interventions which are outside the range of what you would expect to provide for a typical student in this age/grade range?
Yes No
- Explain: [Click or tap here to enter text.](#)
9. The student's behavior
 - is manageable within the general education classroom setting; or
 - is not manageable within the general education classroom setting.

If you checked "is not" describe the types of behaviors you see that are problematic within the classroom: [Click or tap here to enter text.](#) If you checked "is not," describe how you have attempted to deal with the problematic behaviors, and how the student has responded to the interventions: [Click or tap here to enter text.](#)

10. Based on your observations, interactions, and evaluation(s), does the student’s mental or physical condition substantially limit any major life activity? Explain: [Click or tap here to enter text.](#)

Dated: [Enter date here.](#)

Teacher’s Signature

Please return to Section 504 Team Leader by [Enter date here.](#)

Form J: EVALUATION TEAM MEETING INVITATION

Student Name: Enter student name here. Student No.: Enter student number here.
School: Enter school here. Grade: Enter grade here.
Enter date here.

Insert Date.

Via First Class Mail

Parent/Guardian: Enter name of parent/guardian here.
Enter parent/guardian address line 1 here.
Enter parent/guardian address line 2 here.

Re: Section 504 Meeting Invitation

You are invited to attend a Section 504 Evaluation Meeting to discuss the results of your child’s evaluation. The purpose of this meeting is to determine if your child needs or is believed to need special education or related services. If it is determined that your child needs special education or related services, a Section 504 Services Plan will be developed (or reviewed and revised) immediately following the Evaluation Team meeting. You are encouraged to attend this meeting.

The meeting will be held: Date: Enter date here. Time: Enter time here.
Location: Enter location here.

The following persons have been invited to attend the 504 Evaluation Team meeting:

Parent/Guardian <u>Enter name here.</u>	Parent/Guardian <u>Enter name here.</u>
Student <u>Enter name here.</u>	Student’s Teacher <u>Enter name here.</u>
Additional School Staff <u>Enter name here.</u>	Additional School Staff <u>Enter name here.</u>
Additional School Staff <u>Enter name here.</u>	Additional School Staff <u>Enter name here.</u>
Administrator/Designee <u>Enter name here.</u>	Other <u>Enter name here.</u>

Contact Name: Enter name here. Phone: Enter phone here.
Date Invitation Sent: Enter date here.

PLEASE TEAR OFF AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE

- I will attend the scheduled Section 504 Evaluation Team Meeting
- I am unable to attend the scheduled meeting, and am requesting that the meeting be rescheduled.
- I am unable to attend the scheduled meeting, but am requesting that the process continue and that the paperwork be sent to my home address.
- I would like my child to attend the Section 504 Evaluation Team Meeting.
- I do not want my child to attend the Section 504 Evaluation Team Meeting.

Form K: SECTION 504 ELIGIBILITY DETERMINATION REPORT

Student Name: Enter student name here.

Student No.: Enter student number here.

School: Enter school here.

Grade: Enter grade here.

Date: Enter date here.

Initial Section 504 Evaluation

Section 504 Reevaluation

ELIGIBILITY: Based on the evaluation data gathered from a variety of sources, the Section 504 Team is to answer the following questions to determine Section 504 eligibility:

1. Does the student have a physical or mental impairment? Yes No. If the answer is "Yes", check the nature of the impairment. The Section 504 regulations define a "physical or mental impairment" as:

1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems:

- | | | |
|--|--|---|
| <input type="checkbox"/> neurological | <input type="checkbox"/> musculoskeletal | <input type="checkbox"/> special sense organs |
| <input type="checkbox"/> respiratory | <input type="checkbox"/> speech organs | <input type="checkbox"/> cardiovascular |
| <input type="checkbox"/> reproductive | <input type="checkbox"/> digestive | <input type="checkbox"/> genito-urinary |
| <input type="checkbox"/> hemic and lymphatic | <input type="checkbox"/> skin or endocrine | <input type="checkbox"/> |

2) Any mental or psychological disorder such as:

- | | | |
|---|---|--|
| <input type="checkbox"/> mental retardation | <input type="checkbox"/> organic brain syndrome | <input type="checkbox"/> emotional illness |
| <input type="checkbox"/> mental illness | <input type="checkbox"/> specific learning disability | <input type="checkbox"/> other |

If "other, please state: [Click or tap here to enter text.](#)

2. Does the physical or mental impairment affect one or more major life activities? Yes No. If so, which major life activity or activities are affected?

- | | | |
|--|--|--|
| <input type="checkbox"/> caring for oneself | <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> seeing |
| <input type="checkbox"/> hearing | <input type="checkbox"/> eating | <input type="checkbox"/> sleeping |
| <input type="checkbox"/> walking | <input type="checkbox"/> standing | <input type="checkbox"/> lifting |
| <input type="checkbox"/> bending | <input type="checkbox"/> speaking | <input type="checkbox"/> breathing |
| <input type="checkbox"/> learning | <input type="checkbox"/> working | <input type="checkbox"/> reading |
| <input type="checkbox"/> concentrating | <input type="checkbox"/> thinking | <input type="checkbox"/> communicating |
| <input type="checkbox"/> the operation of a major bodily function (includes, but is not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions) | | <input type="checkbox"/> other |

3. Does the physical or mental impairment SUBSTANTIALLY limit a major life activity? Yes No.

If, and only if, all three questions are answered "Yes," the student is eligible for a free appropriate public education under Section 504, and a Services Plan should be developed. If any answer is "No," the student is not eligible.

SOURCES OF DATA: (Check the data obtained for the evaluation. All data obtained must be carefully considered.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Parent report | <input type="checkbox"/> Classroom teacher(s) report |
| <input type="checkbox"/> School records | <input type="checkbox"/> Medical reports | <input type="checkbox"/> Individual achievement tests |
| <input type="checkbox"/> Work samples | | <input type="checkbox"/> Group achievement tests |
| <input type="checkbox"/> Other: Enter other data here. | | <input type="checkbox"/> Psycho-education evaluation |

Date: Enter date here.

TEAM OF EVALUATORS:

Name	Title
Name	Title
Name	Title

Send a hard copy of this completed form to the School District Section 504 Coordinator.

Form L: PARENT NOTICE – SECTION 504
ELIGIBILITY OR NON-ELIGIBILITY DETERMINATION

Student Name: Enter student name here.

Student No.: Enter student number here.

School: Enter school here.

Grade: Enter grade here.

Insert Date.

Via First Class Mail

Parent/Guardian: Enter name of parent/guardian here.

Enter parent/guardian address line 1 here.

Enter parent/guardian address line 2 here.

Re: Eligibility Determination Under Section 504

Dear Enter name of parent/guardian here.:

As you are aware, on Enter date here., an evaluation team met to determine whether your child has a qualifying disability under Section 504 of the Rehabilitation Act. Based on the team's review of all of the information collected, the evaluation team determined that:

- Your child has a qualifying disability under Section 504 of the Rehabilitation Act and may require a Services Plan to ensure that he/she receives an appropriate public education.
- Your child does not have a disability or condition that meets the definition of a qualifying disability under Section 504. Therefore, your child is not entitled to a free special education or related services under Section 504.

Enclosed is a copy of the Notice of Procedural Safeguards – Section 504 form. This document summarizes your rights and the rights of your child under Section 504.

If you have any questions or would like to schedule a meeting to discuss this determination, please do not hesitate to contact me.

Sincerely,

Insert name., Building Principal

Enclosure

cc: School District Section 504 Coordinator

**Form M: PARENT INVITATION – SECTION 504
SERVICES PLAN MEETING**

Student Name: Enter student name here. Student No.: Enter student number here.

School: Enter school here. Grade: Enter grade here.

Insert Date.

Via First Class Mail

Parent/Guardian: Enter name of parent/guardian here.

Enter parent/guardian address line 1 here.

Enter parent/guardian address line 2 here.

Re: Section 504 Meeting Invitation

Dear Insert Parent/Legal Guardian Name.:

You are invited to attend a meeting to develop a Section 504 Accommodation Plan for your child. The meeting will be held at:

Date: Insert date. Time: Insert time.

Location: Insert location.

Your participation is very important and we strongly encourage you to attend this meeting. Although it is certainly preferable that you actually be present, if you are unable to do so we can arrange to have you participate through a speaker telephone or other means.

The school staff members listed below have been involved in the education of your child. Each person will attend the meeting or be represented by someone else who is knowledgeable about your child and the information that will be reviewed in the meeting.

If you have any questions, please feel free to contact me.

Sincerely,

Insert name, Section 504 Team Leader

Section 504 Team:

Form N: SECTION 504 PLAN

STUDENT INFORMATION			
Meeting Date:		Previous Plan Date:	
Date of Birth:		Building:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Name (Last, First, Initial):	
Student No.:		Address:	
SSN (if available):		Home Phone No.:	
PARENT/GUARDIAN INFORMATION			
Name (Last, First):		Cell No.:	
Address:		Work No.:	
Native Language – Parent:		Native Language - Student:	
MEETING PURPOSE			
<input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Redetermination			
PARENT CONTACT			
Written invitation, including purpose of meeting, role of participants and procedural safeguards was sent to the parent(s)/guardian(s) on: Date: By:			
Additional efforts to arrange a mutually agreeable time and place: Date:			
By:		Method:	
MEETING PARTICIPANTS IN ATTENDANCE			
Parent(s)/Guardian(s)		Administrator/Designee	
Student		Student's Teacher	
Additional School Staff		Additional School Staff	
Additional School Staff		Additional School Staff	
ALL INFORMATION USED MUST BE DOCUMENTED AND ATTACHED TO THIS REPORT			
Describe how the identified disability substantially limits a major life activity:			
Evaluation Summary Information:			
ELIGIBILITY			
<input type="checkbox"/> Student qualifies under Section 504 criteria		<input type="checkbox"/> Student does not qualify under Section 504 criteria	

PLACEMENT AND SERVICES		
Area of Need	Placement and Services	Person(s) Responsible

NOTICE OF INTENT TO IMPLEMENT SECTION 504 SERVICES PLAN

Date Section 504 Services Plan will be implemented:

Location: Building: Regular classroom Other

Person responsible for implementation

Anticipated duration of Section 504 Services Plan One school year Other

SCHOOL DISTRICT COMMITMENT

Signature of **Building Principal** will indicate intent to implement Section 504 Services Plan as written:

Dated: Signature:

ANNUAL REVIEW

Name of person who will periodically monitor the student's progress and the effectiveness of this Plan.	Name
---	------

Name of person who will meet with the parents at least annually while this Plan remains in effect to determine whether it continues to be appropriate or whether any changes are thought to be necessary.	Name
---	------

If changes are to be considered, the Section 504 Team will be convened.

PARENT NOTICE

A complete copy of the Section 504 Services Plan, together with Notice of Procedural Safeguards – Section 504 (Form C), was provided to the parent(s)/guardian(s) on:

Date: Contact:

By: U.S. Mail to home address Personal delivery to parent(s)/guardian(s)
 Other. Specify method:

PARENT AGREEMENT / DISAGREEMENT

- I have received notice of the procedural safeguards.
- I agree with the determination above.
- I disagree with the determination above and request mediation.
- I disagree with the determination above and request a due process hearing.

Date: Parent/Guardian Signature:

Form O: SECTION 504 DUE PROCESS HEARING REQUEST FORM

STUDENT INFORMATION			
Student's Name			Date of Birth:
Street Address			
City, State, Zip			
School District of Residence			
Name			
Street Address			
City, State, Zip			
Phone:	Fax:	Email:	
School District Student is Attending (if different than School District of Residence)			
Name			
Street Address			
City, State, Zip			
Phone:	Fax:	Email:	
Parent(s)/Guardian(s)			
Parent(s)/Guardian(s) Name			
Address (if different than student address above)	Street Address:		
	City, State, Zip		
Phone:	Fax:	Email:	
PROBLEM AND FACTS			
<p>What is the nature of the problem and what are the facts that relate to the problem? (You may list more than one problem. Use additional pages if necessary.)</p>			
PROPOSED SOLUTION			
<p>Describe the actions or services that you believe will resolve the issues based on the information available to you. (Use additional pages if necessary.)</p>			
REQUESTOR INFORMATION			
Name (print/type)			
Street Address			
City, State, Zip			
Phone:	Fax:	Email:	
Date:	Signature:		
RETURN THIS FORM TO THE SCHOOL DISTRICT'S SECTION 504 COORDINATOR			
Nichole Moore Director of Special Services NicholeMoore@wlcsd.org		James R. Geisler Middle School 46720 West Pontiac Trail Walled Lake, MI 48390 (248) 956-2000	

Form P: SECTION 504 MANIFESTATION DETERMINATION REVIEW

Date of Review:	Date of Current Section 504 Plan:	Date of Birth:	Grade:
Student's Name:		Student No.	
PARENT CONTACT			
Written invitation, including purpose of meeting, role of participants and procedural safeguards, were sent to the parent(s)/guardian(s):			
Date:		By:	
Additional efforts to arrange a mutually agreeable time and place: Date:			
By:		Method	
MEETING PARTICIPANTS IN ATTENDANCE			
Parent(s)/Guardian(s)		Public Agency Rep.	
Student		Gen'l Ed. Teacher/Provider	
Other		Section 504 Evaluation Committee Rep.	
Other		Other	
CONSIDERATIONS FOR REVIEW			
Describe the behavior or incident that is subject to disciplinary action:			
In carrying out a manifestation determination review, the MDR Team reviewed:			
<input type="checkbox"/> All relevant information in the student's file. Describe:			
<input type="checkbox"/> The student's Section 504 Plan.			
<input type="checkbox"/> Any teacher observations of the student.			
<input type="checkbox"/> Relevant information provided by the parent.			
MANIFESTATION DETERMINATION			
In relationship to the conduct in question:			
Was the conduct caused by the student's disability or did it have a direct and substantial relationship to the student's disability?			<input type="checkbox"/> No <input type="checkbox"/> Yes
Was the conduct a direct result of the School District's failure to implement the Section 504 Plan?			<input type="checkbox"/> No <input type="checkbox"/> Yes
If the determination of the Section 504 Committee is "Yes" to either of the statements above, the behavior must be considered a manifestation of the student's disability.			
<i>The determination of the Section 504 Committee is that the behavior subject to discipline:</i>			
<input type="checkbox"/> Is not a manifestation of the disability [pertinent records are to be transferred to general education for disciplinary procedures]			
<input type="checkbox"/> Is a manifestation of the disability.			
Date:	Signature-Section 504 Coordinator or Designee:		
PARENT/GUARDIAN NOTICE AND AGREEMENT			
<input type="checkbox"/> I have received Notice of Procedural Safeguards – Section 504 (Form C)			
<input type="checkbox"/> I agree with the determination above.			
<input type="checkbox"/> I disagree with the determination above and request mediation.			
<input type="checkbox"/> I disagree with the determination above and request a due process hearing.			
Date:	Parent/Guardian Signature:		

Form Q: GRIEVANCE / COMPLAINT PROCEDURE

Any individual, including students and staff, who believes that s/he has been the victim of discrimination, including discrimination based on disability, may seek resolution of his/her complaint through either the informal or formal procedures described below. The Board of Education has designated Nichole Moore, Director of Special Services to serve as the School District's Section 504 Coordinator for matters involving alleged discrimination on the basis of disability. The contact information for Ms. Allen is:

Nichole More
Director of Special Services
Section 504 Coordinator
James R. Geisler Middle School
46720 West Pontiac Trail
Walled Lake, Michigan 48390
NicholeMoore@wlcsd.org
(248) 956-2900

Informal Complaint Procedure

The informal complaint procedure is provided as a less formal option for any individual who believes s/he has been the victim of discrimination. This informal procedure is **not** required before filing a formal complaint. Moreover, a person who seeks resolution through the informal process may request, at any time, that the matter be moved to the formal complaint process.

Step 1

An individual who believes s/he has been the victim of discrimination by another student(s), a School District employee or third party may make an informal complaint, either orally or in writing, to (1) a teacher, other employee, or building administrator in the school the student attends, in the case of a student Complainant; or (2) the Section 504 Coordinator.

All informal complaints received by a staff member must be reported to the Section 504 Coordinator within two (2) school days. The Section 504 Coordinator who will either facilitate an informal resolution as described below on his/her own, or appoint another individual to facilitate an informal resolution.

Step 2

The School District's informal complaint procedure is designed to provide individuals who believe they are being discriminated against with a range of options designed to bring about a resolution of their concerns. Depending upon the nature of the complaint and the wishes of the individual claiming discrimination or harassment, informal resolution may involve, but not be limited to, one or more of the following:

- A. Advising the individual about how to communicate the unwelcome nature of the behavior to the other person.
- B. Distributing a copy of the nondiscrimination policy as a reminder to the individuals in the school building or office where the individual whose behavior is being questioned works or attends.
- C. If both parties agree, the Compliance Officer (or Title IX Coordinator) may arrange and facilitate a meeting between the person claiming discrimination and the other individual to work out a mutual resolution.

Step 3

The Section 504 Coordinator will exercise his/her authority to attempt to resolve all informal complaints within fifteen (15) business days of receiving the informal complaint. Parties who are dissatisfied with the results of the informal complaint process may proceed to file a formal complaint.

All materials generated as part of the informal complaint process will be retained in a single location under the control of one of the Section 504 Coordinator, in accordance with the Board of Education's records retention policy and/or Student Records policy.

Formal Complaint Procedure

Step 1

A person who believes s/he has been subjected to discrimination by a student(s), a School District employee or a third party may file a formal complaint, either orally or in writing, with a teacher, principal, or other District employee at the student's school, in the case of a student Complainant, or with the Section 504 Coordinator. An employee who receives such a complaint must report such information to the Section 504 Coordinator within two (2) school days.

All formal complaints must include the following information to the extent it is available:

- A. the name of the alleged victim and, if different, the name of the person reporting the allegation;
- B. the nature of the allegation, a description of the incident(s), and the date(s) and time(s) (if known);
- C. the name(s) of all persons alleged to have committed the alleged discriminatory act, if known, or a description/identifying information available if the name is not known; and
- D. the name(s) or description/identifying information of all known witnesses to the alleged incident.

If the Complainant is unwilling or unable to provide a written statement including the information set forth above, the Section 504 Coordinator shall ask for such details in an oral interview. Thereafter, the Coordinator will prepare a written summary of the oral interview, and the Complainant will be asked to verify the accuracy of the reported charge by signing the document.

Throughout the course of the process, the Section 504 Coordinator shall keep the parties informed of the status of the investigation and the decision-making process.

Note: Upon receiving a formal complaint, the person conducting the investigation shall consider whether any action should be taken during the investigatory phase to protect the Complainant from further discrimination, including, but not limited to, a change of work assignment or schedule for the Complainant and/or the accused person. In making such a determination, the person conducting the investigation should consult the Complainant to assess his/her agreement with the proposed action. If the Complainant is unwilling to consent to the proposed change, the person conducting the investigation may, nevertheless, take whatever actions are deemed appropriate for the protection of all persons, following consultation with the Superintendent.

Step 2

Within two (2) business days of receiving the complaint, the person who will conduct the investigation will initiate a formal, impartial investigation to determine whether the Complainant has been subjected to discrimination.

Simultaneously, the person conducting the investigation will inform the individual alleged to have engaged in discrimination or harassment that a complaint has been received. The accused person will be informed about the nature of the allegations and provided with a copy of any relevant Board policy or administrative guidelines. The accused will also be informed of the opportunity to submit a written response to the complaint within five (5) business days.

Although certain cases may require additional time, the Section 504 Coordinator or a designee will attempt to complete an investigation into the allegations of discrimination within fifteen (15) business days of receiving the formal complaint. The investigation will include:

- A. interviews with both parties;
- B. obtaining and reviewing any written statements of the person filing the claim, the victim (if different from the person filing the claim), the accused student(s) and/or employee(s), and any known witnesses;
- C. interviews with any other witnesses who may reasonably be expected to have any information relevant to the allegations;
- D. consideration of any documentation or other information presented by the parties, or any other witness that is reasonably believed to be relevant to the allegations.

At the conclusion of the investigation, the Section 504 Coordinator shall, within fifteen (15) school days of receiving the formal complaint, prepare and deliver a written report to the Superintendent that summarizes the evidence gathered during the investigation, and the response of School personnel. The report shall provide recommendations based on the evidence. A preponderance of the evidence standard will be followed. The investigating person's recommendations should consider the totality of the circumstances, including the ages and maturity levels of those involved.

Step 3

Absent extenuating circumstances, within ten (10) school days of receiving the report of the Section 504 Coordinator, the Superintendent must either issue a final decision regarding whether the complaint has been substantiated or request further investigation. A copy of the Superintendent's final decision will be delivered to both parties.

If the Superintendent requests additional investigation, the Superintendent must specify the additional information that is to be gathered, and such additional investigation must be completed within ten (10) school days. At the conclusion of the additional investigation, the Superintendent shall issue a final written decision as described above.

Step 4

A party who is dissatisfied with the final decision of the Superintendent may appeal through a signed written statement to the Board of Education within five (5) business days of his/her receipt of the Superintendent's final decision.

The Board may choose to meet with the concerned parties or decide the matter on the record it has received. The Board's disposition shall be made within twenty (20) school days of the receipt of such an appeal. A copy of the Board's disposition of the appeal shall be sent to each concerned party within ten (10) business days of this meeting. The decision of the Board will be final.

The Board reserves the right to investigate and resolve a complaint or report of discrimination regardless of whether the individual alleging the discrimination pursues the complaint. The Board also reserves the right to have the formal complaint

investigation conducted by an external person in accordance with this policy or in such other manner as deemed appropriate by the Board or its designee.

Step 5

Filing a Complaint with the Office for Civil Rights

An individual alleging discrimination on the basis of disability, may, at any time, file a complaint with the United States Department of Education Office for Civil Rights at:

U.S. Department of Education
Office for Civil Rights
Cleveland Office
1350 Euclid Avenue, Suite 325
Cleveland, Ohio 44115
(216) 522-4970
FAX: (216) 522-2573
TDD: (216) 522-4944
E-mail: OCR.Cleveland@ed.gov
Web: <http://www.ed.gov/ocr>

Retaliation

Retaliation against a person who files a complaint alleging discrimination or harassment, or participates as a witness in an investigation, is strictly prohibited. Upon a finding that a person has engaged in retaliation, appropriate disciplinary action will be taken.

Maintenance of Records

All materials generated as a part of the formal complaint process will be retained in a single location under the control of the Section 504 Coordinator, in accordance with the Board of Education's records retention policy and/or Student Records policy.

Assurance

Pursuant to District Policy JAA and federal and Michigan law, the District assures that it will take steps to prevent recurrence of discrimination and to correct discriminatory effects on any person who files a complaint and others, if appropriate.

Form R: SECTION 504 GRIEVANCE/COMPLAINT FORM

The Walled Lake Consolidated Schools 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 you or against a student because of a disability, please complete, sign and submit this form to your supervisor, the school's principal or the School District Section 504 Coordinator.	
Date	On behalf of
Complainant is:	<input type="checkbox"/> Student: <input type="checkbox"/> Student's parent(s): <input type="checkbox"/> Other:

Complainant's Address:		
Complainant's Phone	Home	Cell
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 include any information, including documents that you believe should be considered in support of your position.		
4. Please describe how you propose to resolve this issue.		
5. Do you wish this complaint to be mediated by the School District Section 504 Coordinator or designee?		<input type="checkbox"/> No <input type="checkbox"/> Yes

PLEASE RETURN THIS FORM TO YOUR SUPERVISOR, THE SCHOOL'S PRINCIPAL OR TO THE SCHOOL DISTRICT SECTION 504 COORDINATOR.