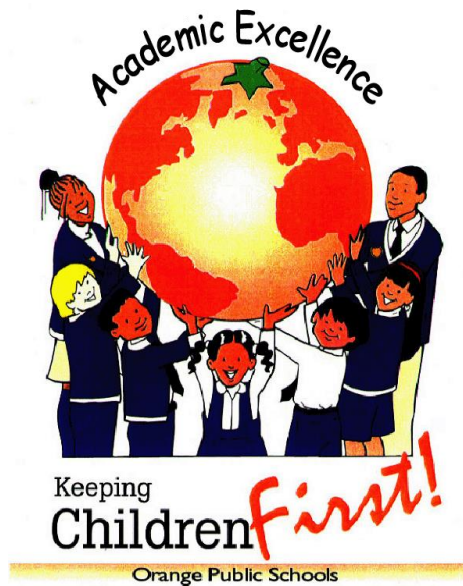


# *504 GUIDE BOOK*

## *Orange Township Public Schools*



### **Procedures and Forms For The Identification, Evaluation and Provision Of Services Under Section 504 of the Rehabilitation Act of 1973**

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# Vision

“The Orange Public School District commits to provide a safe and caring environment where each student is expected to grow and succeed. We pledge to prepare all students with equitable opportunities for college and career readiness, leading to lifelong learning and responsible citizenship in a competitive global community.”

## Orange Public Schools Mission Statement

- The Orange Public School District in collaboration with all stakeholders is responsible for promoting the academic, social, emotional and personal success of all students.
- With a commitment to academic excellence, the District provides teachers, families, and administrators the tools needed for all students to reach their full potential.
- 
- The District serves all students in our school, acknowledging their unique backgrounds, cultural perspectives and learning styles.
- 
- The District recognizes that curiosity, discipline, integrity, responsibility and respect are necessary for success.
- 
- The Orange School District cultivates a community of 21<sup>st</sup> century learners where students take ownership of the learning process, achieve high standards of excellence, and focus on academics.

**No Alibis, No Exceptions, No Excuses!**

The ORANGE PUBLIC SCHOOL DISTRICT does not discriminate on the basis of disability in its admissions procedures, access to educational services, or treatment of students, staff, or the community in its programs, services, or activities. Any student, parent, or guardian who believes that the impact of a disability might be helped by assistance from the District, may present a request to an intervention referral Team for evaluation or use of the identification procedures located in this handbook. If that disability meets federally mandated criteria, according to Section 504 of the Rehabilitation Act of 1973, the District will provide assistance.

Section 504 of the Rehabilitation Act of 1973 was designed as civil rights legislation for individuals with disabilities. The section reads:

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

Section 504 eligibility results in the provision of a free appropriate public education (FAPE) to students and qualified adults with disabilities who may not be covered by the Individual with Disabilities Education Act (IDEA). Many requirements of the regulation implementing Section 504 concerning FAPE parallel the requirements of (IDEA). However, in some important respects the requirements of the laws are different. Students who qualify for services under IDEA have certain specific types of disabilities that require special education and related services. The Section 504 definition of a disability is much broader, including any physical or mental impairment that substantially limits one or more major life activities. Section 504 covers all students who meet this definition, even if they do not fall within a special education category and do not need special education and related services. In contrast to the IDEA, Section 504 is an anti-discrimination law and is not an educationally based law.

This document is designed to ensure legal compliance with the federal statute and to ensure all staff is trained and aware of the District's responsibilities under the law. This document will outline who is, and who is not, eligible for Section 504 assistance, and the procedures that govern the identification, evaluation, services to, and placement of students who may be eligible for a FAPE under Section 504.

This document does not address employment, or staff, parent, or community members' rights under Section 504.

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# SECTION ONE

## General Information about Section 504

### A. GENERAL DEFINITIONS

**1. 504 Student:** Any student who has, or has a record of having, or is regarded as having, a physical or mental impairment which substantially limits one or more major life activities such as learning, self-care, walking, seeing, hearing, speaking, breathing, working, and performing manual tasks.

**2. Parent:** Parent means a natural or adoptive parent, a guardian, an adult person acting as a parent, a foster parent, or a district-appointed surrogate parent. This term includes a person acting in the place of a parent, such as a grandparent, or stepparent with whom the Section 504 student lives, as well as being legally responsible for the student's welfare.

**3. Section 504 Coordinator:** This is a certificated staff member at each school who is designated to coordinate all Section 504 activities within the school and is responsible for coordinating all aspects of the 504 referral and evaluation process. In most instances, schools will designate staff members such as the school nurse, counselor, or administrator.

**4. Initial Evaluation:** A procedure used to determine whether the student has a disability and is Section 504 eligible. These procedures will determine whether the disability substantially limits a major life activity, and the nature and extent of the student's need for services, accommodations, and modifications to receive a free appropriate public education (FAPE).

**5. Reevaluation:** These are the procedures used to determine the Section 504 student's continuing eligibility; before any action with respect to significant changes in placement; and when determining the appropriateness of the services being provided to the student with a disability.

**6. Significant change in placement:** A "significant change in placement" is a placement that changes the nature, type, or duration of the regular or special education and related aids and services that a disabled student is receiving under his/her current Section 504 plan. A minor change in the student's program or services, such as a new teacher or moving to a different classroom or building, would not in most cases trigger a re-evaluation; the change must be significant and must relate to the individual disabled child's program or services.

**7. Substantially Limits:** For a student to qualify as a 504 student, he or she must have a mental or physical impairment that substantially limits a major life activity at the current time. Simply having an impairment does not automatically qualify a student for Section 504 services, accommodations, and modifications. The term "substantially limits" means significantly restricted as to the condition, manner, or duration under which a student can perform a particular major life activity as compared to the average student in the general population.



**8. Consent:** This means the parent or adult student has been fully informed of all information relevant to the activity for which consent is sought in his or her native language or other mode of communication and the parent or adult student has agreed to the activity in writing.

**9. Day:** Day means calendar day unless otherwise indicated as a business day or school day. Business day means Monday through Friday, except for federal and state holidays, unless those holidays are specifically included in the designation of a business day. School day means any day, including a partial day that students are in attendance at school for instructional purposes.

**10. Services, accommodations, and modifications:** Services, accommodations, and modifications could refer to transportation, or such developmental, corrective, preventative and other supportive services as required to assist and provide the Section 504 student a free appropriate public education. These include, but are not limited to, the following: Use of highlighted or underlined reading materials, provide visual aids, provide concrete manipulative materials, provide tape recorded texts, allow use of a calculator, provide materials with wide spaces, provide visual cues, read written material to student, provide organizational aids, utilize peer tutors, use clear and concise directions, provide written steps for student, have student repeat directions to teacher, reduce paper and pencil tasks, divide tasks into parts, give one part at a time, give tests orally, give multiple choice only, use essay tests, shorten length of tests, provide positive reinforcements, allow projects to be presented orally on tape, use preferential seating, monitor and redirect student, modify attendance policy, to name a few.

**11. Supplementary Aids and Services:** This is the use of related aids, services, and other supports that are provided in the general education classes or other education related settings to enable students with disabilities to be educated with non-disabled students to the maximum extent appropriate in accordance with the student's Section 504 Plan.

**12. Section 504 Plan:** This means a 504 student's written description of the specific modifications, adjustments, accommodations, or other related aids and services to be provided in the regular classroom. This plan should be sufficiently detailed to allow teachers to address the individual disability-related needs of the 504 eligible students.

**13. Assistive Technology:** This means any item, piece of equipment, or product system whether acquired commercially off the shelf, modified, or customized-that is used to increase, maintain, or improve the functional capabilities of 504 students.

**14. Controlled Substance:** This means a drug or other substance regulated by the government.

**15. Illegal drug:** This means a controlled substance, but does not include a substance that is legally possessed or used under the supervision of a licensed health-care professional or that is legally possessed or under any other authority under the Controlled Substances Act or under any other provision of federal law.

**16. Dangerous Weapon:** This means a weapon, device, instrument, material, or substance, animate, or inanimate that is used for, or is readily capable of, causing death, or serious bodily injury. A dangerous weapon does not include a pocket knife with a blade of less than 2 ½ inches in length.

**17. FAPE:** Free Appropriate Public Education.

**18. Dangerous Behavior:** Behavior that is substantially likely to result in injury to the student or to others even when the school has made reasonable efforts to minimize the risk of harm in the student's current placement, including the use of supplementary aids and services.

**19. Serious Bodily Injury:** This means an injury that creates a substantial risk of death, extreme physical pain, protracted and obvious disfigurement, protracted loss or impairment of the function of a body member, organ, or mental faculty.

Serious Bodily Injury is NOT:

- A cut, abrasion, bruise, burn, or disfigurement;
- Physical pain;
- Illness;
- Impairment of the function of a bodily member, organ, or mental faculty; or
- Any other injury to the body, no matter how temporary

## **B. FREE APPROPRIATE PUBLIC EDUCATION**

Section 504 requires the District to provide a "free appropriate public education" (FAPE) to each qualified person with a disability who is in the District's jurisdiction, regardless of the nature or severity of the person's disability.

For elementary and secondary education programs, a qualified disabled person is:

1. of an age during which it is mandatory under state law to provide such services to persons with disabilities;
2. of an age during which persons without disabilities are provided such services; or
3. a person to whom a state is required to provide a free appropriate public education under the Individual with Disabilities Education Act (IDEA).

An appropriate education is the provision of regular or special education and related aids and services that are designed to meet individual educational needs of disabled persons as adequately as the needs of non-disabled persons are met

For all Section 504 students an appropriate education will include:

1. Nondiscriminatory evaluation and placement procedures established to guard against misclassification or inappropriate placement of students, periodic reevaluations of eligible students who have been provided services, accommodations, and modifications, and periodic reassessments of eligible students' services, accommodations, and modifications. (See Section Two of the Procedures);
2. Educational services designed to meet the individual educational needs of disabled students as appropriately as the needs of non-disabled students are met;
3. The education of and provision of nonacademic and extracurricular services and activities to a disabled student with non-disabled students, to the maximum extent appropriate to the needs of the student with a disability. Section 504 students will be placed in the same academic setting as non-disabled students unless it is demonstrated that the education of the student in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. Non-academic or extracurricular services could include meals, recess, physical education, and recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the school, referrals to agencies that provide assistance to persons with disabilities.
4. A system of procedural safeguards with respect to actions regarding identification, evaluation, services, and educational placement. These include notice, an opportunity for the parents or guardian to examine relevant records, an impartial hearing with opportunity for participation by parents or guardian and representation by counsel, and a review procedure.

All Section 504 Plans, referral forms, and reevaluation and reassessment information shall be sent to the 504 Coordinator, and kept in a secure central location in the District. Additionally, each eligible student's Section 504 Plan shall be kept in the student's Section 504 file at the school.

## **SECTION TWO**

### **Identification, Referral, Evaluation and Placement**

#### **Procedures**

The Section 504 Process consists of four steps: (1) Referral; (2) Evaluation; (3) Eligibility Determination; and (4) the Section 504 Plan. For eligible students with a plan, the District must also provide regular reviews of the plan, reviews to support changes in program and/or transitions across grade levels, and conduct re-determination evaluations. A Section 504 plan may be revised or discontinued at any time. The plan should be reviewed at least annually and updated, as needed, based on changes in student status and the context at school.

#### **IDENTIFICATION PROCEDURES FOR 504 STUDENTS** **(Child Find Procedures)**

The District will conduct child find activities for the purpose of locating, evaluating, and identifying all potential Section 504 eligible students who are enrolled in District elementary and secondary schools and/or programs and who are not currently receiving a free appropriate education under 504.

The District and/or individual schools will conduct the activities delineated below, which are calculated to reach highly mobile students, such as homeless and migrant students and students who are suspected of being disabled and in need of services, accommodations, and modifications, even though they are advancing from grade to grade. Identification activities shall occur frequently and routinely, therefore no specific time lines are mandated; however, child find activities shall occur during the entire school year and should reach both students who have been in the school all year and newly enrolled students.

- The District and/or individual schools shall encourage identification of potential Section 504 students by notifying all parents in the school of the availability of Section 504 services, accommodations, and modifications and by posting conspicuous notices in the school buildings.
- Individual schools shall also encourage staff members to identify students they believe are potentially disabled and could be eligible for Section 504 services, accommodations, and modifications. Staff members could include teachers, counselors, nurses, para-professionals, drug and alcohol counselors, family support workers, and other staff members who have had personal interactions with the student.
- Individual schools shall ensure that the staff members are familiar with the Section 504 Identification Request Form and the Section 504 Referral Form.
- Each school shall ensure that it has a 504 Coordinator. The 504 Coordinator is responsible for ensuring that students are evaluated and placed in a timely manner, once the potentially eligible student is identified.
- Each school is responsible for informing parents of 504 eligible and potentially 504 eligible students of their rights and providing them with the Notice of Parent and Students Rights Under Section 504. This should occur on an annual basis.

- Each school is responsible for ensuring that child find activities are documented and are conducted on a routine and frequent basis.
- Individual schools should attempt to identify potentially eligible 504 students whose disabilities are not limited to learning or other academic problems. Students who are having difficulties, such as caring for themselves, performing manual tasks, walking, breathing, seeing, hearing, speaking, learning and working should be identified as potentially eligible for services, accommodations, and modifications under Section 504.

## **REFERRAL, EVALUATION, AND PLACEMENT PROCEDURES**

### **Referral to the School 504 Coordinator**

Students suspected of having a disability may be referred to the school Section 504 Coordinator for evaluation by any source in writing, (or orally by the parent if the parent does not know how to write or has a disability that prevents a written statement). Sources include, but are not limited to, parents, medical personnel, school district or other public agency personnel, community agencies, and or civil authorities. All requests received by school personnel will be referred to the school's Section 504 Coordinator. The school's Section 504 Coordinator is responsible for coordinating all aspects of the 504 referral and evaluation.

Persons who make oral requests to school staff for a Section 504 referral should be directed by school staff to also make their request in writing. If an oral request has been made, the referral process should not be delayed by lack of a written request for referral.

The party wishing to make a referral should send to the school's Section 504 Coordinator a written statement stating the name of the student to be referred, as well as any relevant information that may help the school determine whether the student should be evaluated for Section 504 eligibility. Such information should include the nature of the suspected disability, if known.

Within **20 school days** of receipt of a request for referral, the school Section 504 Coordinator should refer the student to the Team for consideration of a Section 504 evaluation. A referral should also be made in the following circumstances:

- When a student is referred under the IDEA, but the decision is not to evaluate, yet the student is suspected of having a disability;
- When a student is evaluated under the IDEA, but is deemed ineligible, yet the student is suspected of having a disability;
- When a student displays continued behavior problems; or
- When a student has a major health concern.



**Notice to Parent:** *The parent must be notified of the Section 504 Coordinator's action on the student's referral. The parent may challenge a decision to not refer the student to the 504 Team through the Section 504 hearing process.*

## **Review for Evaluation**

The Section 504 Coordinator will coordinate a meeting of the 504 Team to consider the referral. The 504 Team is made up of the school Section 504 Coordinator, at least one staff member who is knowledgeable about the student and representatives of at least three different disciplines. The makeup of the Team will vary, depending on who is referred and the nature of the suspected disability. The Team is encouraged to invite parents to this review; however parent attendance and consent is not required at this stage.

The Team should review the referral, collect and examine existing school, medical and other records provided by the parent or school district, and determine whether or not to conduct an evaluation. **The Team decision will be made within 20 school days of receiving the referral.** The decision shall be written and shall include the names of the persons making the decision.



***Notice to Parent:** Parents will be notified of the Team decision regarding whether to evaluate or not. The parent may challenge a decision to not evaluate the student through the Section 504 hearing process*

## **Evaluation of the Student**

### **Members of the Team for Evaluation**

Each student will be evaluated for Section 504 eligibility and placement by the Team. The designated Section 504 Coordinator will facilitate the assembly of the Team. The Team will consist of qualified professionals and should be knowledgeable about the student and the student's suspected disability. Members of the Team could include the parent, school nurse, the student's teacher, counselor, school psychologist, the principal, the assistant principal, and any other appropriate school personnel member. At a minimum the Team shall include:

- At least one person knowledgeable about the suspected disability
- At least one person knowledgeable about the meaning of the evaluation data
- At least one person who can administer tests
- At least one person knowledgeable about the child
- At least one person knowledgeable about the placement options

Each professional member of the Team shall be licensed, registered, credentialed, or certificated, according to his or her professional standards in accordance with state statutes and rules.

### **Evaluation Procedures**

The Team is responsible for ensuring that the student receives an appropriate evaluation consistent with Section 504 standards. The Team must determine what information is needed in order to make an informed and accurate decision as to whether or not the student has a disability. The Team shall use the following procedures in every evaluation or reevaluation of an eligible or potentially eligible Section 504 student:

The evaluation shall be sufficient to identify the regular or special education and related aids and services needed to provide a free appropriate public education to the student. The Team should use assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the student.

The Team will gather data and information from a variety of sources. Sources of evaluation data may include, among others, formal testing, student grades, health information, parent information, teacher comments, standardized test scores, and disciplinary referrals as well as any needed information that helps in the decision making process. The Team will determine the scope of data to be gathered and reviewed.

After reviewing and carefully considering all information, the Team will make the following determinations:

- Whether the student has a physical or mental impairment; and
- Whether the student's physical or mental impairment substantially limits one or more major life activities.

If the Team determines that the student is eligible, the Team will propose services, accommodations, and modifications to address the student's disability related needs.

The Team will prepare a report detailing the determinations and recommendations. The report shall be signed by each member of the Team, and sent to the parents/adult student along with a notice of procedural safeguards, including information on the process for challenging the Team's determination.

### **Eligibility Considerations**

The Team will take the following guidance into account in reaching its decision regarding eligibility under Section 504. Should questions arise regarding these considerations, the school Team should consult with the Section 504 Coordinator.

#### **Temporary Medical Conditions**

In order for a medical condition to be considered a disability under Section 504, the condition must substantially limit one or more major life activities. Temporary, non-chronic impairments that do not last for a long time, and that have little or no long-term impact are generally not considered to be a disability under Section 504. For example, a temporary impairment such as a broken leg is not commonly regarded as a disability, and only in rare circumstances would the degree of the limitation and its expected duration be substantial. In this occasion a building level health plan will be put into place by the Team. Generally, a condition must be expected to last longer than six months to be found eligible.

#### **Serious or Specific Medical Conditions**

Serious or specific medical conditions, such as diabetes, may require the development of a health plan.

#### **Parental Placements in Private Schools or in Home School**

Section 504 requires the district to provide FAPE to all elementary and secondary students with disabilities. If the parent declines to enroll the student in the District's education program that provides FAPE and instead enrolls the student in a non-District program, the District is not required to provide

FAPE/Section 504 services, accommodations or modifications to the student.

IDEA may require that students in non-district programs be provided certain services. Students covered by IDEA should be reviewed under the District's IDEA procedures.

### **Section 504 Students Who Receive a Standard High School Diploma**

Section 504 requires that FAPE be provided to elementary and secondary students. When a student with a disability meets all District standards for receipt of a standard high school diploma and is awarded such a diploma, the District is no longer required to provide FAPE and the District's Section 504 responsibilities to provide FAPE end.

## **Plan Development and Plan Implementation**

### **Developing the Section 504 Plan**

Once the Team has determined that the student is eligible for Section 504 services and has completed the evaluation report, the Team will meet and determine the appropriate services, accommodations, and modifications that will be provided to address the student's disability-related needs. If possible, the Team creating services, accommodations, and modifications should also include all of the student's teachers and the parent. The Team shall develop the Section 504 plan that incorporates all services, accommodations, and modifications that will be provided and indicate who is to provide each service and/or accommodation.

On occasion, some services, accommodations, and modifications may require additional resources that the school alone is unable to provide. In these situations the school's 504 coordinator will promptly communicate with the District 504 Coordinator to ensure that necessary District support is available to ensure that the service or accommodation is provided.

The student's Section 504 plan will be developed no more than **20 school days** after the evaluation report is issued by the Team.



**Notice to Parent:** *Parents must be given notice and invited to the planning meeting. Parents will be notified of the placement decision and parents may challenge the decision through the district's Section 504 hearing process.*

**Consent of Parent:** *Parental consent is needed before implementing the Section 504 plan. If consent is not obtained, the District may choose to initiate procedures to override the lack of parental consent.*



## **Implementing the Section 504 Plan**

Once the student's Section 504 plan is finalized, and parent/adult student consent is received, the 504 Coordinator shall immediately notify each of the student's teachers about the services, accommodations, and modifications, and shall insure that all services, accommodations, and modifications are provided.

# **SECTION THREE**

## **Annual Reviews And Reevaluations**

### **ANNUAL SECTION 504 PLAN REVIEW**

The period covered by a student's Section 504 services and accommodations plan will generally be for one school year. An Annual Review of each Section 504 student's services, accommodations, and modifications by the Team shall be completed by September 30 of each school year. Each school must ensure that the annual review process is completed and any necessary evaluations and program changes are in place by November 1.

The Team for the annual review should include at least one person knowledgeable about the student, at least one person knowledgeable about the disability, the 504 Coordinator, and at least one of the student's teachers.

The annual Team review of the Section 504 Plan is conducted to evaluate whether the student continues to be eligible for Section 504 services and accommodations, and to determine whether the services and accommodations that are currently being provided continue to be appropriate. The Team completes a file review and observation of the student, if observations are determined to be necessary, as well as review any new assessments.

The Team may determine that:

- The Plan continues to be appropriate
- Modifications in the Plan may be needed
- The student should be referred to the CST under the IDEA
- The student is either no longer eligible under Section 504 or no longer requires a Plan



**Notice to Parent:** *Parents must be given notice and invited to the reevaluation meeting. Parents must be notified of the placement decision and parents may challenge the decision through the district's Section 504 hearing process.*

**Consent of Parent:** *Parental consent is needed before implementing the Section 504 plan. If consent is not obtained, the District may choose to initiate procedures to override the lack of parental consent.*

### **Extend the Section 504 Plan**

If the Team determines that no new services, accommodations, and/or modifications are necessary, the Team will validate the current Section 504 Plan by extending the Section 504 Plan for another year and documenting the extension on the Plan.



*Notice to Parent: The parent must be notified if the student's Section 504 Plan is validated for another year.*

### **Modify the Section 504 Plan if Needed**

The Team will determine what modifications, if any, are necessary to the Section 504 Plan. The new plan will be completed and the Section 504 Coordinator will provide a copy to the teachers.

On occasion some services, accommodations, and/or modifications may require additional resources that the school alone is unable to provide. In these situations the school Section 504 Coordinator will promptly communicate with the District 504 Coordinator to ensure that necessary central support is available to ensure that the services, accommodation and/or modifications are provided.



*Notice to Parent: The parent must be notified if the student's Section 504 Plan is modified and provided with a copy of the modified Plan.*

If the Team determines that the services, accommodations are not appropriate then a termination letter will be sent to the parents by the 504 Coordinator within 20 days of the reevaluation meeting.

### **Conduct a Reevaluation if Needed**

The Team will conduct the reevaluation using procedures consistent with the District's initial evaluation and reevaluation procedures.

### **Reevaluation**

The purpose of the reevaluation is to determine if the student continues to be qualified for Section 504 services, modifications, and accommodations because the student continues to have an impairment, which substantially limits a major life activity. The reevaluation also provides information for decisions about the appropriateness of the Section 504 plan.

### **A Reevaluation Will Be Conducted When:**

- It has been at least a year since the previous evaluation and updated information is necessary.
- There is a significant change in placement.
- A reevaluation has been requested by either parents/adult students or the school.

### **The Team Conducts the Reevaluation**

Within **20 school days** from the initiation of the reevaluation process, the Team will:

Review existing evaluation data and obtain input from the student's parents on the student, including:

- Prior evaluations and information;
- Current classroom-based assessment and observations; and
- Observations by teachers and related services providers.

The Team must identify and obtain what additional data, if any, is needed to determine:

- Whether the student continues to have a disability;
- Whether the student continues to need services, modifications, and accommodations under Section 504;
- Whether more tests and evaluations are needed to make a determination of the nature and amount of services, modifications and accommodations; and/or
- If no other data is needed then eligibility can be established using current data.



**Notice to Parent:** *Parents will be provided with written notice consistent with the notice requirements for the initial evaluation prior to conducting the reevaluation. Consent is not required before reviewing existing data as part of the reevaluation or administering tests or other evaluations that are administered to all students unless consent is required of every student. Parental consent is not required for reevaluation if the school can demonstrate that it has taken reasonable measures to obtain that consent and the student's parents have failed to respond.*

The Team may conduct and complete the review without meeting, but if a meeting is required, the Section 504 Coordinator will provide the parent with notice and an opportunity to participate in the meeting.

If the Team determines that the student is no longer eligible for services, accommodations, and modifications under Section 504, the Team will document the reasons for the determination. The Section 504 Coordinator will ensure that the student's teachers are informed of the determination.

If the Team determines that the student continues to be eligible and in need of services, accommodations and modifications under Section 504 are to be completed by the Team within **30 school days** from the completion of the reevaluation.



Notice is sent to the parent regarding the eligibility decision, and whether any additions or modifications are needed to enable the student to have a free appropriate public education, **within 20 school days** after completion of the reevaluation.

## **SECTION FOUR**

### **Discipline of Section 504 Students**

#### **DISCIPLINE AND THE 504 STUDENT**

This section offers guidance on the trends in disciplinary cases and complaint resolution pertaining to students with disabilities. It is a general guide for school personnel concerned with discipline issues and students with disabilities protected by Section 504. Due to the lack of explicit guidance from the OCR, the following compilation is a review of the literature and practices regarding trends in the discipline of students with disabilities. Note that the discipline of a student with a disability should be determined on a case-by-case basis, with assistance of the District 504 Coordinator as appropriate. Individual cases and situations should be considered on their own merit and individual circumstances considered in all situations. What is important under Section 504 is that students with disabilities cannot be denied services based solely on their disabilities.

#### **Removals for Ten Days or Less**

If a 504 student is disciplined by a removal for periods of less than ten (10) school days, schools may remove the Section 504 student for any violation of school rules, in the same manner as it would remove a non-disabled student for the same or substantially similar infraction

#### **In-School Suspension as a Substitute for Long-term Suspension or Expulsion**

To be considered as a substitute for suspension without being considered a change of placement, an in-school suspension must provide an educational benefit equivalent to that provided to students who are in school. When in-school suspensions result in the student's removal from the educational program and/or there is failure to provide services as specified in a student's Section 504 plan, then the in-school suspension would be counted in determining whether a significant change in placement has occurred.

#### **Change of Placement for Disciplinary Reasons - Removals for Ten Days or More**

When the exclusion of a student with a disability is for more than 10 consecutive school days, it is considered a change in placement. Additionally, a series of suspensions within a school year that exceeds 10 cumulative days may create a pattern of exclusions that would constitute a change in placement. Whether serial suspensions constitute a change in placement, however, must be determined on a case-by-case basis and by considering factors such as length of each suspension, the proximity of suspensions to one another, and the total amount of time the student is excluded from school.

### **Services Required for Removals of More Than Ten Days**

When a Section 504 student has been removed from his/her current placement for more than 10 days in the current school year, the school shall provide services equivalent to those provided to non-disabled students.

### **THE 504 DISCIPLINE EVALUATION REQUIREMENTS**

Each school is required to conduct an “evaluation” or manifestation determination should the length of suspension exceed 10 or more school days. A manifestation determination must be conducted by the Team and should include the parents of the student.

A manifestation determination must be made if a Section 504 student is to be long-term suspended or expelled from school or there is a pattern of exclusion, because this constitutes a significant change in placement for the student. It is the responsibility of the building principal, assistant principal, or any other school official responsible for discipline, to monitor Section 504 students who receive discipline to ensure that a manifestation determination is made before the number of days a student is excluded from the educational program due to disciplinary action constitutes a significant change in placement.

### **The Manifestation Determination Process**

The Team shall meet to conduct a manifestation determination within 10 school days of the disciplinary removal. In the review the Team must consider all relevant information in terms of the behavior being disciplined, including:

- a. Evaluation and diagnostic results, including other relevant information provided by the parents;
- b. Observations of the student;
- c. The student's Section 504 plan with an explanation of the student's disability; and
- d. The student's related behavior management/discipline plan, if one exists.

The Team must determine the following:

- Did the student's disability impair the ability of the student to control the behavior or understand the consequences of his/her actions; and
- Was the student's behavior a result of (or caused by) the student's disability.

If either question is answered yes, the behavior must be considered a manifestation of the student's disability and the student may not be disciplined under the District's discipline process.

If the results of the manifestation review indicate that the behavior of the Section 504 student was not a manifestation of his /her disability or the result of a failure to implement the 504 Plan, the student may be disciplined as students without disabilities would be disciplined for the same behavior. A free appropriate public education should continue to be made available to those students consistent with these procedures.



*The results of the manifestation determination will be documented by the Team making the decision along with any proposed interim alternative educational placement and sent to the parent within 3 school days of the determination. The notification will inform the parents of their right to initiate a due process hearing to challenge the Team's decision.*

### **Functional Behavioral Assessments**

A functional behavioral assessment may need to be conducted and a behavioral intervention plan implemented for any Section 504 student who has been removed from school more than ten days during the current school year, even if their original disability was not behavior related. The Team should review the behavioral plan after each removal and exclusion from school to determine whether modifications to the plan are needed. If one or more Team members believe modifications are needed, the Team will meet to consider modification of the plan and implementation procedures.

### **PARENT APPEAL RIGHTS AND STUDENT PLACEMENT DURING APPEALS**

If a student's parent disagrees with a determination that the student's behavior was not a manifestation of the student's disability or with any decision regarding change of placement for disciplinary purposes, the parent may request a hearing to appeal the determination and/or the placement.

If a parent requests a hearing to challenge the interim alternative education setting or the manifestation determination, the student remains in his/her current setting pending the decision of the hearing officer unless the disciplinary action is related to removal for weapons or drugs or dangerous behavior.

### **Discipline for Weapons or Drugs**

In cases where a Section 504 student has weapons or drugs, a school principal may order a change of placement for the student to an appropriate interim educational setting, provided that it is for the same amount of time that a student without a disability would be subject to. This action may be taken if (1) the Section 504 student possesses a weapon or carries a weapon to school or to a school function, or (2) the Section 504 student knowingly possesses or uses illegal drugs or sells/distributes or solicits the sale of a controlled substance while at a school function, or (3) the student inflicts serious bodily harm upon him or herself, or other person.

## **SECTION FIVE** **Transfer Students**

### **STUDENTS TRANSFERRING INTO THE DISTRICT**

Under the law, it is the transferring school district's responsibility to transfer the student's entire educational file to our District upon being informed of the student's move. However, parents of students transferring into the District should also obtain a copy of their child's current 504 Plan and provide it the District.

## **STUDENTS LEAVING THE DISTRICT**

Schools will forward the transferring student's current Section 504 Plan to the receiving district upon receipt of a notice from the receiving district or school or a request from the parent. Parents of Section 504 students should also inform their child's new school of the existence of a Section 504 Plan.

## **STUDENTS CHANGING SCHOOLS WITHIN THE DISTRICT**

When students move to a new school, the Section 504 Coordinator in the school the student previously attended is responsible for passing the student's Section 504 file on to the student's new school assignment. Parents of Section 504 students should also inform their child's new school of the existence of a Section 504 Plan. For mid-year school moves, the sending school should advise the new school as soon as possible, preferably before an anticipated move, so that the new school can implement any services, accommodations and/or modifications without unnecessary delay.

# **SECTION SIX** **Miscellaneous Provisions**

## **FIELD TRIPS**

Section 504 students must be provided an equal opportunity to participate in school sponsored activities and programs, such as field trips.

When questions arise regarding a student's ability to participate in a field trip due to disability, the Team should consider supplementary aids and services, program modifications or support for school personnel that can be provided to enable the student to participate without changing the basic purpose and nature of the program. The student's Section 504 plan shall include any services, accommodations, and/or services needed to help the student participate in field trips.

If problems arise after the student is allowed to attend field trips, please reconvene the student's Section 504 Team to discuss whether there are any services, accommodations, and/or modifications that could be given so that the student can continue to participate in these activities.

## **PARTICIPATION IN EXTRACURRICULAR AND AFTER SCHOOL ACTIVITIES**

The Team must consider the appropriateness of the student's participation in extracurricular and other nonacademic activities, and include in the Student's Section 504 Plan any program modifications or supports for school personnel that will be provided to help the student take part in extracurricular and nonacademic activities.

District staff must take reasonable precautions and supervise the extracurricular activities disabled students participate in, including informing the supervisors of the activity in question of potential dangers and other foreseeable risks related to their disabilities and having plans to protect from such risks.

## **PARTICIPATION IN ATHLETICS**

Disabled students who wish to participate in athletic activities are protected under Section 504. When a disabled student requests services, accommodations, and/or modifications so that he or she can participate in the athletic activity, such a request should be evaluated by the Team. If the services, accommodations, and/or modifications needed by the student in order to participate create a fundamental alteration in the nature of the program or activity, such request may be denied.

The Team should consult with the athletic department for advice or assistance when necessary. No two situations are alike, and no general advice will suffice. Parents/students will be notified, in writing, of Team decisions and reasoning. When disputes exist between the student/parent and the Team over athletic participation or the services, accommodations, and/or modifications to be provided, the District's internal due process and/or grievance procedures should be utilized. Please use these procedures to ensure fairness to disabled athletes.

## **TRANSPORTATION AND SECTION 504**

All Section 504 students requiring transportation services will be identified to the transportation office by the District 504 Coordinator. Unless a specific transportation service is identified as a necessary service by the Team, 504 students are subject to the same eligibility criteria as all other students.

### **Determining Eligibility:**

Section 504 students eligible for special services transportation will be identified by the student's Team. Each student's name, address, telephone number, and emergency number, school with its starting and dismissal times, and special instructions related or pertinent to the nature of his or her disability, should be submitted to the Transportation Office by the 504 Coordinator.

### **Assigning Transportation:**

The modes of transportation selected for students with disabilities will be based upon their individual needs as determined by their Team in cooperation with the transportation office.

### **Transportation Release of Responsibility Requirement:**

Disabled students being provided special transportation must have a responsible person present to receive the student at the residence. If no one is present to receive the student during off loading, drivers are instructed to honk the bus horn and wait for a response. If a person does not appear, the student will be retained on the bus. If a student is undeliverable, he/she will be turned over to the GENERIC Police Department. The parent or guardian will be notified of the student's location and will be responsible for picking up the student.

### **Student Records:**

The Team maintains a record for each student receiving 504 transportation services.



### Special Equipment:

Special equipment that may be required for busing students with disabilities, such as restraining harnesses, seatbelts, lap belts, etc., will be provided from district resources. Parents or guardians must provide individual personal items, such as wheelchairs and banana carts.

### Discipline:

Discipline, to the extent feasible, will be maintained on buses in compliance with state and local requirements. In cases where normal corrective procedures are inappropriate, due to the nature of the disability, alternative approaches will be taken through principals and the Team. The principal, or designated representative, is responsible for disciplining students.

### Medication:

Bus drivers are not authorized to carry medication for students on buses. Parents or guardians are responsible for bringing to the school any medication required for the children.

## **SECTION SEVEN**

### **Investigation And Grievance Procedures**

The District prohibits discrimination and harassment based on national origin, race, economic status, sex, sexual orientation, pregnancy, marital status, or *disability*. Section 504 is a federal law that prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance. The District which receives federal money does not discriminate on the basis of disability. Any student, parent or guardian who believes that they have been discriminated against by or within The District has the option of using the complaint procedures outlined below.

### **FORMAL COMPLAINT PROCESS**

Anyone may use the formal complaint procedures to resolve complaints of disability discrimination. Written complaints should be submitted to the District 504 Officer: **Vernon Pullins, Jr.**

1. The District 504 Officer or other designee of the Superintendent shall receive and investigate all formal, written complaints of disability discrimination or information in the district's possession that the Superintendent or his or her designee believes requires further investigation.
2. All formal complaints shall be in writing; shall be signed by the complainant; and shall set forth the specific acts, conditions or circumstances alleged to have occurred and which may constitute disability discrimination. The complainant must complete to initiate a grievance procedure
3. The investigation will be adequate to address the allegations raised and conducted in an impartial manner, including providing the complainant the opportunity to provide witnesses and other information. If the complaint should involve a member of the 504 committee, the Superintendent will designate an impartial investigator to address the allegations.

4. When the investigation is completed the Superintendent's designee shall compile a full written report of the complaint, the results of the investigation, and corrective measures, if any, deemed necessary based on the record compiled. The report may also conclude that the investigation is incomplete to date and will be completed by a certain date.

5. The written report will be provided to the complainant within 30 days of the date the complaint was filed with the District 504 Officer. If the matter is resolved, the corrective measures will be promptly implemented but in no event more than 30 days after the report is submitted to the Superintendent and the complainant. If the matters have not been resolved to the satisfaction of the complainant, within 15 days from the date of receipt of the investigative report the complainant may file for a review by the Superintendent.

6. The Superintendent shall respond in writing to the complainant within 30 days after request for review is received.

7. Corrective measures deemed necessary by the Superintendent will be instituted as quickly as possible, but in no event more than 30 days after the Superintendent's written response, unless staff is appealing the imposition of discipline and the District is prevented by due process considerations or a lawful order from imposing the discipline until the appeal process is concluded.

### **RIGHT TO FILE A COMPLAINT WITH THE OFFICE RIGHTS**

Parents have the right to file a complaint with the Office for Civil Rights (OCR), the body that enforces Section 504. OCR resolves disability related complaints but does not address educational disputes. The address of the regional office that covers GENERIC is:

Michael Carter, Regional Manager  
Office for Civil Rights  
U.S Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza-Suite 3312  
New York, NY 10278  
Voice Phone 212-264-3313  
FAX 212-264-3039  
TDD 212-264-2355

# **SECTION EIGHT**

## **Forms and Notices**

**Form 504-1:** Notice of Parent Student Rights under Section 504

**Form 504-2:** Student Referral Form – Parent Version

**Form 504-3:** Student Referral Form – Staff Version

**Form 504-4:** Teacher Input for Section 504

**Form 504-5:** Parent Input for Section 504

**Form 504-6:** Authorization For Use or Disclosure of Health Information

**Form 504-7:** Physician Certification for Pupil Disability Accommodation Form

**Form 504-8:** Parent Notice/Consent: Section 504 Student Evaluation

**Form 504-9:** Section 504 Initial Evaluation & Re-Evaluation Form

**Form 504-10:** Section 504 Notice of Evaluation Results Form

**Form 504-11:** 504 Student Initial Eligibility

**Form 504-12:** Notice of Section 504 Meeting

**Form 504-13:** Notice of Section 504 Annual Renewal – No Change Form

**Form 504-14:** 504 Student Accommodation Plan

**Form 504-15:** Section 504 Manifestation Determination Evaluation

**Form 504-16:** Notice of Section 504 Manifestation Determination Evaluation Results

**Form 504-17:** Section 504 Termination Notice Form

## ORANGE TOWNSHIP PUBLIC SCHOOL

### NOTICE OF PARENT/ STUDENT RIGHTS UNDER SECTION 504 (FORM 504-1)

The Rehabilitation Act of 1973, commonly referred to as "Section 504" is a non-discrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to nondisabled students.

An eligible student under Section 504 is a student who has, or has a record of having, or is regarded as having, a physical or mental impairment which substantially limits one or more major life activities such as learning, self-care, walking, seeing, hearing, speaking, breathing, working, and performing manual tasks.

*Dual Eligibility:* Some students will be eligible for education services under both Section 504 and the Individual with Disabilities Education Act (IDEA). Students who are eligible under the IDEA have many specific rights that are not available to students who are eligible solely under Section 504. *Procedural Safeguards* (Due process procedures for parents and children) prepared by the Office of the Superintendent of Public Instruction is available through the District's Special Education Department and sets out the rights assured by the IDEA. It is the purpose of this notice form to set out the rights assured by Section 504 to those disabled students who do not qualify under the IDEA.

The enabling regulations for Section 504 as set out in 34 C.P.R. Part 104 provide parents/and students with the following rights.

1. You have right to be informed by the district of your rights under Section 504. (The purpose of this notice form is to advise you of those rights.) (34 C.P.R. 104.32.)
2. Your child has the right to a free appropriate education designed to meet his/her individual needs as appropriately as the needs of non-disabled students are met. (34 CP.R. 104.33)
3. Your child has the right to free educational services except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties are not relieved from an otherwise valid obligation to provide or pay for services provided to a disabled student. (34 C.P.R. 104.33)
4. Your child has a right to facilities, services, and activities that are comparable to those provided for non-disabled students. (34 C.P.R. 104.34)
5. Your child has a right to placement in the least restrictive environment. (34 C.P.R. 104.34.)
6. Your child has a right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement. (34 C.P.R. 104.35.)
7. Testing and other evaluation procedures must conform to the requirements (34 C.P.R. 104.35) as to validation, administration, areas of evaluation, etc. district shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior physical or medical reports, student grades, progress reports, parent observations, and anecdotal reports. (34 C.F.R 104.35.)

8. Placement decisions must be made by a group of persons (i.e., Intervention Referral Service Team and/or Central Office 504 Committee), including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities. (34 C.F.R. 104.35.)
9. If eligible under Section 504, your child has a right to annual reevaluations. (34 C.F.R. 104.36.)
10. You have the right to examine relevant records. (34 C.F.R. 104. 36.)
11. You have a right to notice of any action by the district in regard to the identification, evaluation, or placement of your child. (34 C.F.R 104.36.)
12. You have a right to an impartial hearing with respect to the district's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney. (34 C.F.R 104.36.)
13. If you wish to challenge the actions of the 504 Committee in regard to your child's identification, evaluation, and education placement, you should file a written request for a hearing with the districts 504 Coordinator.
14. If you disagree with the decision of the district 504 Committee, you have a right to review of that decision by a court of competent jurisdiction. (34 C.F.R 104.36.)
15. On Section 504 matters other than your child's identification, evaluation, and placement, you have a right to file a discrimination complaint with the District's Equity and Compliance Office, 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.
16. You have the right to file a complaint with the Office for Civil Rights. The address of the Regional Office which covers New Jersey is:

Michael Carter, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza - Suite 3312  
New York, NY 10278  
Voice Phone (212)264-3313  
FAX (212)264-3039  
TDD (212)264-2355

ORANGE TOWNSHIP PUBLIC SCHOOL

REFERRAL FORM – PARENT REFERRAL 504 (FORM 504-2)

Today's Date		School of Attendance	
Student Name			
Birth Date		Grade	
Parents Address			
Best Contact Email, phone			
Referred by			

**Please state your reason(s) for referral and concerns:**

- |   |   |
|---|---|
| <input type="checkbox"/> Academic concerns        | <input type="checkbox"/> Consideration for retention                |
| <input type="checkbox"/> Physical injury          | <input type="checkbox"/> Pattern of not benefiting from instruction |
| <input type="checkbox"/> Chronic Health condition | <input type="checkbox"/> Pattern of suspensions from school         |
| <input type="checkbox"/> Other                    |   |

Please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe how the above concerns affect the student in school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Please describe and attach any supporting documentation (e.g., medical records, assessments):**

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**Please list any accommodations and interventions implemented by teachers or others, past or present:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preferential seating     | <input type="checkbox"/> Use of calculator                     |
| <input type="checkbox"/> Assignment Modifications | <input type="checkbox"/> Extended time to complete assignments |
| <input type="checkbox"/> Peer buddy               | <input type="checkbox"/> Extended time to complete tests       |
| <input type="checkbox"/> ASSP                     | <input type="checkbox"/> Other (please list):                  |
| <input type="checkbox"/> Behavior Charts          |  |
| <input type="checkbox"/> Intervention Specialist  |  |

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Has the student ever been referred, evaluated or received services within Special Education?

- Yes     No    If yes, indicate current status:

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**Signature:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

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

**ORANGE TOWNSHIP PUBLIC SCHOOL**

**REFERRAL FORM – STAFF REFERRAL 504 (FORM 504-3)**

*(Attach extra pages as necessary)*

<b>Student:</b>	<b>Student ID #:</b>	<b>Date of Birth:</b>
Grade:	Referral Date:	School:
Referred by:		Position/Relation to Student:
Reason for Referral (attach additional pages if necessary):		

<b>Attendance</b>			
Is this student enrolled in school?	<input type="checkbox"/>	Yes	If No, explain.
This student has been absent ____ days out of ____ school days this school year. Reason(s):			
This student was absent ____ days out of ____ school days last school year. Reason(s):			
List schools previously attended, if known:			

<b>Student Grade Reports</b>	
Student's Current Grades:	
(language arts)	
(math)	
(elective)	
(science)	
(social studies)	
(elective)	



Over time, this student's grades: (check the appropriate box)			
have become higher each year	stayed about the same each year	have become lower each year	
dropped suddenly in ___ grade	Data not available		
Compared with most of the other students in this school, this student's grades: (check the box)			
are better	are about the same	are worse	
data not available			
Has the student ever been retained? _____ If YES, list grade level(s) where retention occurred and reason for retention(s)			

<b>Discipline Information</b> (Attach copies of any behavioral plan or contract)			
Identify the behaviors exhibited by the student ( <b>check all that apply</b> )			
Poor attention and concentration		Shifts from one uncompleted task to another	
Often loses things necessary for tasks		Interrupts or intrudes on others	
Excessively high/low activity level		Difficulty working with peers	
Difficulty following directions		Difficulty remaining seated	
Fidgets, squirms or seems restless		Confrontational/assaultive	
Dress code violations		Leaves class without permission	
Brings inappropriate items to school		Other	
In response to these behaviors, what behavior management techniques have been attempted?			
Results of these techniques:			
Has this student been suspended, expelled or removed to in-school suspension during the previous or current school year?	No	Yes (see below)	
If yes, explain and attach copies of all disciplinary referrals:			

**Early Intervention & Alternative Programs** (attach relevant plans or other documentation)  
What types of efforts have been attempted to meet the student's needs?

If the student received assistance from an intervention team (CST, I&RS) please attach plans created for the student and data gathered on student's response.

Signature: \_\_\_\_\_

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

**ORANGE TOWNSHIP PUBLIC SCHOOL**

**Section 504  
Teacher Input Form (504-4)**

<b>Student Name:</b>	Student ID #:	Grade:
Teacher's Name:	Subject:	Date:

<b>Instructional Rating</b>														
Rate the concerns you have about this student. For each skill, mark: 1= Poor 2=Below Average 3=Average 4=Above Average 5=Superior N=Not observed														
	1	2	3	4	5	N		1	2	3	4	5	N	
Reading Skills							Assessment Performance							
Math Skills							Follows oral directions							
Written Expression							Follows written directions							
Spelling							Organizational skills							
Classroom work							Interaction with staff							
Homework							Task Attention							
Fine Motor Control							Gross Motor Control							

<b>Behavioral Rating</b>							
Rate this student's behavior in relation to other students of the same AGE. For each behavior, mark: 1= Poor 2=Below Average 3=Average 4=Above Average 5=Superior N=Not observed							
	1	2	3	4	5	N	
Generally cooperates or complies with teacher requests.							
Adapts to new situations without getting upset.							
Accepts responsibility for own actions.							
Makes and keeps friends at school.							
Works cooperatively with others.							
Has an even, usually happy, disposition.							
Appropriate attention and concentration							
Compliance with teacher directives							
Brings necessary materials to class							
Fidgets, squirms or seems restless							
Completes tasks on time							
Stays on task, is easily redirected							
Remains seated							
Takes turns, waits for turn							



ORANGE TOWNSHIP PUBLIC SCHOOL

Section 504  
Parent Input Form (504-5)

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Who has legal authority to make educational decisions for this child? \_\_\_\_\_

With whom does this student live? \_\_\_\_\_

**Please answer any questions that you think might be helpful to the 504 Team.**

What are some of your child's strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What does your child do when not in school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's behavior at home \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What activities does the family do together? \_\_\_\_\_

\_\_\_\_\_

Have any family members had learning problems? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have there been any important changes within the family during the last 3 years? \_\_\_\_\_

\_\_\_\_\_

How do you feel your child is experiencing problems in school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When were you first aware of this problem? \_\_\_\_\_  
\_\_\_\_\_

What do you think is causing the problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child mentioned any problems with school? If so, how does he/she feel about the problem? \_\_\_\_\_  
\_\_\_\_\_

***Health History***

Were there any problems before, during, or immediately after birth? \_\_\_\_\_  
\_\_\_\_\_

Please describe any serious illnesses, accidents, or hospitalizations. \_\_\_\_\_  
\_\_\_\_\_

Does your child appear to have any physical health problems, including allergies? \_\_\_\_\_  
\_\_\_\_\_

Is your child receiving service(s) from another agency? \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking medications? If so, please list. \_\_\_\_\_  
\_\_\_\_\_

Are there any known side effects from the medication? \_\_\_\_\_  
\_\_\_\_\_

**Please tell us anything else that you think would be helpful in planning for your child's success at school.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION (FORM 504-7)**

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, including such information maintained within a record considered a "student record" under FERPA, and consistent with Federal laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

**USE AND DISCLOSURE INFORMATION:**

Patient/Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, do hereby authorize (AGENCY) (name of agency and/or health care provider):

\_\_\_\_\_ to provide health information from the above-named child's medical record to:

\_\_\_\_\_ (School District to Which Disclosure is Made) \_\_\_\_\_ (Address/City and State/Zip Code)

\_\_\_\_\_ (Contact Persons at School District) \_\_\_\_\_ (Area Code and Telephone Number)

Information to be disclosed:

- Entire Medical and Psychotherapy Records, including patient histories, office notes, test results, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- Medical and/or Psychotherapy Records from \_\_\_\_\_ to \_\_\_\_\_ [insert date].
- Other: \_\_\_\_\_

**USE:**

I understand and do hereby authorize the Agency to disclose information from the above-named child's educational and medical records to the School District listed above, including confidential records and information protected under Federal laws, including HIPAA and FERPA.

**DURATION:**

This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (enter date) or for one year from the date of signature, if no date entered.

**RESTRICTIONS:**

Law prohibits the Agency from making further disclosure of health information unless the Agency obtains another authorization form from me or unless such disclosure is specifically required or permitted by law.

**YOUR RIGHTS:**

I understand that I have the following rights with respect to this Authorization: I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the health care agencies/persons listed above. My revocation will be effective upon receipt, but will not be effective to the extent that the Agency or others have already acted in reliance to this Authorization.

**RE-DISCLOSURE:**

I understand that the School District will protect this information as prescribed by the Family Education Rights and Privacy ACT (FERPA) and that the information will become part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

I have a right to receive a copy of this Authorization.

**APPROVAL:**

_____	_____	_____
Printed Name	Signature	Date
_____	_____	
Relationship to Parent/Student	Area Code/Tel. Number	

**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**Section 504 Notice and Consent for Initial Assessment**  
**(FORM 504-8)**

**Notice and Consent for Initial Section 504 Assessment**

<b>Date Sent/Mailed:</b>	<b>Student's Name:</b>	
School:	Grade:	Student ID #:
Parents:		
Address:		
Home Phone:	Work Phone:	

We have carefully reviewed your child's school records and information from teachers. Additional information is necessary to determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504. We ask that you consent to an assessment under §504 for the following reasons \_\_\_\_\_

\_\_\_\_\_

In many cases, the §504 evaluation may simply consist of the Section 504 Committee reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores, and other data, in order to determine if your child qualifies for accommodations in the regular classroom. For students who have been involved in the early intervention process, the 504 evaluation will include a review of the classroom assistance and interventions provided the results of those efforts, and any other data generated by that process. In addition to reviewing the data described above, the district desires to conduct the following assessments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please review the enclosed document entitled "Notice of Parent Rights," which informs you of your rights under Section 504. If you CONSENT to the evaluation, please check the "consent" statement, sign and return one copy of this letter. If you REFUSE consent, please check the "refuse consent" statement, sign and return one copy of this letter. Keep the other copy of this letter and the Notice of Parent Rights for future reference.

Please call \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

As the parent/legal guardian of the above referenced student, I have received notice of my Section 504 parent rights, and I understand that this is *not* an offer of a Special Education evaluation.

I hereby CONSENT to an evaluation under Section 504.

I hereby REFUSE consent to an evaluation under Section 504.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Date

**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**Section 504 Initial Evaluation & Re-Evaluation Eligibility Form (Form 504-9)**

<b>Student:</b>		<b>Date of Birth:</b>	
Grade:	School:	Previous School:	
Today's Date:	(Check one):	Initial Evaluation	Periodic Re-Evaluation
For Initial Evaluation Only: Referred by:		Date of Referral:	

**§504 Committee Membership:**

List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.

Name	Position/Title	This member has knowledge of ...
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options

**Procedural Checklist:**

Please verify by checkmark that each requirement is completed before proceeding.

1. Verify that the parent consented to §504 <i>initial</i> evaluation	
2. Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas.	
3. Verify the Student's dominant language: _____ Dominant language of the home: _____	
4. Verify that the parent received Notice of Parent Rights under §504	

**Evaluation Data Considered from a Variety of Sources**

The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]

Parent input	&	Student work portfolio	
Teacher/Administrator Recommendations	Input	Special education records (specify)	
Aptitude and Achievement Tests		Social or cultural background	
Other Tests		Disciplinary records/referrals	
Early Intervention data		Mitigating measures	
Grade reports		Adaptive behavior	
School Health Information		Other	
Medical evaluations/diagnoses/physical condition		Other	

**Section 504 Eligibility Determination**

**1. Does the student have a physical or mental impairment?** If so, please identify the impairment(s) in the box below.

**Eligibility Question #1**

Yes  No

If you answered “yes” to Question 1, identify the impairment(s) here.

**2. Does the physical or mental impairment affect one or more major life activities (including major bodily functions)?** If so, identify the major life activity or major bodily function by checking the appropriate box or boxes. *Note: For an impairment that is episodic, in remission, or mitigated, identify the activity or function affected when the disability was present or active.*

**Eligibility Question #2**

Yes  No

**Major Life Activities include, but are not limited to:**

Caring for oneself	Eating	Lifting	Learning	Communicating
Performing manual tasks	Sleeping	Bending	Reading	Working
Seeing	Walking	Speaking	Concentrating	Other:
Hearing	Standing	Breathing	Thinking	Other:
Functions of immune system	Bowel function		Endocrine function	Brain function
Normal cell growth	Bladder function		Respiratory function	Digestive function
Reproductive function	Neurological function		Circulatory function	Other:

**3. Does the physical or mental impairment *substantially limit* a major life activity?** *Notes: (1) “Substantially limits” does not mean “significantly restricted.” (2) This question asks whether the person evaluated is substantially limited in performing a major life activity as compared to the “average student” of the same grade or age or as compared to “most students” of the same grade or age. (3) The ADA requires that when making this determination, the Committee should not consider the ameliorative (helpful or positive) effects of mitigating measures (except for ordinary eyeglasses or contact lenses). (4) The fact that the impairment is episodic (the impact of the impairment is sometimes substantially limiting, but not always), or in remission, does not preclude eligibility if the impairment would substantially limit a major life activity when active.*

**Eligibility Question #3**

Yes  No

**If Eligibility Question 3 is answered “no,” explain why the student is not substantially limited and describe how the committee addressed the positive impact of mitigating measures (what measures are used by/for the student, and what was their impact?):**

**Section 504 Plan & Placement** (completed only if each of the three preceding questions were answered “Yes.”)

**Does the student need Section 504 services in order for she/he to benefit from school-based services as adequately as those of non-disabled peers?**

*Notes: (1) If the student’s needs are so extreme as to require special education and related services, a referral to special education should be made. (2) If the student’s impairment is in remission, and creates no need for services or accommodations, the student is not in need of a §504 Services Plan. (3) If the student’s needs are currently addressed by mitigating measures with no need for additional services or accommodations, and the mitigating measures are provided or implemented by the student, with no action required by the school, the student is not in need of a §504 Services Plan.*

**If the Plan and Placement question is answered “no,” explain why the student does not need a Section 504 Services Plan:**

**Plan & Placement Question**

Yes	No
-----	----

**Section 504 Committee’s Decision**

The §504 Committee’s analysis of the eligibility criteria as applied to the evaluation data indicates that at this time (check the appropriate box or boxes):

**Not §504 Eligible.** The student is not eligible under Section 504.

**§504 Eligible + Plan.** The student is eligible under §504, and will receive a §504 Services Plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of §504.

**§504 Eligible + No Plan.** The student is eligible under §504, but will not require a §504 Services Plan. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation, as needed, as well as the nondiscrimination protections of §504. Should need for a Plan develop, the §504 Committee shall reconvene and develop an appropriate §504 Services Plan.

<p><b>§504 Eligible + No Plan (Mitigating Measures).</b> The student is eligible under §504, but will not require a §504 Services Plan because the student’s needs are met as adequately as his nondisabled peers due to the positive effect of mitigating measures currently in use. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of §504. Should need for a Plan develop, the §504 Committee shall reconvene and develop an appropriate §504 Services Plan. This result applies when the mitigating measures are neither provided by nor implemented by the School.</p>	
<p><b>Continued §504 Eligibility.</b> The student remains eligible under §504, and will receive an updated §504 Services Plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of §504. (For use with Re-Evaluations).</p>	
<p><b>Dismissal from §504.</b> The student is no longer eligible for Section 504 and is exited from the program. The student will no longer receive Section 504 services. The student will receive the nondiscrimination protections of Section 504 as a student with a record of impairment, together with procedural safeguards, but will not receive manifestation determination, or periodic Re-Evaluation.</p>	
<p><b>CST found IDEA Eligible &amp; §504 Dismissal.</b> The student has been determined special education eligible by the CST. Consequently, the student is no longer served through a Section 504 Committee and is exited from the program. The student will receive a free appropriate education through an IEP, together with the nondiscrimination protections and procedural safeguards of Section 504.</p>	

**Additional notes or explanations by the Committee:**

**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**Section 504 Notice of Evaluation Results Form (Form 504-10)**

Date

Dear Parent/Guardian/Adult Student,

This letter is to inform you that the Section 504 Committee had a meeting on \_\_\_\_\_ to discuss your student \_\_\_\_\_. A copy of the evaluation form is attached. After careful review of relevant evaluation data indicated on page 1, the Section 504 Committee analyzed the data to answer the Section 504 eligibility questions on page 2. While the evaluation document provides more detail on the Committee's decision, by way of summary, the Committee determined that

\_\_\_\_\_  
\_\_\_\_\_.

A copy of the §504 Committee's evaluation is enclosed. If your student was determined §504-eligible, and in need of Section 504 Services Plan, a copy of your student's §504 Services Plan is also attached.

If you have any questions concerning this decision, please call me at \_\_\_\_\_.

I will be more than happy to discuss any questions that you may have about the committee's decision.

Sincerely,

Section 504 Coordinator

Encl. (1) Completed Re-Evaluation  
(2) Section 504 Services Plan (if Section 504-eligible, and in need of a Plan)

**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**504 Student Initial Eligibility (Form 504-11)**

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Evaluation Information: (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Classroom Performance Data   |
| <input type="checkbox"/> Physician Report         | <input type="checkbox"/> Discipline History           |
| <input type="checkbox"/> Achievement Tests        | <input type="checkbox"/> Parent Information           |
| <input type="checkbox"/> Teacher Reports          | <input type="checkbox"/> Curriculum Based Assessments |
| <input type="checkbox"/> Observation Data         | <input type="checkbox"/> Other (specify): _____       |

**1. Does the student have a mental or physical *impairment*** (if not excluded under 504/ADA, e.g., illegal drug use)?  **No** (if no, go to eligibility determination section)  **Yes** (if yes, identify the impairment and supporting data)

**Impairment:**

\_\_\_\_\_

\_\_\_\_\_

---

**Supporting Data:**

\_\_\_\_\_

\_\_\_\_\_

---

**2. Describe how the impairment limits a Major Life Activity (MLA) or Major Bodily Function (MBF). Is it a substantial impairment?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ELIGIBILITY DETERMINATION**

**Based on the analysis of the evaluation data, does the student have a disability that substantially limits a major life activity?**

*Please check one of the following:*

- No**, the student is not Section 504 eligible.
- Yes**, the student is Section 504 eligible, but does not require a plan because (1) the impairment is episodic or in remission or (2) **OTHER**. The 504 team will be re-convened as necessary to review the status of the student's disability.

- Yes, the student is Section 504 eligible but does not currently require accommodations other than those provided through the attached Individual Health Plan.
- Yes, the student is 504 eligible and requires an accommodation plan.

Team Signatures	Date	Position
_____	___/___/___	Administrator / Designee
_____	___/___/___	Teacher
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

**Parental Notice**

**I have participated in the Section 504 Eligibility process and have received copies of this notice and the *Parent's Notice of Section 504 Rights*.**

\_\_\_\_\_                      \_\_\_/\_\_\_/\_\_\_  
**Parent / Guardian Signature                      Date**



**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**Notice of Section 504 Meeting (Form 504-12)**

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

\_\_\_\_\_  
Student's Name                      ID #                      School

Dear Mr./Mrs./Ms. \_\_\_\_\_:  
Parent/Guardian/Surrogate/Adult Student

This letter is to inform you that the Section 504 Committee is planning a meeting to discuss your child's educational needs. We have scheduled a meeting at \_\_\_\_\_, on \_\_\_\_\_ at \_\_\_\_\_. Your insights and contributions will be quite helpful to us in effecting the best decisions possible regarding your child.

The meeting is scheduled for the following reason[s]:

- Initial evaluation for eligibility
- Annual Review
- Periodic Re-Evaluation
- Manifestation Determination (prior to disciplinary removal constituting a change in placement)
- Other: \_\_\_\_\_

Following the meeting, we will notify you of the Section 504 Committee's decision in writing. Please call me at \_\_\_\_\_ if you have any questions.

Sincerely,

Section 504 Team

**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**Notice of Section 504 Annual Renewal – No Changes (Form 504-13)**

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

\_\_\_\_\_  
Student's Name                      ID #                      School

Dear Mr./Mrs./Ms. \_\_\_\_\_:  
Parent/Guardian/Surrogate/Adult Student

This letter is to inform you that the Section 504 Committee has conducted an annual review of your child's Section 504 Plan and does not believe any changes to the current plan are necessary for the \_\_\_\_\_ school year. As such, the Team proposes to continue implementing the Section 504 Plan utilized during the \_\_\_\_\_ school year, this year.

Your insights and contributions are necessary and are extremely helpful to us in effecting the best decisions possible regarding your child; as such please contact the undersigned should you have any questions, concerns, or other input regarding the Team's decision.

Sincerely,

Section 504 Team

Contact at:

\_\_\_\_\_

**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**504 Student Accommodation Plan (Form 504-14)**

Date:
-------

<b>Student Name:</b>	Date of Birth:
Student ID:	Phone:
School:	Grade:

<b>Type of meeting generating initial Plan or changes to 504 Services Plan</b>	
	Initial Evaluation
	Annual Review/ As Needed Review
	Manifestation Determination Evaluation Review
	Periodic Re-Evaluation (every three years or as necessary)
	Other:

**Matching of Need and Services.** Please use the following tool to ensure that each of the student's needs identified in the evaluation are addressed in the Plan. (Attach additional pages where necessary).

Each student need identified by the evaluation	Service(s) designed to address the need
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

<b>Student Name:</b>		
School:	Grade:	Services Plan Begins:
(Check one) Services Plan Ends:		OR Plan continues until replaced or student is exited

**Required Services & Accommodations (by course).** The following form is used to document the student's placement under Section 504. While checklist forms are convenient, they are also subject to confusion. Eligibility for a Plan does not mean that every service or accommodation available under Section 504 is appropriate for every child. Individual needs determined during evaluation should guide services decisions.

<p>As the descriptions used here are brief, please <b>use the notes page to ensure appropriate understanding and implementation for items checked.</b> Note also that the following items are not the only services or accommodations available under §504.</p>	<p><b>List courses from student's schedule and indicate services and accommodations required for each class.</b></p>
Oral Testing	
Oral Responses	
Other Testing Accommodation (type?)	
Taped Texts	
Taped Lecture	
Note-taking assistance	
Extended Time (by %)	
Shortened Assignment (by %)	
Peer assistance/tutoring	
Reduced paper/pencil tasks	
Use of calculator	
Preferential seating	
Assignment notebook	
Organizational strategies (type?)	
Re-teach difficult concepts	
Use of manipulatives	
OT	
Supplemental materials	
Cooling-off period	
Progress reports (frequency?)	
PT	

**Does the student need a behavior plan?** Yes \_\_\_\_ No \_\_\_\_ [If yes, attach]

**Accommodations on State Assessments / Tests?:**

**Related Services** (provide detail on information and notes page)

OT	Counseling	Transportation	Other: _____
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**THIS PLAN IS CONFIDENTIAL** and should only be made available to individuals with a legitimate educational interest or as otherwise allowed by FERPA.



**Certificate of Plan Distribution** (Please indicate date distributed to parent and each person responsible for Plan implementation, or N/A as appropriate. Each person in receipt initials to indicate receipt of Plan and understanding of his or her responsibility to implement the Plan, or indicate delivery by EMAIL)

Date & Initials	Person Responsible	Date & Initials	Person Responsible
	Parent/Adult Student		Administrator
	English/Language Arts teacher		Counselor
	Math teacher		Other:
	Science teacher		Other:
	Social Studies teacher		Other:
	PE teacher		Other:
	Fine Arts teacher		Other:
	Vocational teacher		Other:
	Classroom teacher		

Signature of District 504 Coordinator:

**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**Section 504 Manifestation Determination Evaluation (Form 504-15)**

Student:	
School:	Date of Evaluation:

<b>§504 Committee Membership:</b>		
List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.		
Name	Position/Title	Knowledge of ....
		The Child
		The meaning of the evaluation data
		The placement options
		The Child
		The meaning of the evaluation data
		The placement options
		The Child
		The meaning of the evaluation data
		The placement options
		The Child
		The meaning of the evaluation data
		The placement options
		The Child
		The meaning of the evaluation data
		The placement options

<b>Evaluation Data Considered from a Variety of Sources</b>		
The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]		
Parent input		Student work portfolio
Teacher/Administrator Recommendations	Input &	Special education records (specify)
Aptitude and Achievement Tests		Social or cultural background
Other Tests		Disciplinary records/referrals
Early Intervention data		Mitigating measures
Grade reports		Adaptive behavior
School Health Information		Disciplinary Records/referrals
Medical evaluations/diagnoses/physical condition		Witness statements
Other		Other
NOTE: If information from a conversation or other data in unwritten form was considered, please document that oral data relied upon by attaching written notes summarizing the conversation or data.)		

<b>Behavior subject to disciplinary action</b> (The 504 Committee does not address whether or not the alleged behavior occurred):

List each of the student's physical or mental impairments:

The Section 504 Committee reviewed and discussed the data listed above. Based on this review, the Committee has made the following determinations:

Question #1: Was the conduct in question caused by, or directly and substantially related to the student's disabilities?		Yes	No
Question #2: Was the conduct in question the direct result of the school's failure to implement the student's Section 504 plan, if there was any such failure?		Yes	No

**Analyzing the Results:** If either of the questions are answered "yes," the behavior must be considered to be a manifestation of the student's disability. In that event, the student cannot be expelled or placed in the school's disciplinary alternative education setting for more than 10 school days.

**Note:** Regardless of the result of the manifestation determination, the parents and school can agree on a disciplinary placement. The parents' agreement must be informed, voluntary, and not coerced.

Committee Notes:

Team Signatures	Date	Position
_____	____/____/____	Administrator / Designee
_____	____/____/____	Teacher
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**Parental Notice**

I participated in this evaluation and I have received copies of the *Parent's Notice of Section 504 Rights*.

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
**Parent / Guardian Signature**                      **Date**



**ORANGE TOWNSHIP PUBLIC SCHOOL**  
**Notice of Section 504 Manifestation Determination Evaluation Results (Form 504-16)**

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

Dear Parent/Guardian/Adult Student:

This letter is to inform you that the Section 504 Committee had a meeting on \_\_\_\_\_ to discuss your child, \_\_\_\_\_. A copy of the manifestation determination evaluation form is attached. After careful review of relevant evaluation data indicated, the Committee analyzed the data to answer the manifestation determination questions on page 2. While the evaluation document provides more detail on the Committee's decision, by way of summary, the Committee determined that

\_\_\_\_\_  
\_\_\_\_\_.

If you have any questions concerning this decision, please call me at \_\_\_\_\_.

I will be more than happy to discuss any questions that you may have.

Sincerely,

Section 504 Team Member

Encl.

**ORANGE TOWNSHIP PUBLIC SCHOOL  
SECTION 504 TERMINATION FORM (FORM 504-17)**

Student Name:

Date:

Birth Date:

School:

Grade:

In the space below, briefly describe the reason for terminating the student's 504 plan, referencing the three qualifying criteria listed below, and refer to the reevaluation on which the decision is based.

- A physical or mental impairment
- That **substantially** limits
- One or more major life activities

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The Team has determined that the 504 plan currently in place for the above named student is no longer needed.

(Please have the building 504 Coordinator or designee sign off on each Section 504 Termination Form, as well as relevant members of 504 Team).

Signatures and titles of participants:

_____	_____
_____	_____
_____	_____
_____	_____

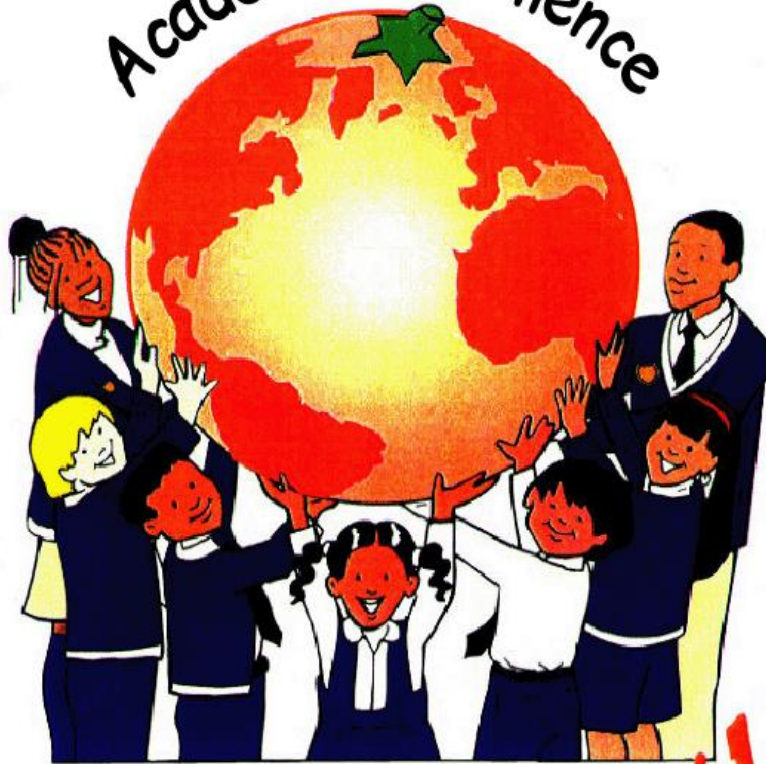
Building principal, building 504 coordinator or designee signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

(I understand that, if I disagree with the content of this termination form, I have the right to ask for a Section 504 hearing.)

**NOTE: Attach this completed form to the FRONT of the student Section 504 Plan. Terminated Section 504 Plans are to be maintained by the Building Level 504 Coordinator.**

Academic Excellence



Keeping  
Children *First!*

Orange Public Schools