



District 64 504 Overview

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Agenda

Introduction

504 Process

Parent Rights

Questions

Introduction

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What is 504

- Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs with activities that receive federal funds from the U.S. Department of Education
- Prohibits the denial of public education participation or enjoyment of benefits offered by public school programs because of a child's disability
- Requires that the educational needs of disabled students are met as adequately as the educational needs of non-disabled students
- Extends to preschool and adult education programs

IDEA vs 504



- Both provide services to students with disabilities
- IDEA uses criteria for 13 categories for eligibility; 504 has criteria
- IDEA: specially designed instruction
- 504: consultation, accommodations, and adaptations
- 504 has a service plan; IDEA uses an IEP (Individual Education Plan)





504 Process

Procedures

Eval Process

- Eligibility Determination

Writing of a Plan

- Accommodations/Implementation
- Yearly Review/Termination of Services

Procedure Safeguards/Parent Rights

District Contacts/Roles

Procedures



- Child Find
 - Referred to Student Support Team
 - Team: Administrator, General Education Teacher, Parent/s, and relevant support team members
 - Purpose: Information gathering from a variety of sources

Section 504 Referral for Evaluation

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

Student: _____

Date: _____

School: _____

Date of Birth: _____

Teacher: _____

Grade: _____

Parent(s): _____

Phone: _____

Address: _____

Referred by: _____ **Position:** _____

1. Reason for referral to evaluate:

2. Accommodations and interventions attempted and how long:

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

If yes, explain:

4. Referral action:

Signature of Section 504 Coordinator

Date

Procedures (cont)

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- Child Find team may recommend a case study evaluation
 - This will require parent signature to consent to an evaluation
 - Purpose: Information gathering from a variety of sources
- Team may not recommend a case study evaluation
 - This will require parent notification

Section 504 Consent to Evaluate

Student Name: _____

School: _____ **Date:** _____

Following a discussion with school personnel acquainted with my child, I authorize the use of school educational evaluation for my child to determine possible identification for Section 504 accommodations/services. I understand that this evaluation may include administration of the following:

The school is requesting your consent to conduct the following evaluation procedures:

Evaluation Procedures:

Person Responsible:

I understand that following the evaluation, I will be given the opportunity to meet with appropriate school staff to review the evaluation results and plan next steps for my child's education.

I give written consent to have my child evaluated.

Signed

Parent Name (printed)

Date

Copies: **Parents**
 Student file

Denial of Referral For Evaluation

Student Name: _____ Grade: _____ Date: _____ DOB: _____

School: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) 2: _____

504 Case Manager: _____

Title: _____

Dear _____

On _____ you made a written request to Park Ridge - Niles School District #64 for the _____
Section 504 team to conduct an evaluation for your student, _____ due to a suspected mental or physical
impairment and its impact on your student's educational performance.

On _____ the Section 504 team reviewed your referral request, along with the information you provided regarding any
relevant school student record information to determine whether a Section 504 evaluation is appropriate.

At this time, the Section 504 team has determined that a case study evaluation is *not appropriate* for the following reasons:

You have the right to legal representation, to review your child's records, and to request an impartial hearing if you disagree with the
District's identification, evaluation, provision of services, educational placement, or change or termination of services under Section 504 as
summarized in your procedural rights statement enclosed with this Notice. If you desire a review of your child's records, have questions
concerning your legal rights, or wish to initiate a hearing, please contact:

_____ at _____

504 Case Manager

Date



Eligibility Criteria

1. Presence of a physical or mental condition, has a record of an impairment or is regarded as having such an impairment
2. Substantially limits a student's major life activities or bodily functions
3. The disabling condition causes the student to need accommodations/adaptations and/or related services consultation

Eligibility Criteria does **not**



- Require extensive analysis
- Consider measures that improve the condition (medication, equipment, etc) as barring
- Utilize intensity of an impairment to determine substantial limitation criteria
- Account for episodic or remission when the impairment, in active phase, limits a major life function
- A major life function is not exclusive to learning

Assessment

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- From a variety of sources, which may include, but are not limited to:
 - Standardized measures
 - Student observations
 - Interviews
 - Teacher records
 - Medical reports
 - Grades
 - Parent information
- Completed within 60 school days

Evaluation Procedures



- Necessary and appropriate to determine the nature and extent of a condition or educational need
- Appropriate for age and development of student
- Tool use exercised appropriately
- Free of racial, cultural, language or sex bias
- Written and administered in home language

Eligibility Determination

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- Review of the assessment results
 - Parents invited to attend a meeting to review the evaluation results and create a plan, if needed
 - Results documented in the Identification Form
 - Recommendations made by consensus of the team



Notice of Conference

To: _____ Date: _____

Re: (Student Name): _____

Date of Conference: _____ Time: _____

Location of Meeting: _____

☐ Parent waived ten day notice. Parent initials _____ Date _____
Comments: _____

Purpose of Conference:

- ☐ To consider possible eligibility for and/or provision of services and/or accommodations under Section 504 of the *Rehabilitation Act of 1973*.
- ☐ To review eligibility for and/or services and/or accommodations being provided under Section 504 of the *Rehabilitation Act of 1973*.
- ☐ Other: _____

Conference Participants (Title and Name):

You have the right to bring other individuals, at your discretion, to this conference. Please notify your student's counselor if you are in need of an interpreter or translator.

Enc.: Parent Rights in Brief



Identification Form: Section 504/ADA

PART ONE: DOCUMENTATION OF TEAM MEETING

Student: _____ **DOB:** _____
Date of 504 Team Meeting: _____ **Time:** _____
Location: _____

Team Members: Team Members must be collectively knowledgeable about the student, the meaning of the evaluation data, and the placement options.

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____

Information that was reviewed and considered:

The following information provided by the parents: (Note: attach copies of any report, recommendation, or evaluation provided by the parents and summarize any verbal input)

- ☐ **Grades:**
What school year(s)? _____
- ☐ **Academic testing:**
Tests? _____ Year(s)? _____
- ☐ **Teacher recommendations:**
What teacher(s)? _____
- ☐ **Behavior records:**
What school year(s)? _____
- ☐ **Other testing or evaluation:**
Be specific: _____
- ☐ **Medical reports, records, recommendations:**
Be specific: _____
- ☐ **Other input:**
Be specific: _____

PART TWO: CONSIDERATION OF MAJOR LIFE ACTIVITIES

What are the major life activities that may be impaired?

<input type="checkbox"/> Caring for Self	<input type="checkbox"/> Hearing	<input type="checkbox"/> Working
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Speaking	<input type="checkbox"/> Reading
<input type="checkbox"/> Walking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Concentrating

Identification Form: Section 504/ADA

<input type="checkbox"/> Seeing	<input type="checkbox"/> Learning	<input type="checkbox"/> Thinking
<input type="checkbox"/> Communicating	<input type="checkbox"/> Eating	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Standing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Bending
<input type="checkbox"/> Other (Be specific):		

Note: If the major life activity is learning, reading, concentrating, thinking, speaking, or communicating, the Team should consider referring the student for Full Individual Evaluation to determine eligibility for special education under the Individuals with Disabilities Education Act (IDEA).

If the Team suspects that the student may need specially designed instruction due to impairment of any of these major life activities, the Team must refer the student for an evaluation to determine eligibility under IDEA. In that case, the Team will suspend the meeting until a decision is made about special education eligibility. Go to Part Five.

PART THREE: CONSIDERATION OF IMPAIRMENT

What data has the Team considered to establish that the student has a physical or mental impairment?* Be specific, and list all sources of data

*NOTE: If there is no data, or insufficient data, to support the existence of a physical or mental impairment, the school cannot identify the student as an individual with a disability under Section 504/ADA.

Based on the data considered, how long is the impairment expected to affect the student?

Based upon a review of the data cited above, does the student have a physical or mental impairment affecting the major life activities to some degree?

☐ Yes

☐ No

If "YES," proceed.

If "NO," the student can be identified as an individual with a disability under Section 504/ADA. However, if the student has a record of any physical or mental impairment that substantially limits a major life activity, the student will not be subjected to discrimination based on that record. Furthermore, if the student is erroneously regarded as having such a physical or mental impairment, the student will not be subjected to discrimination based on that perception. Go to Part Five.

PART FOUR: CONSIDERATION OF IMPAIRMENT

Impairments impact major life activities to varying degrees. If the Team determines that the impairment substantially limits the student's performance of the MAJOR LIFE ACTIVITY, then the student should be identified as an individual with a disability under Section 504 and the ADA.

In assessing the impact of the impairment on the student's performance of the major life activity, the Team will disregard the positive effects of mitigating measures that lessen the impact of the impairment. For example, the Team will disregard medications, medical equipment and supplies, hearing aids, auxiliary aids and services, reasonable accommodations, learned adaptations, and behavioral modifications. The effect of ordinary eyeglasses and/or contact lenses will be considered.

Moreover, with regard to impairments that are episodic or in remission, the Team will consider the impact of the impairment when it is active.

Taking all of that into account:

Does the student's physical or mental impairment substantially limit the student's performance of the major life activity in comparison with how most students in the general population and of the same chronological age perform the major life activity?

☐ Yes

☐ No

PART FIVE: IDENTIFICATION

Identification Form: Section 504/ADA

- ☐ The Team believes that the student may have a physical or mental impairment that substantially limits learning, or another major life activity, in such a way that the student may require the provision of specially designed instruction. Therefore, the student has been referred for a full individual evaluation to determine eligibility for special education services under the Individuals with Disabilities Education Act. If it is determined that the student is eligible under IDEA, the school will provide a free appropriate public education pursuant to an individual education program for the student. If the student is not eligible for services under IDEA, the 504 Team will reconvene and resume consideration of the student.

OR

- ☐ The Team has determined that the student cannot be identified as an individual with a disability under Section 504/ADA because there is no data, or insufficient data, to establish the existence of a physical or mental impairment.

OR

- ☐ The Team has determined that the student cannot be identified as an individual with a disability under Section 504/ADA because the student's physical or mental impairment does not substantially limit the student in a major life activity.

OR

- ☐ The Team has determined that the student has a physical or mental impairment that substantially limits the student's performance of a major life activity. The impairment is:

- ☐ Active
☐ Episodic
☐ In remission

If, and only if, this section is checked, proceed to Part Six.

PART SIX: CONSIDERATION OF ACCOMMODATIONS AND SERVICES

The Team has identified your child as an individual with a disability under Section 504/ADA. This means that you will be entitled to all of the procedural protections provided by Section 504/ADA such as placement in the least restrictive environment, periodic reevaluations, the right to receive notice of certain actions by the school, the right to challenge certain actions of the school through an impartial hearing, and the right to have your child's education individually designed so as to meet his or her needs as well as those of non-disabled students. These rights are spelled out in the Notice of Rights and Procedural Protections document that has been provided to you.

In addition, as an individual with a disability under Section 504/ADA your child may need an individual plan of accommodation and/or services. If so, such a plan will be developed by the 504 Team.

- ☐ The child's disability does not presently impair the student's performance of a major life activity in a way that requires any accommodations or services at this time. However, the Team will reconsider the need for an individualized plan at an annual meeting of the 504 Team and at any other time at your request.
- ☐ The child's disability is episodic and thus does not require accommodations or services on a daily or regular basis, but it requires consideration of a plan in the event that the disability becomes active. The plan is attached. The Team will reconsider your child's plan at an annual meeting of the 504 Team and at any other time at your request.
- ☐ The child's disability is active and presently requires accommodations or services in the school setting. The plan is attached. The Team will review your child's plan at an annual meeting of the 504 Team and at any other time at your request.



Examples of Medical/Physical Conditions that may lead to development of a 504 Plan

- Type 1 Diabetes
- Seizure Disorder/Epilepsy
- Orthopedic Impairment
- ADHD
- Cancer/Autoimmune
Conditions
- Severe allergies/asthma
- Mild vision/hearing impairment



Diagnosis...what next?

- Reach out to Building administrator and/or Building Nurse to inform of diagnosis
- Documentation from healthcare provider is helpful!
- District Nurse is part of Student Support Team and may attend eligibility meeting to help develop 504 Plan



Individual Healthcare Plan vs 504 Plan

- IHCP developed by nurse to guide care at school, and to inform school staff of child's condition and needs
- Information is shared in a variety of ways.
- Many 504 plans will include IHCPs.
- Not all health conditions need 504 plans.

Writing of a Plan

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- Services and accommodations will be based on the needs identified in the evaluation
- The services and accommodations will be documented in the Accommodation plan
- Parents will need to consent to the service plan
- This plan will be reviewed with parents yearly



Examples of Accommodations

- Allow extra time on tests
- Allow trips to health office to test blood sugar
- Allow extra set of textbooks
- Adjusted class schedule
- Preferential seating
- Dedicated set of school supplies

Consent for Initial 504 Services Plan

Student Name: _____ Grade: _____ Date: _____ DOB: _____

School: _____ Age: _____

Parent(s)/Guardian(s): _____

Address 1: _____

Home Phone 1: _____ Work Phone 1: _____

Parent(s)/Guardian(s): _____

Address 2: _____

Home Phone 2: _____ Work Phone 2: _____

Dear

At a recent Section 504 conference your child was recommended for a Section 504 Plan and the team developed a Section 504 Plan. Before a school district can provide the Section 504 services described in your child's Section 504 Plan, your informed written consent is required. Your consent is voluntary and you may revoke consent at any time. If you revoke consent, it does not negate an action that occurred after the consent was given and before it was revoked.

Check One:

☐ I give consent

For the initial provision of Section 504 special education, accommodations, and/or related services as indicated on the Section 504 Plan. The proposed Section 504 Plan has been fully explained to me and is consistent with the Section 504 Plan developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued services or change in services/placement. At least annually, I will be given reasonable opportunity for comment on and input into my child's Section 504 Plan.

I received a copy of the Parent Rights under Section 504 of the Rehabilitation Act of 1973 which have been fully explained to me by school personnel, including the procedures for requesting an impartial hearing.

I understand that as soon as reasonably possible following the development of the Section 504 Plan, Section 504 special education, accommodations, and/or related services will be provided to my child in accordance with the Section 504 Plan.

☐ I *do not* give consent

For the initial provision of Section 504 special education, accommodations, and/or related services of my child as indicated on the Section 504 Plan.

I understand that the school district will not be in violation of the requirement to make a free appropriate public education for my child if I refuse to give consent.

☐ I have received

☐ Copy of the Section 504 Conference Summary

☐ Copy of the Section 504 Student Plan

☐ Other: _____

Date Parent(s)/Guardian(s) Signature

If you have any questions concerning this process or require additional information regarding your and your child's rights, please contact:

Name: _____ Phone: _____

Sincerely,

504 Case Manager cc: Student's Temporary File

Section 504 Accommodation Plan

Student: _____ Date: _____ Grade: _____

School: _____ Teacher: _____

Yes

☐

No

☐

The student has received an evaluation.

☐☐

The student has a mental or physical impairment that substantially limits one or more of his/her major life activities.

☐☐

The impairment substantially affects the student's overall performance at school in regards to:

☐

seeing

☐

hearing

☐

doing manual tasks

☐

breathing

☐

walking

☐

speaking

☐

caring for oneself

☐

writing

☐

learning

☐

working

☐

sleeping

☐

standing

☐

lifting

☐

reading

☐

concentrating

☐

thinking

☐

communicating

☐

helping

☐

eating

☐

bending

☐

showing troubling behavior

☐

operation of a bodily function

☐

other:

Is this student identified to receive a 504 Accommodation Plan? ☐ Yes ☐ No

Describe what evaluation data was used; Describe this student's circumstances and their educational impact in more detail (that is, document the basis for the 504 Plan):

The case manager for this Section 504 Plan will be: _____

Date of Meeting & Initial Plan: _____

Annual Review scheduled for: _____

Specific Need

Consider how the impairment impacts the student's education and what is needed to eliminate the restriction.

Special Materials or Training Needed — Who, How, and When?

Who Will Implement the Accommodations?

Criteria for Evaluating Success:



Section 504 Accommodation Plan

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Parent/Guardian:

I, _____, as this student's parent/guardian, ☐ give ☐ do not give permission for my child to receive the accommodations described.

Signed: _____ Date: _____

Copies: Parent, Student file





Re-evaluation

- To be conducted at least every 3 years; can be completed sooner if there is a significant change in the student's medical status or performance

Termination of Services

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- A re-evaluation will be conducted prior to terminating services
- Termination will be considered when:
 - The student is no longer disabled, no longer requires specialized services to meet their needs; no longer requires special accommodations, or when student can be properly educated without supports




Procedural Safeguards/ Parent Rights

- Examination of records
- Filing of a written complaint or request for an impartial hearing with the 504 Coordinator
- Filing of a grievance with the District's complaint manager
- Filing of complaint with OCR



Section 504 Grievance Form

Student: _____
School: _____
Parent(s): _____
Address: _____
Phone: _____

1. Summary of Grievance — What is the problem? What are the facts?
 2. How can the problem be solved?
 3. Who have you spoke to or met with at the school to address this situation? What was the result of this contact?
 4. Please describe any corrective action you wish to see taken with regard to this grievance.
- 



Section 504 Grievance Form

Please attach any additional information or documentation you wish the district to consider. You also have the right to file a complaint with the regional office of the U.S. Department of Education's Office for Civil Rights (OCR) without going through the district's grievance procedures.

Signature of Parent


Date

Received by:

Signature of Section 504 Coordinator

Date

Copies: Parent
Student file
504 Coordinator file



Contact Information

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- The Principal and Assistant Principal in each building are identified as case managers
- The Director of Student Services is the District Americans with Disability Act/Section 504 Coordinator
- The Assistant Superintendent of Human Resources and Director of Student Services are the District complaint managers

D64 504 Resources

<https://www.d64.org/student-services/special-education-parent-resources>





QUESTIONS?

THANK YOU!

