



504 Referral for Eligibility Determination

Utility of Form – to be used as a referral form when an evaluation is being requested

Student: CUSTOMIZATION TEMPLATE Date: _____
School: Snoqualmie Parent Partnership Program Date of Birth: 12/31/2014
Parent(s): _____ Grade: _____
Phone: _____
Address: WA
Referred by: _____ Position: _____

1. Reason for referral to evaluate:

2. Accommodations and interventions attempted and how long, if any:

3. Has the student ever been referred, evaluated, and/or received services from special education?

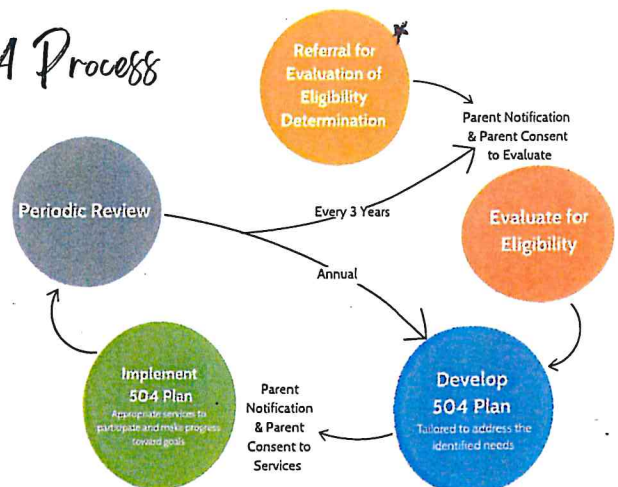
☐ Yes ☐ No

If yes, explain:

4. Referral Action: select whether the student will or will not be evaluated for a Section 504 Plan and describe why this determination was made.

- ☐ The student will be evaluated.
☐ The student will *not* be evaluated.

The 504 Process



Student: TEMPLATE, CUSTOMIZATION
Conference Date: 12/03/2024

Snoqualm



Consent for 504 Eligibility Determination

12/03/2024

Dear: _____

Purpose of Eval:

Your child, CUSTOMIZATION TEMPLATE, has been referred to the 504 Coordinator to determine eligibility for accommodations and/or interventions under Section 504 of the Rehabilitation Act of 1973.

Data to be Gathered

- ☐ Formal Testing
- ☐ Parent Information
- ☐ Disciplinary Referrals
- ☐ Functional Behavior Assessment
- ☐ Other: _____

- ☐ Student Grades
- ☐ Teacher Comments
- ☐ Classroom Observation

- ☐ Health Information
- ☐ Standardized Test Scores
- ☐ Reviewing School Records

Other Factors _____

Other Options Considered _____

Your signed consent is required to complete this eligibility determination. The findings will be reported, recorded, filed and communicated in strict accordance with applicable district policies and state and federal law.

Please sign below and return this form to your child's school counselor. A copy of your Parent Rights under Section 504 of the Rehabilitation Act of 1973 will be provided to you.

If you have any questions regarding your rights or about this Notice, please contact Salina Fassler at (425) 831 - 0984.

Sincerely,

Salina Fassler

Name

Section 504 Coordinator

Title

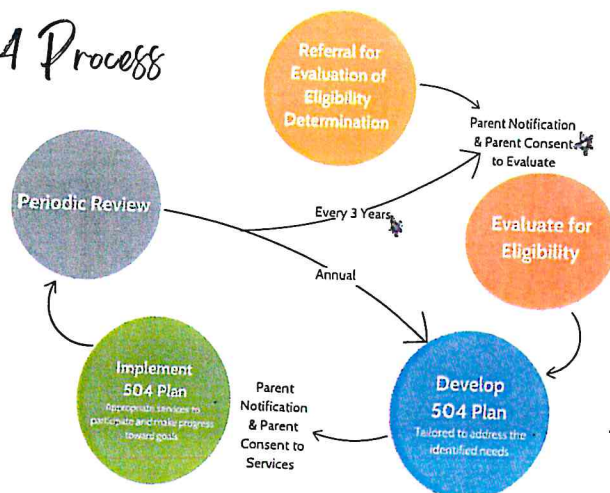
Parent Consent

- ☐ Yes, I do consent to an Eligibility Determination of my child.
- ☐ No, I do not consent to an Eligibility Determination of my child

*I have the authority to enter into this agreement and acknowledge electronic versions of this document shall be given the same weight.

Parent or Guardian Signatures _____

The 504 Process





Parent/Student Rights for Section 504

Please Keep This Explanation for Future Reference

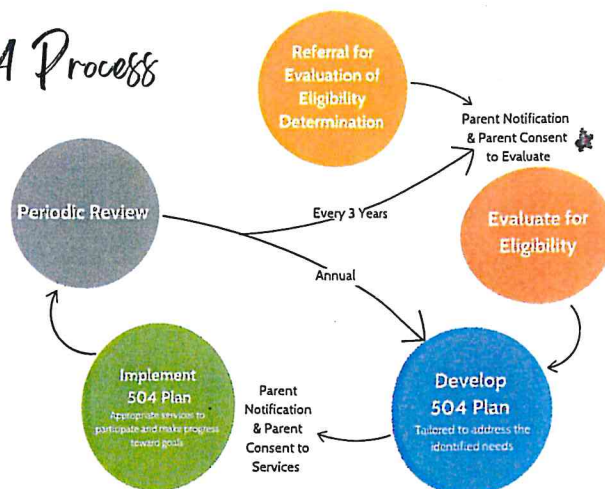
The following is a description of the rights granted by federal law to students with disabilities. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

You have the right to:

1. Have your child take part in, and receive benefits from, public education programs without discrimination because of his/her disabling conditions.
2. Have the school district advise you of your rights under federal law.
3. Receive notice with respect to identification, evaluation, or placement of your child. Parent consent must be obtained before conducting an initial evaluation and placement.
4. Have your child receive a free appropriate public education. This includes your child's right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the district provide related aids and services to allow your child an equal opportunity to participate in school activities.
5. Have your child educated in facilities and receive services comparable to those provided non-disabled students.
6. Have your child receive special education services if s/he needs such services.
7. Have evaluation, educational, and placement decisions made based upon information from a variety of sources, and by persons who know the student, the evaluation data, and placement options.
8. Have your child provided an equal opportunity to participate in non-academic and extracurricular activities offered by the district.
9. Examine relevant educational records relating to decisions regarding your child's identification, evaluation, educational program and placement.
10. Obtain copies of educational records at the reasonable cost unless the fee would effectively deny you access to the records.
11. A response from the school district to reasonable requests for explanations and interpretations of your child's records.
12. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the school district refused this request for amendment, it shall notify you within a reasonable time and advise you of the right to the hearing.
13. Request mediation or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, or placement. You and the student may take part in the hearing and have an attorney represent you. Hearing requests can be made to the district's 504 coordinator.
14. File a local grievance or complaint with the U.S. Department of Education Office for Civil Rights.

The person who is responsible for assuring that the district complies with Section 504 is your local school counselor or the Special Services Director.

The 504 Process





Note for Families

- A formal meeting invitation must be sent to you in advance of the meeting.
- Meetings must take place at a time and place during the school week that is mutually agreeable to your family.

Meeting Invitation

Date: 12/04/2024

WA

To the parent(s)/guardian(s) of CUSTOMIZATION TEMPLATE

This letter is to inform you that the 504 team is meeting to discuss your child's educational needs. The meeting is scheduled as follows:

Date: 12/03/2024 Time: _____ Location: _____

At the meeting, we will discuss the following:

While parents are not required members of the 504 team, we value parent input, and hope you can attend. We anticipate the meeting will include you and the following people:

Name	Title

If you have information or documentation you would like to share with 504 team members prior to the meeting, please provide it to me as soon as possible. Following the meeting, you will be notified of Section 504 Committee decision(s) in writing.

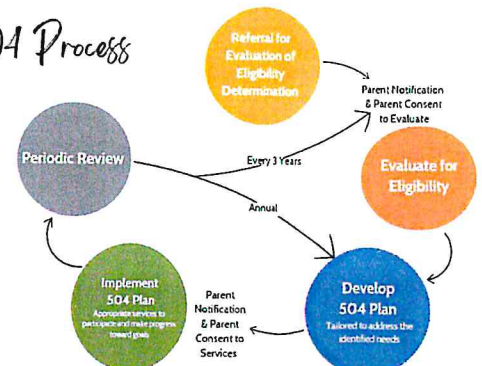
Please feel free to contact me if you have any questions.

Sincerely,

Name: _____

Title: _____

The 504 Process



Student: TEMPLATE, CUSTOMIZATION

Conference Date: 12/03/2024



504 Eligibility Determination

Student: CUSTOMIZATION TEMPLATE

School: Snoqualmie Access

Grade: _____

SSID: _____

DOB: 12/31/2014

Next Evaluation Date: 12/02/2027 ☐ Initial ☐ Reevaluation

PART ONE: REVIEW OF INFORMATION

Parental input and concerns for the child's educational program.

☐ Grades:

What school year(s)?

☐ Academic Testing:

Tests?

Year(s)?

☐ Teacher Recommendations:

What Teacher(s)?

☐ Behavior Records:

What school year(s)?

☐ Other testing or evaluation:

Be specific:

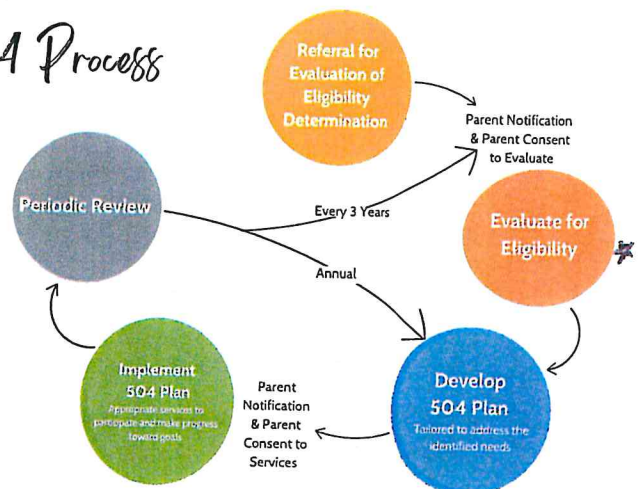
☐ Medical reports, records, recommendations:

Be specific:

☐ Other Input:

Be specific:

The 504 Process



PART TWO: CONSIDERATION OF IMPAIRMENT

Consider all evaluation data and documentation. *Note: if there is no data, insufficient data, or lack of documentation to support the existence of a physical or mental impairment, the school cannot identify the student as an individual with a disability under Section 504/ADA.*



504 Eligibility Determination

Does the student have a physical or mental impairment? _____

If "NO", the student does not qualify for Section 504 services.

If "YES", describe the impairment, then Proceed to Part Three.

PART THREE: CONSIDERATION OF MAJOR LIFE ACTIVITIES

Does the physical or mental impairment identified in Part Two affect one or more major life activities? _____

If "NO", the student does not qualify for Section 504 services.

If "YES", identify one or more major life activities that are affected. Then, proceed to Part Four.

☐ Caring for Self	☐ Hearing	☐ Working
☐ Performing Manual Tasks	☐ Speaking	☐ Reading
☐ Walking	☐ Breathing	☐ Concentrating
☐ Seeing	☐ Learning	☐ Thinking
☐ Communicating	☐ Eating	☐ Sleeping
☐ Standing	☐ Lifting	☐ Bending
☐ Other (Be specific):		

PART FOUR: CONSIDERATION OF SUBSTANTIAL LIMITATIONS

For the purpose of Part Three, (1) "substantially limit" does not mean "significantly restricted"; (2) Do not consider the positive or helpful effects of mitigating measures (e.g., medicine or devices that assist the student), other than the use of ordinary glasses or contact lenses; and (3) The impairment may be episodic or in remission but may still be considered substantially limiting when active when answering:

Does the student have a physical or mental impairment that substantially limits one or more major life activities? _____

If "NO", the student does not qualify for Section 504 services. Describe why the student is NOT considered substantially limited.

If "YES", proceed to Part Five.

PART FIVE: ELIGIBILITY DETERMINATION

If you have answered in the "YES" in Parts Two, Three, and Four, now consider the positive or helpful effects of mitigating measures (e.g., medicine or devices that assist the student) when answering:

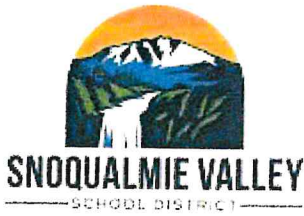
Does the student need accommodations, aids, and/or services during school activities in order for their educational needs to be met as adequately as those of their non-disabled peers? _____

If "NO", the student does not qualify for Section 504 services. Describe why the student does NOT require accommodations, aids, and/or services during school activities.

If "YES", a 504 Plan must be developed. Services identified on the 504 Plan are determined by a team and based on the results of this evaluation. **Parental consent is required before providing services and accommodations for the first time.**

Participants

Signature indicates attendance. Anyone serving in a dual role should indicate so on the following lines:



504 Meeting Summary and Signatures

Conference Date: _____

Purpose Of Meeting

- | | | | |
|---|--|--|---|
| ☐ Initial 504 Evaluation | ☐ 504 Reevaluation | ☐ Transfer-In 504 | ☐ Initial 504 Plan |
| ☐ 504 Annual Review | ☐ 504 Plan Revision | ☐ 504 Manifestation Determination | |
| ☐ 504 Other: _____ | | | |

Student Identification Information

Student's Name:	_____	DOB:	_____	Gender:	_____
Address:	W/A _____				
Ethnicity:	_____				
Student Phone:	_____	Home Phone:	_____		
Parent/Guardian:	_____	Work Phone:	_____		
Address:	W/A _____				
Other Parent/Guardian:	_____	Other Parent Phone:	_____		
Address:	_____				
SIS Number:	_____	Home School:	_____		
Current School Year:	_____	Serving School:	_____		
Grade Placement:	_____	Next Home School:	_____		
Next School Year:	_____	Next Serving School:	_____		
Next Grade Placement:	_____	Serving District:	_____		
Annual Review Due Date:	_____	Resident District:	Snoqualmie Valley SD 410		
Triennial Due Date:	_____				

PARTICIPANTS

Signature indicates attendance.

*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Your signature means attendance & participation - not agreement or consent.

Document the attempts made to arrange a mutually agreeable time to meet.

1. 2. 3.

Note for Families

Signatures can be collected

in person, over zoom, or digitally!





Notice of 504 Eligibility Determination Results (Prior Written Notice)

Date: 12/03/2024

WA

To the parent(s)/guardian(s) of CUSTOMIZATION TEMPLATE

Your student was referred for a Section 504 Eligibility Determination. After reviewing the referral and conducting an Eligibility Determination, the Section 504 team has determined that your student:

- ☐ IS eligible to receive accommodations, related aids, or services under Section 504. A 504 Plan meeting will be scheduled with you.
- ☐ IS NOT eligible to receive accommodations, related aids, or services under Section 504 for the following reasons:

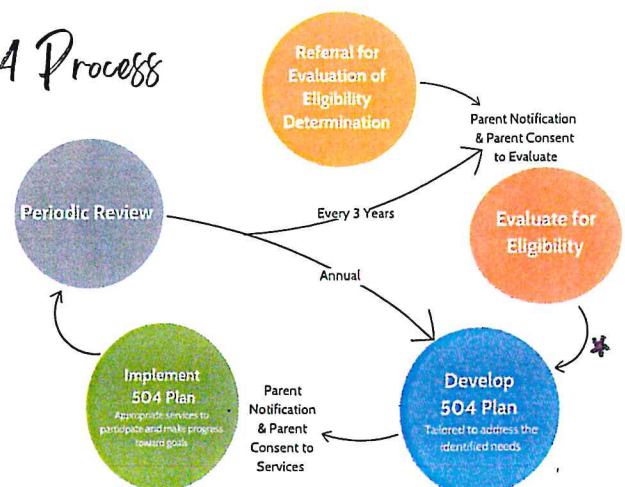
Your child has procedural protections under Section 504. These protections are explained in the Notice of Parent Rights & Procedural Safeguards. You have been previously provided with a copy of the Procedural Safeguards. Please review them in conjunction with this Notice. Mediation services are available to parents as a dispute resolution process.

If you have any questions regarding your rights or about this Notice, please contact Salina Fassler at (425) 831 - 0984

Name: _____

Title: Section 504 Coordinator

The 504 Process



Student: TEMPLATE, CUSTOMIZATION
Conference Date: 12/03/2024



Section 504 Plan

(Accommodations, related aids, and services the student needs to access and benefit from his or her education, based on disability as defined under Section 504.)

Date: 12/03/2024

Student: _____

School: _____

SSID: _____

Grade: _____

DOB: 12/31/2014

Describe the student's impairment and include information regarding any medical diagnoses.

Services and Accommodations

(Include all accommodations, related aids, and services the student needs to participate and benefit from his or her education, including those related to instruction, learning environment, behavior, social skills, accessibility, etc.)

Specific area(s) of student need, as identified in the evaluation (Academic, Environmental, Mobility, Behavioral/Social Health, Other)

Services or accommodations necessary for student to participate and benefit in the school's programs and activities

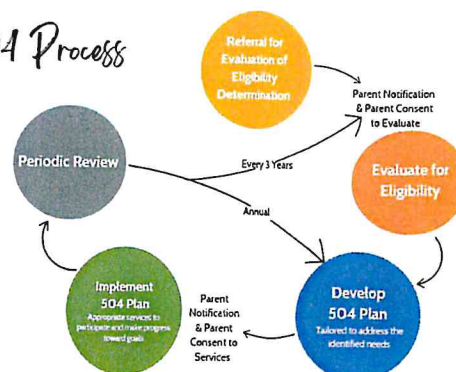
Accommodations necessary to increase accessibility during state and district assessments

Special instructions or considerations (e.g., field trips, extracurricular activities), if any.

Note for Families

Case managers are responsible for distributing plans to staff who work with your student.

The 504 Process





Prior Written Notice



Note for Families

The PWN is a critical component of the 504 because it provides a detailed narrative of the discussion and decisions made during the 504. It must be thorough and representative of all proposals, whether they are accepted/rejected, and *why*. Although the form is called a "Prior" Written Notice, it is sent *after* the meeting and *before* implementing the 504.



Student: _____
Birthdate: _____
ID: _____

Dear: _____

The purpose of this letter is to notify you of the district's actions regarding _____'s educational program.

This action will be initiated on: _____

Action Proposed / Option Considered:

☐ Accept

☐ Reject

Reason for Acceptance or Rejection:

Any Other Factors that are Relevant to the Action:

A description of each evaluation procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows (if initial evaluation or reevaluation, include the areas being assessed and the purpose):

Procedural Safeguards:

If you have any questions regarding your rights or about this Notice, please contact _____ at _____.

Sincerely,

Name

Title



Note for Families

Your voice should be captured on the PWN - whether you agree with the decisions or not. If you have questions or concerns, reach out to Salina Fassler at fasslers@svsd410.org or Kimberly Mackey at mackeyk@svsd410.org.





Consent to Provide Section 504 Services

Date: 12/04/2024

W/A

To the parent(s)/guardian(s) of CUSTOMIZATION TEMPLATE

I have been provided a copy of the Section 504 Plan for my student, as well as Notice of Parent Rights under Section 504. I understand my rights and the offer of services in the 504 Plan.

- ☐ I CONSENT to my student's receipt of services offered in the attached Section 504 Plan.
- ☐ I DENY CONSENT for my student to receive services offered in the attached Section 504 Plan.

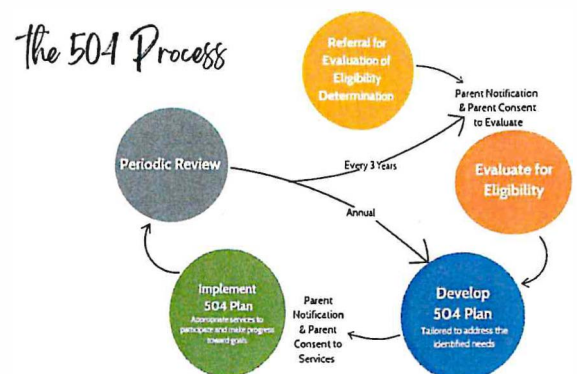
Parent/Guardian Name: _____

Parent/Guardian Signature: Your signature means agreement & consent. Date: _____

*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Note: Initial 504 accommodations or related aids and services cannot be provided without written parental consent.

Note for Families
Consent to provide services only occurs *one time* - however, you can revoke your consent at any time you choose. Without your consent, the District cannot implement a 504 plan.





Authorization of Exchange of Information

PURPOSE: As a parent, guardian or student, you have the right to give permission or not give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the Family Education Rights and Privacy Act, FERPA, (for example, transfer of records from one school district to another).

Student name: CUSTOMIZATION TEMPLATE

Date: 12/04/2024

Student DOB: 12/31/2014

School District: Snoqualmie Valley SD 410

I hereby authorize the release of records...

From this Agency or Provider:

(Name of agency/person)

(Street Address)

(City, State, Zip)

FAX: _____

Phone: _____

To: Snoqualmie Valley SD 410

8001 Silva Ave. SE

Snoqualmie, WA 98065

Describe the records to be disclosed:

☐ Health Records

☐ Psychological and Counseling Records

☐ Special Education Records

☐ Transcripts

☐ Communication with school

☐ Other (specify): _____

The reason for disclosing the record(s) is:

☐ An Evaluation or Reevaluation Process

☐ A Program Review

☐ An IEP is Being Developed

☐ 504 Evaluation/Plan

☐ Other (specify): _____

I understand that this information obtained will be treated in a confidential manner by the school district under provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).

This authorization is valid from _____ to _____

Note: For release of medical records, the authorization can be no longer than 90 days after this authorization is signed.

I understand that my consent for the release of records is voluntary and I can withdraw my consent at anytime in writing. Should I withdraw my consent, it does not apply to information that has already been released. If the request for release of health information I have authorized to be disclosed reaches the time it may no longer be protected under Privacy laws.

*I have the authority to enter into this agreement and acknowledge electronic versions of this document shall be given the same weight.

Parent/Guardian Signature

Student Signature

Student: TEMPLATE, CUSTOMIZATION
Conference Date: 12/03/2024

Snoqualm

