Wink-Loving

INDEPENDENT SCHOOL DISTRICT

Section 504 Handbook

2026-2027

Handbook

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POSITION STATEMENT

Wink-Loving ISD recognizes that Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability.

DEFINITION AND BACKGROUND

Section 504 of the Rehabilitation Act of 1973 is a civil rights law designed to eliminate discrimination on the basis of disability in any program or activity receiving Federal financial assistance. Section 504 guarantees certain rights to individuals with disabilities, including the right to full participation and access to a *free and appropriate public education* (FAPE) to all children regardless of the nature or severity of the disability. Specifically, 34 C.F.R. §104 states: *"No otherwise qualified individual with a disability in the United States... shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."*

Section 504 ensures that a qualified child with a disability has equal access to education. The child may receive appropriate accommodations and modifications tailored to the child's individual needs. An appropriate education for a student with a disability under the Section 504 regulations could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services.

GOALS

Under Section 504, Wink-Loving ISD's goal is to provide appropriate educational services that are designed to meet the individual needs of qualified students to the same extent that the needs of students without a disability are met.

PROGRAM GUIDELINES

Wink-Loving ISD has established the following guidelines and procedures for initial evaluations, annual reviews, and periodic re-evaluations of students who need or are believed to need Section 504 services because of disability.

Initial Intervention/Pre-referral

Wink-Loving ISD Section 504 services are an integral part of our Response to Intervention (RTI) program. If a child experiences educational difficulties, and no known impairment exists, the intervention process begins. To ensure that appropriate instruction directly addresses students' academic and behavioral difficulties in the general education setting, a RTI multi-tiered service delivery model is used. Tiers of increasingly intense intervention are implemented to respond to student-specific needs prior to a Section 504 referral:

- **Tier 1:** The classroom teacher shall provide and document ongoing interventions,

evidence of progress monitoring, and evaluate the effectiveness of interventions, as needed, for all students in the general education classroom and shall work collaboratively with other teachers in the grade level or department for support.

- **Tier 2:** Students who have not successfully responded to Tier 1 interventions provided in the classroom will be referred for individual or small group intervention in addition to core class instruction. This level includes scientific research-based programs, strategies, and procedures designed and employed to support Tier 1 activities.

Referral to Section 504

Students who have not responded adequately to RTI interventions in Tiers 1 and 2 shall be moved to **Tier 3** for a Section 504 referral by his or her teachers for an evaluation to determine if there is a significant impact on the student's learning or behavior.

If the parent or other professional informs the school that the student has an impairment or the parent requests an evaluation, a referral is made to the District 504 Coordinator (Counselor).

- The person(s) referring a student for a Section 504 evaluation shall complete the ***Section 504 Referral*** form and turn it in to the District 504 Coordinator (Counselor).

- The 504 Coordinator (shall complete the ***Section 504 Process Flow Chart and Checklist*** to monitor progression through the next steps in the referral and evaluation process.

Parent Notification and Consent

Section 504 requires informed parental permission for initial evaluations. The District 504 Coordinator shall send the ***Parental Consent for Initial Section 504 Evaluation*** to the parent and wait for a reply before proceeding with the evaluation.

If a parent refuses consent for an initial evaluation and a recipient school district suspects a student has a disability, the IDEA and Section 504 provide that school districts may use due process hearing procedures to seek to override the parents' denial of consent. Section 504 requires districts to provide notice to parents explaining any evaluation and placement decisions affecting their children and explaining the parents' right to review educational records and appeal any decision regarding evaluation and placement through an impartial hearing.

Data Collection

Once parent consent is obtained, the 504 coordinator (counselor) shall:

1. Select a 504 committee to evaluate the student that includes persons knowledgeable about the student and the meaning of the evaluation data. Members shall include the student's teacher(s), parent, and an administrator and/or counselor.
2. Schedule and send a notice to campus 504 committee members for a Section 504 meeting, allowing enough time in between for data collection.
3. Send the following forms to the parent(s):
   a. ***Parent Notification of Section 504 Meeting***
   b. ***Notice of Parent and Student Rights***

*c. **Section 504 Evaluation Information from Parents***

4. Send each of the student's classroom teachers a ***Section 504 Evaluation Information from Classroom Teacher*** form.
5. Along with the information from the parent(s) and classroom teachers, the 504 Coordinator (counselor) shall collect all other relevant data from school records such as grades, test scores, attendance, medical reports, behavior reports, etc.

The amount of information required to identify a student for Section 504 is determined by the 504 committee. The committee members must determine if they have enough information to make a knowledgeable decision as to whether or not the student has a disability. The Section 504 regulatory provision at 34 C.F.R. 104.35(c) requires that school districts draw from a variety of sources in the evaluation process so that the possibility of error is minimized. The information obtained from all such sources must be documented and all significant factors related to the student's learning process must be considered.

Evaluation

At the elementary and secondary school level, determining whether a child is a qualified disabled student under Section 504 begins with the evaluation process. A school district MUST evaluate a student prior to providing services under Section 504. Section 504 requires the use of evaluation procedures that ensure that children are not misclassified, unnecessarily labeled as having a disability, or incorrectly placed, based on inappropriate selection, administration, or interpretation of evaluation materials.

The initial evaluation takes place at the scheduled 504 meeting by the 504 committee. Using the ***Checklist for Determining 504 Eligibility*** form, ***Section 504 Evaluation Information from Teacher/Administrator and Parent*** forms and data collected from school records, the committee determines if the student is eligible for Section 504 services based on the following identification criteria:

Identification Criteria

To qualify under Section 504 a student must:

- Be determined to have a physical or mental impairment that **substantially limits* one or more major life activities including learning and behavior.
- Have a record of having such an impairment OR
- Be regarded as having such impairment.
- *The determination of whether a student has a physical or mental impairment that substantially limits a major life activity must be made on the basis of an individual inquiry. The Section 504 regulatory provision at 34 C.F.R. 104.3(j)(2)(i) defines a physical or mental impairment as 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; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The regulatory provision does not set forth an exhaustive list of specific diseases and conditions that may constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of such a list.*

Eligibility

If the 504 committee determines that the student has a physical or mental impairment which substantially impairs a major life activity and is in need of Section 504 accommodations and services, a specific, custom-designed individual instruction plan will be developed beyond the interventions implemented in RTI program Tiers 1 and 2.

If the 504 committee determines more information is needed to determine eligibility or the student may be eligible under IDEA; a referral is made for further evaluation.

If the 504 committee determines that the student does NOT have a physical or mental impairment which substantially impairs a major life activity and further evaluation is NOT needed, the child is referred back to Tier 2 of the RTI program where current classroom interventions shall be revised and implemented.

Implementation of Section 504 Accommodation Plan

When a student is identified as eligible under Section 504, the following steps shall be taken: During the 504 initial evaluation meeting, the 504 committee shall:

- Develop an individualized plan for accommodations and services using the ***Section 504 Student Accommodation Plan*** and/or ***The Section 504 Behavior Intervention Plan*** forms. Parents should have input in the process and are given a copy of the plan.

After the meeting, the campus 504 coordinator (Counselor) shall:

- Disseminate information and provide a copy of the ***Section 504 Student Accommodation Plan*** and/or ***Behavior Plan*** to teachers and others as appropriate.
- Have the PEIMS clerk flag the student's 504 status on the Campus database.
- Place copy of the ***Notice of 504 Identification*** form in the student's cumulative folder.
- Create a 504 folder for the student containing previous documents from RTI Tiers 1 and 2 as well as all documents accumulated through Section 504 services.

ANNUAL REVIEW /PROGRESS MONITORING

Wink-Loving ISD conducts an annual review for Section 504 services that is unique and individualized to each student. The purpose of this review is the collection of data that allows staff to evaluate whether the accommodations are effective.

The campus 504 coordinator (counselor) shall:

- Schedule an Annual 504 Review Meeting, invite campus 504 committee members, and send the parent(s) ***Notification of Section 504 Meeting*** and ***Notice of Parent and Student Rights***
- Collect data from teachers and school records to determine the effectiveness of current accommodations.

During the meeting, complete ***the Section 504 Annual Review*** form and a new ***Section 504 Accommodation Plan*** and/or ***Behavior Intervention Plan***.

Periodic re-evaluation is also required. This shall be conducted in accordance with the IDEA regulations, which require re-evaluation at three-year intervals (unless the parent and the 504

Committee agree that re-evaluation is unnecessary) or more frequently if conditions warrant, or if the child's parent or teacher requests a re-evaluation, but not more than once a year (unless the parent and 504 committee agree otherwise). For a re-evaluation, the 504 coordinator (counselor) will use the same forms and steps taken for an initial evaluation.

PROGRAM EVALUATION

Wink-Loving ISD Section 504 services will be reviewed and evaluated annually by the District Site-Based Committee.

MAINTAINING SECTION 504 RECORDS

If the student qualifies for Section 504 services, the student's folder containing Tier 1 and Tier 2 interventions will be placed and maintained in a Section 504 folder. The contents of this folder shall include:

- Copy of ***Notice of Section 504 Identification***
- Copy of ***Parental Consent***
- Copy of ***Section 504 Referral***
- Copy of ***Section 504 Evaluation*** and data collected
- Copy of ***Teacher and Parent Information*** forms
- Copy of ***Section 504 Student Accommodations*** and/or ***Behavioral Plan***
- Copy of all ***Section 504 Annual Review*** forms and data collected
- Previous Tier 1 and Tier 2 interventions

Because Section 504 records are kept separately from the cumulative folder, a copy of the form titled ***Notice of 504 Identification*** shall be placed in the cumulative folder to inform staff that additional 504 documents exist in another location.

- All campuses shall forward Section 504 folders to the next campus in the district receiving the student. This transfer of records shall be made at the end of each school year.
- At the beginning of each school year, the student's teachers shall receive a copy of the ***Section 504 Student Accommodation Plan*** and/or ***Behavior Intervention Plan*** prior to the first day of instruction.

Confidentiality

Wink-Loving ISD ensures that individual school based 504 procedures regarding confidentiality are in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents have access to any documentation involving their child, including Section 504 records.

STAFF DEVELOPMENT

Wink-Loving ISD endorses the position that quality staff development cannot be overemphasized. Wink-Loving ISD will ensure that all teachers receive ongoing, in depth staff development for teaching

students with disabilities. The district shall provide training through district and/or campus in-service sessions or Region 18 Educational Service Center.

PARENT AND COMMUNITY INVOLVEMENT

Parents are a member of the 504 Committee making decisions about their child's instructional program. Parents and community members are invited to be a part of the district and campus site-based decision committees to provide input related to program implementation, improvement, and evaluation.

ADDITIONAL INFORMATION

For further information on this or any program offered at Wink-Loving ISD, please contact the following personnel:

504 Coordinator (Counselor)	432-527-3880 Ext. 7010
JH/HS Principal JH/HS	432-527-3880 Ext. 7015
Elementary Principal	432-527-3880 Ext. 7012

Wink-Loving ISD Forms

Section 504
Of the Rehabilitation
Act of 1973

Section 504 Process Flowchart and Checklist
_***Section 504 Referral*** **form** is submitted by school personnel, parent, or outside professional agency.
504 Coordinator:
_Sends parent ***Parental Consent for Initial Section 504 Evaluation*** **form.**
_Selects 504 committee members with knowledge of child, evaluation methods, accommodations.
_Schedules meeting for Section 504 eligibility/evaluation review.
_Sends Parent ***Notice of Section 504 Meeting, Parent and Student Rights, Parent Information*** **forms.**
_Sends the student's teachers ***Teacher Information*** **form.**
_Gathers information from a variety of sources for evaluation of child: parent and teacher information forms, school records including grades, test scores, attendance, medical, and discipline reports.
At Section 504 eligibility meeting and development of 504 plan:
Using the ***Checklist for Determining 504 Eligibility*** **f**orm, ***Section 504 Evaluation Information from Teachers and Parent*** forms, and data collected from school records, the committee determines one of the following:
_Team determines more information is needed to determine eligibility: refers for additional evaluation, or
_Team determines student does not qualify for a 504 plan. Student remains on RTI Tier 2 and appropriate accommodations are reviewed and updated, or
_Team determines student is eligible for a 504 services and develops a *Student 504 Accommodation Plan* and/or *Behavior Intervention Plan*.
504 Coordinator:
_Distributes copy of the ***Section 504 Accommodation Plan*** and/or ***Behavior Intervention Plan*** to parent(s), teachers and others, as appropriate
_Have the district PEIMS clerk flag the student's 504 status in that campus.
_Place a copy of the ***Notice of 504 Identification*** in the student's cumulative folder
_Develops and maintains a 504 folder on all students with 504 Plans in school.
_Monitors implementation of plan.
Annual Review by School 504 Coordinator:
_Schedules Annual 504 Review meeting to determine continuing eligibility and effectiveness of accommodations.
_Notifies committee members of the meeting date and time
_Sends ***Parent Notification of 504 Meeting*** and ***Student and Parent Rights***.
_Data is collected from teachers and school records and meeting is held following the same process as the initial meeting. ***Annual Review Meeting*** form is completed. ***Accommodation Plan*** and/or ***Behavior Intervention Plan*** is discontinued, maintained or modified.
Re-evaluation
_Re-evaluation occurs every 3 years unless 504 committee determines it is not necessary or should be earlier.
Process and forms are the same as initial evaluation. Based on the results of the evaluation, Section 504 services are discontinued, maintained or modified.

Wink-Loving ISD
Section 504 Referral Form

Student: _____ Date: _____
District/Campus: _____ Grade: _____
Person(s) making referral: _____
Relation to student:
❑ Administrator/Teacher ❑ Parent ❑ Other _____

I (we) wish to have the above-mentioned student reviewed for possible educational options under Section 504 of the Rehabilitation Act of 1973. The student may have an impairment, which substantially limits a major life activity.

Area(s) of concern:
_____Academic
_____Behavioral
_____Medical
_____Physical
_____Psychological
_____Other: _____

Has the student repeated a grade? ❑ Yes ❑ No
If yes, when? _____

Has the student ever been referred, evaluated, and/or received services from special education? ❑ Yes ❑ No
If yes, when? _____

Comments:
_____
_____
_____

Referral Received by: _____ Date:_____

❑ 504 Coordinator ❑ Administrator ❑ other

432-527-3880 Wink-Loving Independent School District 432-527-3505 FAX
200 Rosey Dodd, Wink, TX. 79789

Notice of Parent and Student Rights Under §504 of the Rehabilitation Act of 1973

The Rehabilitation Act of 1973, commonly known as "Section 504," is a federal law that prohibits discrimination against disabled persons who may participate in, or receive benefits from, programs receiving federal financial assistance. Section 504 applies to ensure that eligible disabled students are opportunities equal to those provided to non-disabled students.

Under §504, a student is considered "disabled" if he or she suffers from a physical or mental impairment that substantially limits one or more of their major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. Students can be considered disabled, and can receive services under §504, even if they do not qualify for, or receive, special education services.

The purpose of this Notice is to inform parents and students of the rights granted them under §504. The federal regulations that implement §504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR) and entitle parents of eligible students, and the students themselves, to the following rights:

1. You have a right to be informed about your rights under §504. The School District must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in this Notice, contact appropriate staff persons at the District's §504 Office and they will assist you in understanding your rights.

2. Under §504, your child has the right to an appropriate education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met.

3. Your child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under §504.

4. To the maximum extent appropriate, your child has the right to be educated with children who are not disabled. Your child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services.

5. Your child has the right to services, facilities, and activities comparable to those provided to non-disabled students.

6. The School District must undertake an evaluation of your child prior to determining his or her appropriate educational placement or program of services under §504, and also before every subsequent significant change in placement.

7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. The District will consider information from a variety of sources in making its determinations, including, for example: aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, parent observations, and scores on TAKS tests, among others.

8. Placement decisions regarding your child must be made by a group of persons (a §504 committee) knowledgeable about your child, the meaning of the evaluation data, possible placement options, and the requirement that to the maximum extent appropriate, disabled children should be educated with non-disabled children.

432-527-3880 Wink-Loving Independent School District 200 Rosey Dodd Ave., Wink, TX. 79789 432-527-3505 FAX

9. If your child is eligible for services under §504, he or she has a right to periodic evaluations to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years.

10. You have the right to be notified by the District prior to any action regarding the identification, evaluation, or placement of your child.

11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identification, evaluation, and placement of your child under §504).

12. You have the right to an impartial due process hearing if you wish to contest any action of the District with regard to your child's identification, evaluation, or placement under §504. You have the right to participate personally at the hearing, and to be represented by an attorney, if you wish to hire one.

13. If you wish to contest an action taken by the §504 Committee by means of an impartial due process hearing, you must submit a Notice of Appeal or a Request for Hearing to the District's §504 Coordinator at the address below:

District §504 Coordinator
_____ ISD
_____
_____
phone (_____) _____-_____
facsimile (_____) _____-_____

A date will be set for the hearing and an impartial hearing officer will be appointed. You will then be notified in writing of the hearing date, time, and place.

14. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction (normally, your closest federal district court).

15. With respect to other issues surrounding your child's education that do not specifically involve identification, evaluation, or placement, you have a right to present a grievance or complaint to the District's §504 Coordinator (or their designee), who will then investigate the situation, taking into account the nature of the complaint and all necessary factors, in an effort to arrive at a fair and speedy resolution.

16. You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers Texas is:

Director, Office for Civil Rights, Region VI
1999 Bryan Street
Suite 2600
Dallas, Texas 75201
Telephone: (224) 880-2459

Parental Consent for Initial Section §504 Evaluation

Student: _____
District/Campus: _____
Dear Parent/Guardian:

Your child's Student Support Team (SST) wishes to review educational options for your child to determine whether Section 504 classroom accommodations or changes in educational programming are necessary to meet his or her individual needs as adequately as the needs of other students In making decisions, a Section 504 committee will be established to examine information from a variety of sources including aptitude and achievement tests, teacher observations and recommendations, physical condition, social or cultural background, and interaction with the environment. We would especially value your input as well. Once the information has been collected, we will be meeting with you to review the data and discuss plans to meet your child's needs

Parent Consent

_____ Yes, I consent to the proposed screening/evaluation.
_____ No, I do not consent to the proposed screening/evaluation.

_____ _____
Parent Signature Date

Please return this form to:

_____ at
Section 504 Coordinator

_____.
School Phone

If you have any questions, please feel free to call.

Parent Notification of Section 504 Meeting

❑ Initial Evaluation/Development of Plan ❑ Re-Eval ❑ Annual Review Meeting ❑ Modify Plan

Student: _____ District/Campus: _____

Date Notice and Rights sent: _____

Dear Parent/Guardian:

We are planning a Section 504 Conference to discuss your child's educational program. The meeting will include a discussion of your child's records, any evaluative data collected, classroom performance, and eligibility for disability-related accommodations. If accommodations are indicated, an Accommodation Plan will be developed and/or revised. We request that you attend this meeting to assist us with the discussion and program recommendations.
The Section 504 Committee will meet:

_____ _____ _____
Date Time Place

Although your participation is not required, you can provide information that will assist the committee in making decisions about your child's instructional program.

_____ I will attend
_____ I will be unable to attend

I understand the meeting may be held without me, and I also understand that a copy of the results of the meeting will be provided to me whether I am present or not. If you would like an alternate date, feel free to contact me.

Section 504 of the Rehabilitation Act of 1973 insures that all students have access to an appropriate program of instruction. A copy of the ***Notice of Parents and Students Rights under Section 504*** is on the accompany pages.

I have received the Notice of Parent and Student Rights Under Section 504 of the Rehabilitation Act of 1973.

_____ _____
Parent Signature Date

We appreciate your cooperation in our efforts to address your child's education program.
Return to: _____

APPLICATION FOR USE OF SERVICE ANIMAL BY STUDENT

Student's Name: Student's ID: Date of Birth: Grade: Campus: Parent or Guardian's Name: Address: Home Phone: Cell Phone: Email:

Completion of this form is necessary for your child to have the assistance of a service animal under the Americans with Disabilities Act.

SERVICE ANIMAL INFORMATION

Type of animal	Breed	Name of animal	Name of handler

Activities that the service animal will perform:*

What type of documentation do you have that would document that the service animal is required because of a disability?*

VETERINARY INFORMATION FOR THE SERVICE ANIMAL

Vet name	Clinic Name	Clinic address	Phone	Fax

For the health and safety of all of our students, all service animals must have up-to-date records for all of the vaccinations required by our service animal guidelines. Home vaccinations are not accepted and must have been administered at least 48 hours prior to approving this application by a licensed veterinarian.

unless otherwise obvious

Service animals with signs of fleas and ticks will asked to be temporarily removed from campus until the service animal is tick and/or flea free. A service animal may return without a veterinary statement as long as the tick and/or flea condition has been satisfactorily resolved.

Required written documentation is required for service dogs and must be attached:

Vaccination	Current				Date Given	Required administration			
Distemper	Y		N			1 YR		3 YR	
Parvovirus/Parainfluenza	Y		N						
Bordetella	Y		N			Required every 12 months			
Rabies	Y		N			1 YR		3 YR	
Tick Free	Y		N		Handler's Name	Yes		No	
Flea Free	Y		N		Contact Info (list below):				
Collar/leash/tether labeled	Y		N						

FEEDING AND TOILETING

Will the animal need to be fed during the day? If so please list all feeding instructions (including watering of service animal).

What is the service animal's toileting schedule? The service animal's handler is responsible for all toileting of the service animal including disposing of solid waste in a plastic bag. Designated areas for toileting will be assigned for each campus building.

EMERGENCY CONTACT INFORMATION

Should the animal be required to be removed from campus, please provide the contact information of the individual who will secure the animal's removal:

Name: Relationship to student: _ _ Cell number: Work Phone: Home Phone: ___ Email address: _

****Failure to remove the service animal when requested will result in the local animal control officer being called to remove the animal from the campus.**

Please list all medications currently being taken by the service animal:

Should the service animal require emergency care I give Wink-Loving_ISD permission to authorize emergency vet/medical care for my child's service animal as deemed necessary by a veterinarian, and I will be responsible for full payment of such care.

Printed Name of Parent or Guardian:_____

Signature: Date:_____

_____

State of Texas §

§ Release

County of_____ §

I am the parent or guardian of_____, a student with a disability who has requested to use a service animal on a daily basis at_____ISD. I hereby acknowledge and agree that the Release set forth herein is a General Release and further expressly waive and assume the risk of any and all claims for damages which may be brought against_____ISD and all of its employees, agents, trustees, volunteers and attorneys, both individually and in their official capacity, from any actions which may exist as a result of my child's use of a service animal. This release is broad and is intended to cover any and all claims that any party may have or may arise against_____ISD as a result of any damages caused by the service animal used by my child.

Signed this day of_____, 20 _

Parent or Guardian

State of Texas

County of _____

This document was acknowledged before me on day of_____, by this

_____

_____.

Notary Public Signature

_____

Printed Name of Notary Public

My commission expires: _____.

PARENT INPUT FOR §504 EVALUATION

Initial		Medical Only		Transfer		Brief		Annual		Manifestation	

Student's Name:_____ **Student's ID:**_____

Date of Birth: _____ **Grade:**_____ **Campus:** _____

Address:_____ **Home Phone:**_____

Your completion of this form will help the §504 Committee fully and accurately evaluate your child. Complete and honest answers are greatly appreciated. If you have additional information that is not requested on this form but that you feel is pertinent or may be helpful, please feel free to attach additional pages.

PARENT INFORMATION

Father's Name				
Father's Occupation				
Father's Education Level				
Mother's Name				
Mother's Occupation				
Mother's Education Level				
Does student live with both parents?	Yes		No	
With whom does student live?				

AT HOME

Please identify all other children living in the student's home.

Name	Age	Relationship	List any learning problems

Please identify all adults living in the student's home.

Name	Age	Relationship	List any learning problems

GENERAL FAMILY QUESTIONS

List any family member or family friend with which your child has a particularly close relationship and describe the relationship.	
List and describe any separations from the family due to problems, health reasons and how your child has reacted to the separation.	
Please fully describe any significant changes within the family during the last three years, including deaths, births, separations, illness, etc.	
Are there any family health concerns you would like the §504 Committee to be aware of?	

BEHAVIORS AT HOME

Who helps your child with homework?							
How long do you spend each night on homework?							
Which is the most difficult subject ?							
Who is the main disciplinarian at home?							
How would you describe your child's behavior at home?							
How do you discipline your child?							
Is it difficult getting your child to go to bed at night?	Yes		No				
What time does your child go to bed at night?							
Does your child eat breakfast daily?	Yes		No				
Where does your child eat breakfast?	At home		At school		On the way to school		

Materials/Games/Electronics	**Are available to your child at home?**				**How much time does your child spend weekly on any activity you checked?**
Television	Yes		No		
Books	Yes		No		
Tape recorder	Yes		No		
Educational toys	Yes		No		
Radio or stereo	Yes		No		
Computer	Yes		No		
iPod/iPad	Yes		No		
XBox/Wii/video games	Yes		No		
Telephone or cell phone	Yes		No		
Outdoor playground	Yes		No		

What activities does the family do together and how much time is spent weekly doing these activities (e.g. play games, sports, watching television, etc.)?

SOCIAL TIME AND WORK

Child's friends	Older		Younger		Same age	
Child's socialization preferences	Boys		Girls		Either	
Does student have a part-time job?	Yes		No			
Describe the activities associated with the part-time job.						
Does student do volunteer work?	Yes		No			
Describe the activities associated with the volunteer work.						
List all hobbies your child enjoys when not in school.						
What does your child do when not in school such as clubs, chores, or activities that he or she enjoys?						

BEHAVIORS AT SCHOOL

List all problems at school that your child has	

mentioned to you or that you are aware of in the last 12 months.

Describe the possible cause of the problems that you reference.				
When did these problems begin?				
Has your child discussed the perceived problems with anyone at school?	Yes		No	

List name of person	Title of person	Date of discussion

Have you discussed the perceived problems with anyone at school?	Yes		No	

List name of person	Title of person	Date of discussion

MEDICAL INFORMATION

Information from doctors, including letters and reports, are often helpful to the §504 Committee. Please attach any medical records that you feel are beneficial for the Committee to be fully aware of any and all of your child's medical issues. The consent for Medical Information is a separate document that must be completed and will give the district written consent to receive information directly from your doctor(s). Communication with your physician's office is not a violation of any HIPPA laws. The District must protect any medical information provided by you or your physician's office under FERPA. This information that is provided can only be shared with those who have a legitimate educational interest in the student's records. Additionally, any information requested by District of your Physician or clinician will only be with regard to the student's disability and not all medical records of the student.

PHYSICIANS/CLINICIANS

Your child's physician (name & number)	Type of care	Has your child seen this physician in the last 12 months?			
		Yes		No	
		Yes		No	

		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	

MEDICATIONS

List of all medications/dosage taken in the last two years.	Taking currently	At home	At school	Side effects to the medication
List of all allergies not previously discussed.				
List any illegal substance use, alcohol use or prescription drug abuse by your child.				

Hospitalizations or serious illness in last 3 years	**Dates**	**Length of stay**	**Reason for admission**

DEVELOPMENT

If your child is younger than 12, when was your child able to do the following:	
Sit without support?	
Crawl?	
Walk without support?	
Use eating utensils reasonably well?	
Toilet Trained?	

Please identify each issue your child has or had in the past:	Still occur	Began	Stopped	How it affects the child.
Nightmares				
Bedwetting				
Head banging				
Rocking of body				
Severe or frequent fevers				
Severe or frequent vomiting				
Loss of consciousness				
Temper tantrums				
Sleepwalking				
Thumb sucking				
Physical harm to self				
Teeth grinding				
Severe or frequent earaches				
Severe or frequent headaches				
Fingernail biting				
Depression				
Has run away from home				
List developmental, behavioral or learning skills that your child has that are different than other students his age.				

FOR MANIFESTATION 504 MEETINGS ONLY

Fully describe your knowledge of the account of the infraction allegedly committed by your child which is subject to the manifestation review of the §504 Committee:

SERVICES

What services, accommodations or supports are you seeking that you think would best help your child as a §504 student?	
List any agencies currently assisting your child.	
List any other information you feel important or relevant that will help the §504 committee fully understand and evaluate your child.	

PERSON(S) COMPLETING REPORT

Name (Printed)	Title	Date	Signature

TEACHER/ADMINISTRATOR
INPUT FOR §504 EVALUATION MEETING

	Initial		Annual		Brief		Transition		**Medical Only**

Student's Name:_____ **Student's ID:** _____

Grade:_____ **Campus:** _____

Teacher's Name:_____

Subject Matter_____

STUDENT SKILLS

Skill (compared to same age students)	**Poor**	**Below average**	**Average**	**Good**	**Excellent**	**Not observed**
Reading (overall)						
Comprehends word meanings						
Comprehends class discussions						
Uses adequate vocabulary						
Math						
Written expression						
Spelling						
Timely completing homework						
Timely completing class work						
Tests						
Following oral directions						
Following written directions						
Organization						
Attention skills						
Writes legibly						
Gross Motor skills (walking, etc.)						
Fine Motor skills (writing, etc.)						
Other:						
Other:						
Other:						

***attach samples of student work if it would be helpful to committee.**

DAILY INTERACTION

STUDENT BEHAVIORS

Behavior (compared to same age students)	Poor	Below Average	Average	Good	Excellent	Not observed
Follows teacher instructions						
Follows instructions from other adults						
Adapts to new situations without much difficulty						
Accepts responsibility for own actions						
Initiates activities independently						
Frustration levels with tasks/work assignments						
Corrects problem behavior with limited prompting						
Interacts well with peer groups						
Has a pleasant and relatively positive attitude						
Exhibits extreme mood swings						
Fidgets/high activity level						
Concentration skills						
Tends to interrupt students						
Tends to interrupt adults						
Other:						

STUDENT CONCERNS

Has student been suspended?	Yes		No		Dates	
Has student been expelled?	Yes		No		Dates	
Has student been removed to DAEP?	Yes		No		Dates	
Has student been referred to SST?	Yes		No		Dates	
List reason SST was not successful:						

Does student exhibit health or medical problems?	Yes		No	
Describe				
Does student require adaptive equipment?	Yes		No	
Describe				
Does student require facility adaptation?	Yes		No	
Describe				

List all behavioral concerns or issues you have observed regarding this student. Be as specific as possible.	**List strategies, accommodations, supports, and/or interventions used by *you* with this student to date to address your concerns.**	**Were efforts S or U?**

If the student is determined to qualify for an accommodation plan under §504, what accommodations and supports would be necessary for this student to be successful in your class?

Please provide any other information you feel important or relevant that will help the §504 committee fully understand and evaluate this student.

Name	Subject	Date	Signature

TEACHER/ADMINISTRATOR INPUT
FOR §504 MANIFESTATION REVIEW

Student's Name: **Student's ID:** **Grade:** **Campus:**

Teacher's Name: _ **_ Subject matter**

Please identify any and all behavioral concerns or issues you have observed regarding this student. Be as specific as possible.

What strategies, accommodations, supports, and/or interventions have been used by you with this student to date to address your concerns? How successful have these accommodations and supports been for the student?

How would you describe the student's behavior in your class and around his/her peers at school?

Has this had student disciplinary referrals recently in your class? If so, please describe.

Has this student been referred to the campus intervention committee (student support team)? If so, please describe why the committee has not been successful.

Does this student exhibit any signs of health or medical problems? If so, please describe.

Does this student require adaptive equipment or facility adaptation? If yes, please specify.

If the student is determined to qualify for an accommodation plan under §504, what accommodations and supports would be necessary for this student to be successful in your class?

Please provide any other information you feel important or relevant that will help the §504 committee fully understand and evaluate this student.

Name	Subject	Date	Signature