

PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance

REQUEST FOR SECTION 504 EVALUATION

Date of Request	
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Student		Date of Birth	
School		Grade	
Student's Primary Language		English Language Level	

Parent(s)/Guardians(s)			
Home Address			
Home Phone		Work Phone	

STUDENT NEED(S)/AREA(S) OF CONCERN:

What is the student's suspected disability?

What major life activity is substantially limited? (Check below all that apply.)

- | | | | |
|--|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Caring for one's self | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Breathing | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Working |
| <input type="checkbox"/> Other (explain) | | | |

Additional Comments:

Are there any current medical records, outside agency reports, prior school evaluations, etc., that would assist the team in evaluating the student? Please list (and attach, if available).

Has the student ever been evaluated for special education services? Yes No

If yes, indicate when

Person making the request (please indicate relationship to student; e.g., parent, teacher)

Name		Relationship	
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Parent Acknowledgement to have the above-named student evaluated for possible eligibility under Section 504 of the Rehabilitation Act of 1973 in order to provide an accommodation plan designed to meet his/her educational needs in the general education program.

Signature of Parent Acknowledgement	
Check one of the following:	<input type="checkbox"/> I consent <input type="checkbox"/> I do not consent

Return this form to the School Section 504 Designee. Attach any supportive documentation.

Received by		Date	
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PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance

RESPONSE TO REQUEST FOR SECTION 504 EVALUATION

Date	
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Dear	
	Parent(s)/Guardian(s)

RE: Requested Section 504 Evaluation for:

Student		Date of Birth	
School		Grade	

This is to inform you that your request for a Section 504 Evaluation was received and considered, and, based upon a review of existing information, it was determined that a Section 504 Evaluation is not appropriate at this time. The following documents and records were reviewed in making this decision:

- | | | |
|---|---|---|
| <input type="checkbox"/> Student Records | <input type="checkbox"/> Teacher Reports | <input type="checkbox"/> State/District Assessments |
| <input type="checkbox"/> Student Success Team Decisions | <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Independent/Agency Reports |
| <input type="checkbox"/> Health/Medical Records | <input type="checkbox"/> Grades | <input type="checkbox"/> Psycho-Educational Reports |
| <input type="checkbox"/> Observation Report Forms | <input type="checkbox"/> Portfolios | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disciplinary Records | <input type="checkbox"/> Attendance Records | |

The request for a Section 504 Evaluation is denied because:

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Parents/guardians have the right to appeal the local school site’s decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C) for other appeal options.

[NAME OF PRINCIPAL, SCHOOL ADDRESS, PHONE NUMBER]
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For additional information or assistance, parents/guardians may call to speak to the Coordinator of Child Welfare and Attendance.

(626) 396-3600 ext. 88230

If you have questions or would like to schedule a meeting to discuss this matter, please do not hesitate to contact:

(School Section 504 Designee)	(Phone Number)

Attachment: “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)

PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance

**PARENT/GUARDIAN PROCEDURAL SAFEGUARDS
UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973**

Under Section 504 of the Rehabilitation Act of 1973, students with disabilities have the right to receive a free appropriate public education, which includes the right to be educated with students without disabilities to the maximum extent appropriate. Furthermore, students with disabilities have the right to take part in, and receive benefits from, public education programs without discrimination or harassment based on those disabilities.

The purpose of this notice is to describe the procedural safeguards provided to the parents/guardians of students with disabilities under Section 504 of the Rehabilitation Act of 1973. The intent of the law is to keep parents fully informed concerning the District's decisions to identify, evaluate, and/or make accommodations for their children. Parents/guardians of a student with disabilities, have the right to:

- Receive written notice of the District's intent to identify, evaluate, and/or to provide a Section 504 Plan for their child.
- Review all relevant records regarding their child and obtain copies of those records at reasonable cost.
- Appeal/disagree with the District's decision(s) with regard to the identification, evaluation, or Section 504 Plan accommodations of students under Section 504 or file a complaint concerning allegations of a violation of Section 504 policy/procedures or disability-based discrimination/harassment.
- Request an impartial hearing if they disagree with their child's identification, evaluation, or Section 504 Plan, with opportunity for participation in the hearing and representation by an attorney at the parents'/guardians' expense.
- Review the decision of the impartial hearing officer.

If you have any questions concerning Section 504, need assistance in filing an appeal of the District's decision(s), or in filing a complaint regarding your child, or to request an impartial hearing, please contact:

**Julianne Reynoso, Assistant Superintendent
Student Wellness and Support Services
351 S Hudson Avenue
Pasadena, Ca 91109
(626) 396-3600, Ext 88238**

PASADENA UNIFIED SCHOOL DISTRICT
 Child Welfare and Attendance

NOTICE OF SECTION 504 EVALUATION

Date	
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Dear	
	Parent(s)/Guardian(s)

RE: Requested Section 504 Evaluation for:

Student		Date of Birth	
School		Grade	

As part of our on-going effort to assist your child to be a better learner, members of our Section 504 team would like to complete an evaluation. The results of the evaluation will be used to determine the best ways to meet your child’s educational needs in his or her classroom/classes. School staff will be involved in observations, interviews, a review of cumulative records, work samples, and other data collection. If you have any current medical, psychological, or outside tutoring records and you wish the team to consider them, please provide copies of these records to the School Section 504 Designee prior to the scheduled meeting.

This letter is to provide you with written notice that a Section 504 Evaluation meeting will be held:

Date	Time	Place

Although your participation in this evaluation meeting is not required by law, your attendance at the meeting would be greatly appreciated. You may also provide any of the informational records (mentioned above) that you feel might assist the Section 504 team members in making decisions about your child’s instructional program.

Please check one of the choices below:

- I will attend the meeting.
- I will be unable to attend the meeting.

Please check the following, sign below, and return the signed copy of this form to the school as soon as possible before the date of the planned meeting:

- I understand that a copy of the results of the meeting will be provided to me whether I am present or not.
- I have received a copy of the “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)

Parent/Guardian Signature:		Date	
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If you have any questions or need additional information, you may address your questions to:

School Section 504 Designee:	
Telephone Number:	

See “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)

Attachment: “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)

PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance

SECTION 504 TEACHER OBSERVATION FORM

Teacher		Date	
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Student		Date of Birth	
School		Grade	

Please complete the following teacher observation information and return this form to the School Section 504 Designee within two (2) days to enable the Section 504 team to conduct a Section 504 evaluation for the above-named student.

TEACHER OBSERVATIONS

Based on your knowledge and observation, please rate this student’s performance.

OBSERVATIONS	UNSATISFACTORY					EXCELLENT				
Classroom Work	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Homework	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Tests	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Reading Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Math Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Written Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Spelling	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Following Oral Directions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Attendance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Attention Span	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Organization Skills	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

ACTIONS TAKEN (Check only those that apply)

RESULTS

Sent Reports Home	
Talked with Counselor	
Rearranged Seating	
Positive Behavior Support	
Ignored Behavior	
Referred to Administrator	

Teacher		Date	
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Student		Date of Birth	
School		Grade	

	Contracts	
	Assigned Sheets	
	Repetition	
	Tutoring	
	Alternative Assignments	
	Additional Time for Assignments	
	Small Group Instructions	
	Cooperative Learning	
	Peer Tutoring	
	Parent Conferences	
	Other	

BEHAVIORAL CHARACTERISTICS

Check behavioral characteristics which might adversely affect this student’s learning.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Moody | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Rejected by Peers | <input type="checkbox"/> Daydreams | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Needs Constant Encouragement | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Distractable | <input type="checkbox"/> Quarrelsome | <input type="checkbox"/> Withdrawn |

EMOTIONAL/BEHAVIORAL/SOCIAL CHARACTERISTICS

Indicate (+) for strengths; (-) for areas of concern.

	Generally cooperates/is compliant with teacher requests		Adapts to new situations without getting upset
	Accepts responsibility for own actions		Makes and keeps friends at school
	Works cooperatively with others his/her own age		Has an even, usually happy disposition
	Is pleased with good work		Independently initiates activities
	Responds appropriately to praise and correction		Resists becoming discouraged by difficulties or minor setbacks
	Consistently demonstrates behavior appropriate for his/her age		

OTHER OBSERVATIONS

Student meets standards of personal independence expected of chronological age/culture group If no, give an estimate of student’s level of personal independence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student meets standards of social responsibility expected of the chronological age/culture group If no, give an estimate of student’s level of social responsibility:	<input type="checkbox"/>	<input type="checkbox"/>

DISCIPLINE

Is discipline an area of concern?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance

SECTION 504 EVALUATION DOCUMENTATION

Student		Date of Birth		Meeting Date	
School		Grade			

SECTION 504 EVALUATION MEETING

Reason for Section 504 Meeting:

- Initial Section 504 Evaluation**
 Re-evaluation
 Section 504 Link Determination

Parent/guardian responded to Section 504 Meeting notice:
 Will attend
 Will not attend

A Section 504 Evaluation Meeting occurred on		
	(Day/Date)	(Time)

The following items have been provided to the parent/guardian:

	<u>Date Sent</u>	<u>Sent By</u>
“Notice of Section 504 Evaluation” (Form D)		
“Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)		

REVIEW OF AVAILABLE INFORMATION

TEACHER OBSERVATION (See attached Section 504 Teacher Observation Form.)

ACHIEVEMENT DATA

1. List Most Recent Achievement Test Scores

Subject	Grade Tested	Current Grade	Stanines	Percentiles	Performance Level
Reading Vocabulary					
Reading Comprehension					
Mathematics					
Language Arts					
Social Studies					
Science					
Star Mathematics					
Star Language Arts					

This student’s test scores:

- have become higher each year
 have stayed about the same each year
 have become worse each year
 dropped suddenly in grade
 data not available

Compared to the mean of the District, this student’s test scores:

- have become better each year
 have stayed about the same each year
 have become worse each year
 District mean not available

Student		Date of Birth		Meeting Date	
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REVIEW OF AVAILABLE INFORMATION Continued . . .

2. Current Grades

<u>Subject</u>	<u>Grade</u>

This student's grades:

- have become better each year
- have stayed about the same each year
- have become lower each year
- dropped suddenly in grade
- data not available

Compared with most of the other students in this school, this student's grades:

- are better
- are about the same
- are worse
- data not available

3. Has this student been retained?

	If yes, indicate at which grade level (s)	
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HOME LANGUAGE SURVEY

Student's language is		Home language is	
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English Language Learner: Yes No

If yes, is the student's language contributing to the student's lack of achievement in school? Please explain:

HEALTH

<u>Student Performance</u>	<u>Vision</u>	<u>Hearing</u>
Screening Date		
Screening Results		

Health Condition

YES NO

Does the student have a health condition(s)? If YES, explain:

Is the student currently on medication at home or at school? If YES, explain:

Does the student require an accessible facility? If yes, explain:

Student		Date of Birth		Meeting Date	
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REVIEW OF AVAILABLE INFORMATION Continued . . .

4. Other Health Information:

Health information reviewed by		Date	
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ATTENDANCE

Days Present		Days Absent		Number of School Changes	
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SECTION 504 CRITERIA

Based on the evaluation data drawn upon information from a variety of sources, the Section 504 Team must answer the following questions to determine whether the student meets the criteria for an educational placement under Section 504. *If all four questions are answered “Yes,” the student meets the criteria for an educational placement under Section 504 and a Section 504 Plan should be developed. If any of the answers is “No,” the student does not meet the criteria and the student is not eligible for an educational placement under Section 504 and a Section 504 Plan should not be developed.*

1. Does the student have a potentially limiting mental or physical disability?

YES NO

If YES, describe the nature of the condition.

2. Does the student’s disability impair a major life activity?

YES NO

If YES, describe which major life activity/activities is/are affected.

3. Does the physical or mental impairment substantially limit a major life activity? (That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner, or duration under which the average student the same age/grade level in the general population can perform that same major life activity?)

YES NO

If YES, what documentation is there to support the claim of a substantial limitation?

4. Does the student require a Section 504 Plan in order for his/her educational needs to be met as adequately as those of non-disabled peers?

YES NO

If NO, explain.

(Note: If the student’s needs are so extreme as to require special education, a referral for special education assessment should be considered.)

Student		Date of Birth		Meeting Date	
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SECTION 504 ELIGIBILITY

The Section 504 Team reviewed and carefully considered the following data which was drawn from a variety of sources. (Please check any that apply from the following list.)

- | | |
|--|---|
| <input type="checkbox"/> Grade reports | <input type="checkbox"/> Teacher/Administrator input |
| <input type="checkbox"/> Disciplinary records/referrals | <input type="checkbox"/> Student work portfolio |
| <input type="checkbox"/> Standardized tests/Other tests | <input type="checkbox"/> Student Success Team suggestions |
| <input type="checkbox"/> School health information | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical evaluations/diagnoses supplied by parents | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent input | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Other _____ |

The Section 504 Team’s analysis of the eligibility criteria as applied to the evaluation data indicates that:

- The student does not meet the criteria under Section 504 and will continue to receive general education and any available general education resources and programs.
- The student meets the criteria under Section 504 and will receive a Section 504 Plan.
- The student continues to meet the criteria under Section 504 and will receive a revised Section 504 Plan. (This applies to Section 504 re-evaluations only.)
- The student no longer meets the criteria under Section 504 and no longer requires a Section 504 Plan. The student will now receive general education and available general education programs.
- The student no longer meets the criteria under Section 504 because the student is currently eligible for special education services.

DISCIPLINE

For a student who meets the criteria under Section 504, consider the student’s disability and whether it would or would not have an effect on behavior:

- The student’s disability **would not** cause him or her to violate school rules; therefore, the student will be accountable for following school rules.
- The student’s disability **would require** that an accommodation be made to ensure compliance with school rules. Any such accommodation will be specified in the Section 504 Plan and/or in a Section 504 Behavior Support Plan.

TESTING

For a student who meets the criteria under Section 504, consider whether the student’s disability will have an effect on the student’s participation in state and district-wide assessments:

- The student should be able to participate in state and district-wide assessments **without any accommodations** provided.
- The student requires accommodations to participate in state and district wide assessments, **with accommodations to be specified in the Section 504 Plan.**

Student		Date of Birth		Meeting Date	
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By signing below, the following Section 504 team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regard to this student.

SECTION 504 TEAM MEMBERS

<u>NAME (Please print)</u>	<u>SIGNATURE</u>	<u>KNOWLEDGE OF</u>
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement

APPEAL RIGHTS

Parents/guardians have the right to appeal the local school site’s decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C) for other appeal options.

[NAME OF PRINCIPAL, SCHOOL ADDRESS, PHONE NUMBER]

For additional information or assistance, parents/guardians may call and speak to the Coordinator of Child Welfare and Attendance.

(626) 396-3600 ext. 88230

Attachment: “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)

PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance

SECTION 504 PLAN

Student		Date of Birth	
School		Grade	
Date of Plan		Projected Re-Evaluation Date:	

Indicate here the student’s mental/physical impairment:

and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)

SECTION 504 BEHAVIOR SUPPORT PLAN

Student		Date of Birth	
School	Grade		

The behavior interventions outlined below will begin for the above-named student as of (date): _____

Behavior(s) of the student targeted for intervention (include frequency, intensity, duration, predictors /antecedents, purpose and consequence of behaviors):

Type(s) of appropriate behavioral interventions for the student:

- | | | |
|---|--|---|
| <input type="checkbox"/> Set clearly defined limits | <input type="checkbox"/> Reduce distracting stimuli | <input type="checkbox"/> Give frequent reminders of rules |
| <input type="checkbox"/> Seat student near teacher | <input type="checkbox"/> Use praise to reinforce appropriate behaviors | <input type="checkbox"/> Use of journal of daily or weekly behaviors |
| <input type="checkbox"/> Use predetermined signaling device to cue student that a specified behavior is desired | <input type="checkbox"/> Assign to cooperative learning group(s) | <input type="checkbox"/> Prompt student to go to a quiet area in class where noise and activity are not allowed |
| <input type="checkbox"/> Supervision during unstructured time | <input type="checkbox"/> Teach functionally equivalent replacement behaviors | <input type="checkbox"/> Provide student with a consistent routine (daily or weekly schedule of events) |
| <input type="checkbox"/> Environmental changes (time, space, materials, interactions). Specify: _____ | <input type="checkbox"/> Curricular changes. Specify: _____ | <input type="checkbox"/> Other intervention(s). Specify: _____ |

Specify below the replacement behavior to be taught, type of behavior desired and the type of reinforcements and consequences to be used:

Set up a behavioral contract with the student which includes the following system of rewards/affirmations for desired behaviors exhibited and the types of consequences that will be affected if undesired behaviors are exhibited:

Desired/Replacement Behavior	Rewards/Affirmations for Desired Behavior	Consequences for Undesirable Behavior	Personnel Responsible

Specify the form of communication to be used to advise parent(s)/guardian(s) of progress made:

- Daily Tracking Form
 Weekly Tracking Form
 Notes Home
 Phone Calls
 Parent Conferences

PASADENA UNIFIED SCHOOL DISTRICT
 Child Welfare and Attendance

SECTION 504 TEAM DECISION

School Name

Date	
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Dear	
	Parent(s)/Guardian(s)

RE: The Section 504 Team Meeting held on	
	(Date)

For your child	
	(Student’s Name)

The Section 504 team met to evaluate your child to determine if he/she has a mental/physical impairment that substantially limits a major life activity. **The attached “Section 504 Evaluation Documentation” (Form F) summarizes the results of the evaluation meeting.**

- Your child meets the criteria as disabled under Section 504 and a plan was developed to assist her/him in the general education program. Attached is a copy of the plan.
- Your child did not meet the criteria as disabled under Section 504 and will continue to receive general education and any available general education resources and programs.
- Your child did not meet the criteria as disabled under Section 504 because he/she is currently eligible for special education services.

Parents/guardians have the right to appeal the local school site’s decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C) for other appeal options.

[NAME OF PRINCIPAL, SCHOOL ADDRESS, PHONE NUMBER]

For additional information or assistance, parents/guardians may call the Coordinator of Child Welfare and at (626) 396-3600 ext. 88230.

Sincerely,

School Section 504 Designee

Attachment: “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)

PASADENA UNIFIED SCHOOL DISTRICT
 Child Welfare and Attendance

[To be used before a student who has a Section 504 Plan is subjected to a disciplinary action which changes placement (disciplinary transfer/recommendation for expulsion) or when the total number of days of suspension in a school year totals 10 or more days.]

SECTION 504 LINK DETERMINATION MEETING

Date of Section 504 Link Determination Meeting: _____

Student			Date of Birth		
School		Grade			

Describe the specific misconduct/actions of the student that are the basis for considering a change in placement for disciplinary reasons

Student’s mental/physical disability as indicated on the “Section 504 Evaluation Documentation” form (Form F)

Was the student’s misconduct directly linked to the student’s mental/physical disability?

1. Yes No Was the misconduct caused by, or directly and substantially related to, the student’s disability?

2. Yes No Was the misconduct a direct result of the District’s failure to implement the Section 504 Plan?

The Section 504 Team has determined that the behavior being considered for disciplinary action *is not directly linked to the student’s mental/physical disability* and the student may be disciplined in the same manner as other non-disabled students.

The Section 504 Team has determined that the behavior being considered for disciplinary action *is directly linked to the student’s mental/physical disability* and, as a result, the student’s behavior will be addressed in the following manner:

Student		Date of Birth		Meeting Date	
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By signing below, the following Section 504 team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regard to this student.

SECTION 504 TEAM MEMBERS

<u>NAME (Please print)</u>	<u>SIGNATURE</u>	<u>KNOWLEDGE OF</u>
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement

APPEAL RIGHTS

Parents/guardians have the right to appeal the local school site’s decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C) for other appeal options.

[NAME OF PRINCIPAL, SCHOOL ADDRESS, PHONE NUMBER]

For additional information or assistance, parents/guardians may call and speak to the Coordinator of Child Welfare and Attendance.

(626) 396-3600 ext. 88230

Attachment: “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)

PASADENA UNIFIED SCHOOL DISTRICT
 Child Welfare and Attendance

SECTION 504 PLAN DISTRIBUTION NOTICE

DATE:	
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TO:	Names/Titles of staff designated to receive copies of the student’s Section 504 Plan

FROM:	
	Administrator/School Section 504 Designee

REGARDING THE FOLLOWING STUDENT:					
Name				Grade	
Date of Birth		School			

Attached is a copy of the Section 504 Plan (developed by the Section 504 team) for the above named student that must be implemented by the person(s) responsible as indicated in the Section 504 Plan. It is imperative that the accommodations as written in the Section 504 Plan be fully implemented to be in compliance with District policy and Section 504, a federal law that establishes protections for students with disabilities.

Please be advised that failure to comply with District policy regarding the implementation of a Section 504 plan or the disregard of the protected rights of a student with disabilities may result in disciplinary action. Be aware that, under federal law, personal civil rights suits may be filed on behalf of students against individual District employees who fail to comply with the law and mandates set forth under Section 504. In addition, failure to comply with Section 504 law regarding the implementation of a Section 504 Plan or the disregard of the protected rights of a student with disabilities may result in a complaint investigation and ruling by the United States Department of Education, Office for Civil Rights (OCR). Such a ruling could result in the loss of District federal funds.

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

PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Safety

SECTION 504 COMPLAINT FORM

Last Name		First Name/MI	
Street Address/Apt. #			
City		State	Zip Code
Home Phone		Message/Work Phone	
Concerning:			
	(Name of Student)	(Name of School)	

Please check below--This complaint concerns allegations of:

a violation of Section 504 policy/procedures.

a disagreement with the District’s Section 504 decisions to identify, evaluate, and/or to make accommodations for a student (within 15 days of receiving the decision notice)

disability-based discrimination/harassment, including failure to implement the student’s Section 504 Plan. (The complaint must be filed within 6 months of the last occurrence of the alleged discrimination.)

1. Please give facts about the complaint. Provide details such as names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator.

Please supply copies of any written documents that may be relevant to/supportive of your complaint. I have attached supporting documents: Yes No

2. Please state the specific relief you are seeking.

3. Have you discussed with or brought your complaint to any Pasadena Unified School District personnel? If you have, to whom did you take your complaint, and what was the result?

I certify that the foregoing is true and correct:

Signature:	Date:
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**Attach additional sheets for details if needed. Mail complaint/documents to:
Assistant Superintendent of Student Wellness and School Supports
Pasadena Unified School District
351 S. Hudson Ave. Room 206, Pasadena, CA 91109**

For assistance in completing this form, please contact the Office of Child Welfare and Attendance at (626) 396-3600 ext. 88230.

For office use only:	Date received:	Initial:
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