



Section 504  
of the Rehabilitation  
Act of 1973

Handbook

*Revised September 2014*

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## **POSITION STATEMENT**

Princeton 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.

The purpose of this handbook is to:

- Familiarize staff, Section 504 committee members, and parents with Section 504 and provide information regarding state laws and district guidelines for identifying and serving these students.

## **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, Princeton 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**

Princeton 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**

PISD Section 504 services are an integral part of our Response to Intervention (RTI) program. See *PISD RTI Handbook* for additional information. 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 to the student's individualized Student Support Team (SST). Through the SST, students are identified 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 supplement, enhance, and 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 SST 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 campus 504 Coordinator.

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

1. Select a multi-disciplined 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 campus 504 coordinator 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 Teachers 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 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 Infinite 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**

PISD 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 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 campus 504 coordinator will use the same forms and steps taken for an initial evaluation.

## **PROGRAM EVALUATION**

PISD Section 504 services are 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 SST folder will be discarded and the contents of the SST 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
  - Records from SST folder of 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

Princeton 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**

Princeton ISD endorses the position that quality staff development cannot be overemphasized. Princeton 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 10 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 Princeton ISD, please contact the following personnel:

Campus Principal or Counselor	(469) 952-5400
Jean Trout, Special Programs Director	(469) 952-5400
Dr. Jackie Hendricks, Assistant Superintendent	(469) 952-5400

# PISD Forms

## Section 504 Of the Rehabilitation Act of 1973

## Section 504 Process Flowchart and Checklist

Section 504 Referral form is submitted by school SST Committee, parent, or outside professional or agency.

### **School 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 form, 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.

### **School 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 PEIMS clerk flag the student's 504 status in Infinite 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.



### Section 504 Referral Form

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

District/Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Person(s) making referral: \_\_\_\_\_

Relation to student:

Student Support Team (SST)    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
- \_\_\_\_\_ Dyslexia Evaluation
- \_\_\_\_\_ 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:

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**Referral Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Campus 504 Coordinator    School Counselor    Administrator    other



## 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.



# NOTICE OF PARENT AND STUDENT RIGHTS

## The Civil Rights of Students with Disabilities Under Section 504 of the Rehabilitation Act of 1973

U.S. Department of Education  
Office for Civil Rights  
Washington, D.C. 20202-1328

### INTRODUCTION

Section 504 of the Rehabilitation Act of 1973 protects the rights of persons with handicaps in programs and activities that receive Federal financial assistance. Section 504 protects the rights not only of individuals with visible disabilities but also those with disabilities that may not be apparent.

Section 504 provides that: **"No otherwise qualified individual with handicaps in the United States . . . shall, solely by reason of her or his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...."**

The U.S. Department of Education (ED) enforces Section 504 in programs and activities that receive financial assistance from ED. Recipients of this assistance include public school districts, institutions of higher education, and other state and local education agencies. ED maintains an Office for Civil Rights (OCR), with ten regional offices and a headquarters office in Washington, D.C., to enforce Section 504 and other civil rights laws that pertain to recipients of ED funds. (The addresses and telephone numbers of the OCR regional offices are included at the back of this pamphlet.)

This pamphlet answers the following questions about the civil rights of students with hidden disabilities and the responsibilities of ED recipients:

- What disabilities are covered under Section 504?
- What are hidden disabilities?
- What are the responsibilities of ED recipients in preschool, elementary, secondary, and adult education?
- Procedural Safeguards
- Parent's Rights Under Section 504
- Disability Discrimination: Overview of the Laws
- Complaint Processing Procedures
- Contact Information

### DISABILITIES COVERED UNDER SECTION 504

The ED Section 504 regulation defines an "individual with handicaps" as any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment. The regulation further defines a physical or mental impairment as (A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (B) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The definition does not set forth a list of specific diseases and conditions that constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of any such list.

The key factor in determining whether a person is considered an "individual with handicaps" covered by Section 504 is whether the physical or mental impairment results in a substantial limitation of one or more major life activities. Major life activities, as defined in the regulation, include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

## **WHAT ARE HIDDEN DISABILITIES?**

Hidden disabilities are physical or mental impairments that are not readily apparent to others. They include such conditions and diseases as specific learning disabilities, diabetes, epilepsy, and allergy. A disability such as a limp, paralysis, total blindness or deafness is usually obvious to others. But hidden disabilities such as low vision, poor hearing, heart disease, or chronic illness may not be obvious. A chronic illness involves a recurring and long-term disability such as diabetes, heart disease, kidney and liver disease, high blood pressure, or ulcers.

## **THE RESPONSIBILITIES OF ED RECIPIENTS IN PRESCHOOL, ELEMENTARY, SECONDARY, AND ADULT EDUCATION**

For coverage under Section 504, an individual with handicaps must be "qualified" for service by the school or institution receiving ED funds. For example, the ED Section 504 regulation defines a "qualified handicapped person" with respect to public preschool, elementary, secondary, or adult education services, as a person with a handicap who is:

- of an age during which persons without handicaps are provided such services;
- of any age during which it is mandatory under state law to provide such services to persons with handicaps; or
- a person for whom a state is required to provide a free appropriate public education under the Individuals with Disabilities Education Act.

Under the Section 504 regulation, a recipient that operates a public elementary or secondary a education program has a number of responsibilities toward qualified handicapped persons in its jurisdiction. These recipients must:

- Undertake annually to identify and locate all unserved handicapped children;
- Provide a "free appropriate public education" to each student with handicaps, regardless of the nature or severity of the handicap. This means providing regular or special education and related aids and services designed to meet the individual educational needs of handicapped persons as adequately as the needs of nonhandicapped persons are met;
- Ensure that each student with handicaps is educated with nonhandicapped students to the maximum extent appropriate to the needs of the handicapped person;
- Establish nondiscriminatory evaluation and placement procedures to avoid the inappropriate education that may result from the misclassification or misplacement of students;
- Establish procedural safeguards to enable parents and guardians to participate meaningfully in decisions regarding the evaluation and placement of their children; and
- Afford handicapped children an equal opportunity to participate in nonacademic and extracurricular services and activities.

Whether a child is already in school or not, if his/her parents feel the child needs special education or related services, they should get in touch with the local superintendent of schools. For example, a parent who believes his or her child has a hearing impairment or is having difficulty understanding a teacher, may request to have the child evaluated so that the child may receive appropriate education. A child with behavior problems, or one who is doing poorly academically, may have an undiagnosed hidden disability. A parent has the right to request that the school determine whether the child is handicapped and whether special education or related services are needed to provide the child an appropriate education. Once it is determined that a child needs special education or related services, the recipient school system must arrange to provide appropriate services.

## **PROCEDURAL SAFEGUARDS**

A recipient that operates a public elementary or secondary education program or activity shall establish and implement, with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of handicap, need or are believed to need special instruction or related services, a system of procedural safeguards that includes notice, an opportunity for the parents or guardian of the person to examine relevant records, an impartial hearing with opportunity for participation by the person's parents or guardian and representation by counsel, and a review procedure. Compliance with the procedural safeguards of section 615 of the Education of the Handicapped Act is one means of meeting this requirement.

## PARENT'S RIGHTS UNDER SECTION 504

As a parent or legal guardian, you have the right to:

1. Receive notice regarding the identification, evaluation, and/or placement of your child;
2. Examine relevant records pertaining to your child;
3. Request an impartial hearing with respect to the district's actions regarding the identification, evaluation, or placement of your child, with an opportunity for the parent/guardian to participate in the hearing, to have representation by an attorney, and have a review procedure;
4. File a complaint with your school district Section 504 Coordinator, who will investigate the allegations regarding Section 504 matters other than your child's identification, evaluation, and placement; and
5. File a complaint with the appropriate regional Office for Civil Rights.

## DISABILITY DISCRIMINATION: OVERVIEW OF THE LAWS

OCR enforces laws that prohibit discrimination based on disability. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability in programs or activities receiving federal financial assistance. Examples of the types of discrimination prohibited include access to educational programs and facilities, denial of a free appropriate public education for elementary and secondary students, and academic adjustments in higher education. The U.S. Department of Education gives grants of financial assistance to schools and colleges and to certain other entities, including vocational rehabilitation programs. The U.S. Department of Education's Section 504 regulation is enforced by OCR and is in the federal code of regulations at [34 CFR 104](#). Section 504 prohibits retaliation for filing an OCR complaint or for advocating for a right protected by the law, and harassment of students or others because of a disability.

## COMPLAINT PROCESSING PROCEDURES FOR SECTION 504

The Texas Education Agency has no jurisdiction over Section 504 implementation. Complaints alleging a violation of Section 504 may be addressed to your local district 504 Coordinator or to the Office of Civil Rights.

If you wish to challenge the actions of the district's Section 504 Committee in regard to your child's identification, evaluation, or educational placement, please file a written Notice of Appeal with the district's Section 504 Coordinator within 15 calendar days from the time you received written notice of the Section 504 Committee's action(s). An impartial hearing will be scheduled and you will be notified in writing of the date, time, and place for the hearing.

If you disagree with the decision of the impartial hearing officer, you have a right to a review of that decision by a court of competent jurisdiction 34CFR 104.36.

On Section 504 matters other than your child's identification, evaluation, and placement, you have a right to file a complaint with the district's Section 504 Coordinator, who will investigate the allegations to the extent warranted by the nature of the complaint in an effort to reach a prompt and equitable resolution.

You also have the right to file a complaint with the Office of Civil Rights

**CONTACT INFORMATION:** Parents and Guardians may file complaints alleging a violation of Section 504

<p>Princeton ISD</p> <p><b>Jean Trout</b> District 504 Coordinator</p> <p><b>Jackie Hendricks</b> Assistant Superintendent</p> <p>Princeton ISD 321 Panther Parkway Princeton, TX 75407</p> <p>Telephone: 469-952-5400</p>	<p>The Texas OCR Enforcement Office</p> <p><b>The Office for Civil Rights</b> Dallas Regional Office 1999 Bryan, Suite 2600 Dallas, TX 75201</p> <p>Telephone: 214-880-2459 FAX: 214-880-3082 Email: <a href="mailto:OCRDallas@ed.gov">OCRDallas@ed.gov</a></p>	<p>The OCR National Headquarters</p> <p><b>U.S. Department of Education</b> Office for Civil Rights Customer Service Team 400 Maryland Avenue, SW Washington, D.C. 20202-1100</p> <p>Telephone: 800-421-3481 FAX: 202-245-6840 Email: <a href="mailto:OCR@ed.gov">OCR@ed.gov</a></p>
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## Section 504 Evaluation Information from Parents

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

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

### SOCIAL INFORMATION

\_\_\_\_\_  
Name of Father Occupation/Employer

\_\_\_\_\_  
Name of Mother Occupation/Employer

If above are NOT biological parents, explain: \_\_\_\_\_

If biological parents are divorced, when? \_\_\_\_\_

Does child have regular contact with noncustodial parent?  Yes  No

Name of other children in the home: Age Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of other adults in the home: Age Relationship

\_\_\_\_\_

\_\_\_\_\_

What is the primary language spoken in the home? \_\_\_\_\_

Does the family do activities together (i.e. watch TV, go camping, sports, hobbies, etc.)?

What does the child do when not in school? (i.e. watch TV, read, part-time job, play with other children)

Have there been important changes within the family in recent years? (i.e. job changes, moves, deaths, illness, etc.)

## BEHAVIOR

Describe your child's behavior at home (i.e. generally well behaved? Any recent changes in behavior?)

Does your child relate well to other children?  Yes  No Adults?  Yes  No

What methods of discipline are most effective with your child? (i.e. spanking, extra chores, early bedtime, rewards for good behavior)

What is your child's reaction to discipline?

Do you feel your child is experiencing behavioral problems in school? What kind of problems?

What do you think is causing the problem?

Has your child mentioned problems at school? If so, explain:

## ACADEMIC

Do you feel your child is experiencing academic problems in school? What kind of problems?

What do you think is causing the problem?

Has your child mentioned academic problems at school? If so, explain:

How many schools has your child attended?

Has he/she been in special classes?  Yes  No  
If yes, what type of class and where?

Have other family members had learning problems?  Yes  No  
If yes please explain:

## MEDICAL

Mother's age at childbirth: \_\_\_\_\_ Child's weight at birth: \_\_\_\_\_

Was the mother sick or did she have any complications (such as measles) during the pregnancy  
 Yes  No If yes, explain:

Was there anything unusual or wrong during the first year?  Yes  No  
If yes, please explain:

Your child's physical development was:  normal;  rapid;  slow

Has he/she ever had a high fever of 104 degrees or higher for more than a few hours?  Yes  No  
If yes, when and why?

Has he/she ever been unconscious or in a coma, with some illness or from some condition?  Yes  No  
If yes, when, why, and for how long?

Has he/she ever had any kind of head injury or other accident?  Yes  No  
If yes, when and what kind?

Has he/she ever been to a hospital for any kind of operation or sickness?  Yes  No  
If yes, when, why, and for how long?

Is your child currently taking any medication?  Yes  No  
If yes, why, and for how long? Note any side effects.

As you think about your child's health while he/she has been growing up, would you say that medical concerns have been a significant factor in development?  Yes  No

Do you think he/she has any problem seeing?  Yes  No    Hearing?  Yes  No

Is your child under the care of a physician for a medical problem?  Yes  No  
If yes, please explain condition and treatment.

Princeton ISD appreciates any information you have chosen to share in order to better assess the academic needs of your child. Please understand this is voluntary information, which will be kept in a student folder on campus. Please return this form to the counselor.

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

\_\_\_\_\_  
Date

## Section 504 Evaluation Information from the Classroom Teacher

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

District/Campus: \_\_\_\_\_ Teacher: \_\_\_\_\_

1. Attach Samples of Student's Work.
2. What instructional concerns do you have regarding this student?
 

_____ Poor Progress acquiring basic reading skills	_____ Difficulty producing written work
_____ Poor progress acquiring basic math skills	_____ Other
_____ Difficulty in spelling	
3. What behavioral concerns do you have regarding this student?
 

_____ Poor attention and concentration	_____ Extreme mood swings
_____ Noncompliance with teacher directives	_____ Difficulty working with peers
_____ Excessively high/low activity level	_____ Other
_____ Difficulty following directions	_____ None

Please rate the student's behavior in relation to other students of the same AGE in each of the following areas: 1=Poor; 2=Below Average; 3=Average; 4=Above Average; 5=Superior; N=Not Observed

- |  |   |   |   |   |   |   |  |  |  |
|--|---|---|---|---|---|---|--|--|--|
| A. *Receptive English Language Skills  |   |   |   |   |   |   |  |  |  |
| 1. Comprehends word meanings   | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 2. Follows oral instructions   | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 3. Comprehends classroom discussion  | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 4. Remembers information just heard  | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
|  |   |   |   |   |   |   |  |  |  |
| B. *Expressive English Languages Skills  |   |   |   |   |   |   |  |  |  |
| 1. Displays adequate vocabulary  | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 2. Uses adequate grammar for general understanding                             | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 3. Expresses self fluently when called upon to speak                           | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 4. Relates a sequence of events in order (telling a story)                     | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 5. Organizes and relates ideas and factual information                         | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
|  |   |   |   |   |   |   |  |  |  |
| C. *Emotional/Behavioral/Social  |   |   |   |   |   |   |  |  |  |
| 1. Generally cooperates or complies with teacher request                       | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 2. Adapts to new situations without getting upset                              | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 3. Accepts responsibility for own actions                                      | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 4. Makes and keeps friends at school   | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 5. Works cooperatively with others   | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 6. Has an even, usually happy, disposition                                     | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 7. Is pleased with good work   | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 8. Initiates activities independently  | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 9. Responds appropriately to praise and correction                             | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 10. Resists becoming discouraged by difficulties or setbacks                   | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
|  |   |   |   |   |   |   |  |  |  |
| D. *Physical/Motor Coordination  |   |   |   |   |   |   |  |  |  |
| 1. Exhibits adequate gross motor coordination (walking, running, etc.)         | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 2. Displays adequate fine motor coordination (writing, drawing, etc.)          | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 3. Copies correctly from board   | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 4. Displays reversal and/or incorrect sequencing in writing words and numbers. | 1 | 2 | 3 | 4 | 5 | N |  |  |  |
| 5. Complains about headaches, stomach-aches, and/or earaches                   | 1 | 2 | 3 | 4 | 5 | N |  |  |  |

E. \*Academic Characteristics

1. Reads aloud grade level material	1	2	3	4	5	N
2. Comprehends grade level material read	1	2	3	4	5	N
3. Performs math computations at expected grade level proficiency	1	2	3	4	5	N
4. Spells grade level material adequately	1	2	3	4	5	N
5. Writes legibly	1	2	3	4	5	N
6. Retains instruction from week to week	1	2	3	4	5	N
7. Exhibits organization in accomplishing task	1	2	3	4	5	N
8. Completes tasks on time	1	2	3	4	5	N

\* Student services and special programs, which have been provided in response to student's problem(s)

	How Long?	Results?	
_____ Counseling	_____	_____ Effective	_____ Ineffective
_____ School Health Services	_____	_____ Effective	_____ Ineffective
_____ Special Ed. (including Speech)	_____	_____ Effective	_____ Ineffective
_____ Dyslexia Program	_____	_____ Effective	_____ Ineffective
_____ Chapter 1/Compensatory Ed.	_____	_____ Effective	_____ Ineffective
_____ ESL/Bilingual	_____	_____ Effective	_____ Ineffective
_____ Local Remedial Program	_____	_____ Effective	_____ Ineffective
(Specify: _____)			
_____ Other _____	_____	_____ Effective	_____ Ineffective

\* Instructional modifications must be provided or considered for student prior to referral  
 Modifications which have been attempted in response to the student's problem(s) include:

_____ Individual instruction	_____	_____ Effective	_____ Ineffective
_____ Tutoring	_____	_____ Effective	_____ Ineffective
_____ Alternate methods of presentation	_____	_____ Effective	_____ Ineffective
_____ Ability grouping	_____	_____ Effective	_____ Ineffective
_____ Changed seat	_____	_____ Effective	_____ Ineffective
_____ Changed class	_____	_____ Effective	_____ Ineffective
_____ Behavior management	_____	_____ Effective	_____ Ineffective
_____ Grading on individual basis	_____	_____ Effective	_____ Ineffective
_____ Adapted methods of testing (oral)	_____	_____ Effective	_____ Ineffective
_____ Peer tutoring	_____	_____ Effective	_____ Ineffective
_____ Modified/shortened assignments	_____	_____ Effective	_____ Ineffective
_____ Extra time for completion of work	_____	_____ Effective	_____ Ineffective
_____ Taping written materials	_____	_____ Effective	_____ Ineffective
_____ Discussing problem with speech therapist	_____	_____ Effective	_____ Ineffective
_____ Other _____	_____	_____ Effective	_____ Ineffective

What type of assistance which cannot be provided in the regular classroom do you feel this student needs?

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\_\_\_\_\_  
 Signature of teacher completing this section

## Committee Checklist for Determining Section 504 Eligibility

To qualify for accommodations for a disability under Section 504, a student must a) have a physical or mental impairment that substantially limits a major life activity at school, b) have a record of having such an impairment, or c) be regarded as having such impairment.

If the student needs individually designed instruction due to the severity of the impairment, then the student should be referred to Special Education for evaluation and possible placement under IDEA. If a student does not need accommodations or modifications at school beyond those normally made available to all students, then (s)he is not eligible for an accommodation plan under Section 504. The following questions will help guide the committee in determining whether the student's learning is substantially limited as a result of the impairment. Generally, there should be multiple indications of difficulty before the committee determines if the student is substantially limited in a major life activity at school.

### Work Habits

- Yes  No Has the student demonstrated a consistent need for substantially more time to complete in class assignments than required by typical students?
- Yes  No Has the student demonstrated a consistent need for substantially more time to complete homework assignments than required by typical students?
- Yes  No Does the student consistently turn in incomplete tests and assignments? Is the student able to demonstrate his/her knowledge when given more time?
- Yes  No Does the student have significant difficulty with planning, organization and performing school-related assignments and other activities?
- Yes  No Is the student chronically absent or tardy due to a physical or mental impairment?
- Yes  No If so, are those absences/late arrivals significantly interfering with his/her educational progress?

### Behavior

- Yes  No Does the student exhibit frequent behaviors (such as impulsivity, inattentiveness, aggression, drowsiness) that may be associated with the student's physical or mental impairment or the medication that the student is taking?
- Yes  No Do those behaviors significantly interfere with the student's educational progress?
- Yes  No Does the child exhibit behavior requiring frequent disciplinary actions (principal's office, meetings with parents, suspensions, expulsion, etc.)?

If yes to any of the above three questions, describe those behaviors and indicate specifically the impact on school performance.

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### Academic

- Yes  No Has the student experienced a significant decline in academic performance that is due to the physical or mental impairment?
- Yes  No After appropriate intervention strategies have been attempted in the regular education classroom, does the student still have significant learning problems?
- Yes  No Does the student's physical or mental impairment substantially limit his/her ability to learn or access the educational program in any manner not already indicated? If so, explain:

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- Initial Evaluation
- Re-Evaluation



## Section 504 Evaluation

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

Dist./Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

I. Data Reviewed and attached

- |   |  |
|---|--|
| <input type="checkbox"/> Cumulative Folder<br><input type="checkbox"/> Health Record<br><input type="checkbox"/> Test Scores<br><input type="checkbox"/> Criterion ref. (STAAR/EOC)<br><input type="checkbox"/> Norm-ref. (NAPT, ITBS)<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Attendance Record<br><input type="checkbox"/> Discipline Record<br><input type="checkbox"/> Report Cards<br><input type="checkbox"/> Teacher Information<br><input type="checkbox"/> Parent Information<br><input type="checkbox"/> 504 Eligibility Checklist |
|---|--|

II. Options considered by SST Committee:

- |  |  |
|--|--|
| <input type="checkbox"/> RTI Strategies Tier 1<br><input type="checkbox"/> RTI Strategies Tier 2<br><input type="checkbox"/> Special Education Referral<br><input type="checkbox"/> Gifted/Talented Referral<br><input type="checkbox"/> Counseling<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Title 1 AMI/ARI<br><input type="checkbox"/> Tutoring<br><input type="checkbox"/> STAAR/EOC Remediation Class<br><input type="checkbox"/> Dyslexia Referral<br><input type="checkbox"/> ESL/Bilingual Referral |
|--|--|

III. List areas of suspected impairment and/or specific educational need:

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IV. Adaptive Behavior

Is the student's behavior consistent with that of other students of the same age, sex, and cultural group?

Yes \_\_\_\_\_ No \_\_\_\_\_

Adaptive Behavior Scale: (attached if applicable)

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

Test Administrator: \_\_\_\_\_

Results: \_\_\_\_\_

V. Other Assessment Instruments: (attached if applicable)

Name of Test(s): \_\_\_\_\_

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

Test Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

Results: \_\_\_\_\_

VI. DETERMINATION OF DISABILITY UNDER SECTION 504

The student **has** a physical or mental impairment which substantially limits one or more major life activities and the impairment impacts the child’s ability to access and/or benefit from the general education program without accommodations and/or related services.

The impairment is: \_\_\_\_\_.

The student **does not have** a physical or mental impairment which substantially limits one or more major life activities relative to his/her education and is able to access and succeed in the general education program without accommodation.

The student **does not have** a physical or mental impairment which substantially limits one or more major life activities relative to his/her education and is able to access and succeed in the general education program with RTI \_\_\_\_\_ Tier 2 / or / \_\_\_\_\_ Tier 1 accommodations.

The child **has been referred** for further evaluation. The team is unable to determine whether the child has an impairment that substantially limits a major life activity, or the team believes the child may be eligible for services under IDEA.

The child has a diagnosed physical or mental impairment which is addressed in a **Health Care Plan**. Additional 504 Plan is not necessary.

VII. Recommendations:

\_\_\_\_\_ Remain in regular education (no accommodations needed)

\_\_\_\_\_ Refer back to RTI program: Tier 1\_\_\_\_\_ Tier 2\_\_\_\_\_

\_\_\_\_\_ Regular education with 504 student accommodation plan for academics

\_\_\_\_\_ Regular education with 504 student accommodation plan for behavior

\_\_\_\_\_ Dyslexia Program

\_\_\_\_\_ Special Education referral

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

VIII. Date to begin: \_\_\_\_\_ Follow up: \_\_\_\_\_



## Section 504 Student Accommodation Plan

Student: \_\_\_\_\_ Completed by: \_\_\_\_\_

### Academic Areas

√ = Academic Accommodation

Language Arts	Math	Science	Social Studies	Other:	Other:	Other:	<div style="border: 1px solid black; padding: 5px;">                     Teacher(s): This student is enrolled in your class and has a 504 Plan. Based on the evaluation data reviewed by the school 504 Committee, we have determined that this student would benefit from, and is entitled to, the following accommodations                 </div>
							Avoid assignment requiring copying or timed writing
							Assign work in smaller amount or chunks
							Shorten time required for tasks
							Lengthen time required for tasks
							Other:
							<b>Methods</b>
							Content mastery class
							Shorten time required to listen to teacher
							Use special or preferential seating
							Ask questions requiring short answers
							Reduce distractions
							Avoid penalizing for spelling errors
							Use multiple learning modes (tactile aids, etc.)
							Use outline presented before the lecture
							Let student type, record or give answers orally
							Provide a copy of lecture notes and/or transparencies
							Have student dictate work and then student recopy it
							Provide alt. methods in completing assignments
							Buddy system (cooperative method)
							Other:
							<b>Exam Modifications</b>
							Allow more time for completion
							Reduce length
							Small group administration
							Use objective terms
							Give exam orally
							Other:
							<b>Materials</b>
							Use concrete materials (manipulative, pictures, etc.)
							Highlighted textbooks
							Tape recorder
							Color overlays
							Word processor/keyboard
							Calculator
							Other:



## Section 504 Behavior Intervention Plan

**[This form must be used when the §504 Committee determines that regular discipline is inappropriate.]**

<b>Student Name:</b>		Student ID:	
Date of Plan:		School:	
Please list below each behavior, reinforcement, consequence and person responsible for administering the reinforcement or consequence. Appropriate intervention is based on assessment data, discipline history, social history, parent reports and other data.			
<b>Behaviors targeted for intervention:</b>			
<b>Please select or add the appropriate behavior interventions for this student. Please use the notes and information page to explain choices and to ensure compliance.</b>			
<input type="checkbox"/> Clearly defined limits	<input type="checkbox"/> Journal of daily behaviors	<input type="checkbox"/> Proximity seating	
<input type="checkbox"/> Frequent reminder of rules	<input type="checkbox"/> Reinforce appropriate behavior	<input type="checkbox"/> Cooling off period	
<input type="checkbox"/> Reduce distracting stimuli	<input type="checkbox"/> Supervised unstructured time	<input type="checkbox"/> Peer intervention	
<input type="checkbox"/> Consistent routine	<input type="checkbox"/> Behavioral contract (attach)	<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
<b>Communicate behavioral progress or status with parents through (check one):</b>			
<input type="checkbox"/> Weekly tracking form	<input type="checkbox"/> Notes home	<input type="checkbox"/> Phone call	
<input type="checkbox"/> Daily tracking form	<input type="checkbox"/> Email	<input type="checkbox"/> Parent conference	
When a communication other than a tracking form is chosen, describe the frequency of required contact here (when particular behaviors occur, every two weeks, etc).			
<b>When a targeted behavior occurs, the following occurs:</b>			
Targeted Behavior	Reward for desired behavior	Consequence for undesired behavior	Person responsible for Reward or consequence



## Notice of 504 Identification

### THIS FORM IS TO REMAIN IN CUMULATIVE FOLDER

The following student has been identified under Section 504 of the Rehabilitation Act of 1973 as a student who has, has a record of having, or is regarded as having a physical or mental impairment which substantially limits a major life activity such as learning, self-care, walking, seeing, hearing, speaking, breathing, working, or performing manual tasks.

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

Student I.D. #: \_\_\_\_\_ District: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Additional information may be obtained from the campus administrator.

Form completed by: \_\_\_\_\_

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



## Section 504 Annual Review

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

Student: \_\_\_\_\_ ID# \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ 504 Coordinator \_\_\_\_\_

**Purpose of Meeting:** Under 504 guidelines, the school 504 team is required to periodically review the student's progress and make recommendations to continue, modify or terminate the program.

**Discussion of Progress** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Effectiveness of Accommodations** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Recommendations

- Continue the present Student Accommodation Plan with no changes.
- Modify the present Student Accommodation Plan (see attached)
- Exit from Section 504 program based upon the following evaluation results.

**Discussions of Recommendations** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following members of the 504/SST Committee were present at this meeting:**

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Parent

\_\_\_\_\_  
504 Administrator

\_\_\_\_\_  
Other