

Section 504 Identification/Evaluation

The following is the identification and evaluation criteria for a student to receive accommodations or services under Section 504.

Major Life Activities

The ADA Amendments of 2009 included the major life activities in the law and added several new activities. The list is not exhaustive. Listed below are the activities in the ADA. The new ones are bolded.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. 42 U.S.C. 12102(4)(a)(2)(A).

A person may be considered disabled under the definition of Section 504 if the individual has been evaluated and

1. Has a mental or physical impairment that substantially limits one or more of such person's major life activities

—Major life activitiesll include functions such as the following:

caring for one's self, walking, seeing, speaking, learning, breathing, sleeping, standing, lifting, reading, concentration, thinking, communication, working, helping, eating bending, operation of a bodily function, or other

2. Has a record of such an impairment.

3. Is regarded as having such an impairment.

Important:

The second and third prongs of the definition become a factor if discrimination or negative action occurred because of the “record” or “history” or is regarded as having an impairment.

It also includes the operation of a major bodily function as follows:

For purpose of paragraph (1), a major life activity also includes the operation a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. 42 U.S.C.

12102(4)(a)(2)(B)

Section 504 Referral

A student is considered "qualified" under Section 504 if the student is between the ages of 3 and 22 years of age and has a disability, which is identified as a physical or mental impairment that substantially limits one or more major life activities. Major life activities include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning. Examples of impairments that may substantially limit major life activities, even with the help of medication, aids or devices are: ADHD, asthma, allergies, blindness or visual impairment, diabetes, epilepsy, heart disease, and mental illness. ADA amendments in 2008 expanded the scope of "major life activities" and clarified that a disability determination under the ADA and Section 504 should not demand extensive analysis, which is why the ameliorating effects of mitigating measures (other than ordinary eyeglasses or contact lenses) are no longer considered when making a determination. (Illinois State Board of Education) Additional activities include eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating and working. 42 U.S.C. (4) (a) (2) (A). It also includes the operation of a major bodily function as follows: including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. 42 U.S.C. (4) (a) (2) (B)

To be completed for request to evaluate to qualify for #504 Plan

Name of Student: _____ Date: _____

School Building: _____ DOB: _____

Teacher: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Referred by: _____ Title: _____

1. Reason for Referral:

2. Accommodations/interventions attempted:

3. Has the student been referred, evaluated, and or received services from Special Education? Yes _____ No _____ If yes is checked please explain:

Submitted by: _____ Date of submission: _____

Submitted to: _____

Guidance on Evaluation Documentation for #504

A #504 Team must provide documentation of a disability which makes a student unable or substantially impaired to perform a major life function. No format is given by the Federal or State government as to how this reporting is documented. No one integrated report has to be generated for proof of documentation.

Suggestions of documentation is given on the Eligibility Determination Form and includes:

Documentation of evaluation results: Please check all those attached:

Record review _____	Parent Input form _____	Achievement testing: _____
Case study evaluation _____	Medical reports _____	Student work samples _____
Teacher observations _____	Adaptive behavior _____	Cognitive assessments _____
Tier plans _____	other _____	

If the student has had a recent case study for determining need for Special Education, that information can be used to fulfill the evaluation requirements, if the information is pertinent to the questions asked about the limitation of a major life function.

Eligibility for qualifying for a #504 plan must be periodically reviewed as the team decides but does not have to be yearly. It is however suggested to conduct a review each school year and/or when transitions to new programming or new buildings such as attendance centers occur.

The #504 Team must ethically document the student's inability or substantially impaired ability to perform the life function being considered for the student to qualify for the modifications/adaptations/accommodations being proposed and provided for on the #504 plan.

Section #504
Consent to Evaluate

Student Name: _____

District/School: _____

Date of Consent: _____

Following a discussion with the Building Based Team who is acquainted with this child, I agree to an evaluation to determine whether they are eligible for Section #504 accommodations/services. The following questions are to be answered by the evaluation:

Does this child exhibit a disability that substantially limits one or more major life activities such as caring for themselves, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning even with the help of medication, aids or devices?

Does the operation of a major bodily function such as: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions substantially limit one or more of major life activities? Has this disability been documented over time?

Members of this Team include:

Name:	Title:	Procedure:

I understand following the evaluation I will be given the opportunity to meet with the Team to review the results and plan for the next steps for this child's education.

_____ I give consent for evaluation. _____ I do not give consent for evaluation.

Signed

Date

Section 504 Meeting

Parent Input

Student Name: _____ Date: _____

School: _____ Grade: _____

Parent/Guardian: _____

Parent/Guardian: _____

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

With whom does this child live?

Please answer any questions you feel would be helpful to the Team.

What are your child's strengths? _____

What does your child like to do when not school?

Please describe your child's behavior at home.

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

How does your child describe their school experiences?

Do you think your child is experiencing any problems at school?

What behavior strategies do you use with your child?

What is your child's response to these strategies?

Health and Development History

Please describe any serious illnesses, accidents, or hospitalizations this child has experienced.

Does your child have any physical health issues such as asthma, allergies, seizures, etc.?

Is your child taking any medications? Please list

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Are there any side effects to the medication that your child is experiencing?

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

Thank you for your information. It will help the team to know your child better.

Student Record Review

For #504 Determination

Date: _____

Student Name: _____ DOB: _____

District/School: _____

Grade: _____

____ IEP ____ #504 plan

____ English Language Learner

(Ambient language _____)

Current concerns (please check all that apply)

____ excessive absences

____ at risk potential for dropping out

____ consideration for expulsion

____ consideration for retention

____ physical injury

____ pattern of not benefitting from instruction

____ chronic health condition

____ pattern of suspensions from school

____ substance abuse

____ other _____

Attendance: Identify number of days absent at each grade level:

K 1 _2_ 3 _4_ 5 _6_ 7 _8_ 9 _10_ 11 _12

Identify any absence patterns: _____

Grades repeated: _____

Report district wide assessment results for past 3 years (if appropriate). Describe any changes over time.

Last year's grades: _____

This year's grades: _____

Are there any educational/psychological evaluations available? __Yes __No

Were any services recommended? If so please describe.

Attach disciplinary actions for current year. Describe any patterns or evidence supported problems. _____

#days in alternative placement _____

#days suspended _____

Discuss student involvement with other agencies both local and state such as counseling, court system, DCFS, etc. _____

Have any health factors been identified which may contribute to student's school problems? If yes please describe:

Are there any concerns about substance abuse? If yes please describe: _____

Please describe or attach any Interventions attempted with this student such as behavioral, educational, or social. _____

Anticipated action at this time: _____

**Notice of Section #504 Meeting
Review of Evaluation Results**

Date sent: _____

Student's name: _____

District/School: _____

Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Dear _____,

The #504 Team would like to meet with you to discuss the results of the recent evaluation for _____. Your attendance is very important in making decisions to assist your child's success in school. The mutually agreed date and time are:

Meeting date: _____ Meeting time: _____

Location: _____

Sincerely,

_____, Section #504 School Representative

Team Member Included	Title

Section #504 Eligibility Determination

Student Name: _____ Grade: _____ Date: _____

District/School: _____ DOB: _____

Parent/Guardian: _____

Parent/Guardian: _____

Documentation of evaluation results: Please check all those attached:

Record review _____ Parent Input form _____ Achievement testing: _____

Case study evaluation _____ Medical reports _____ Student work samples _____

Teacher observations _____ Adaptive behavior _____ Cognitive assessments _____

Tier plans _____ Other _____

Has this disability been documented over time? Yes _____ No _____

Is this a temporary condition? Yes _____ No _____

After review of the evaluation results the #504 team does find the student

_____ **unable** to perform a major life function that the average student of this approximate age can perform.

_____ **significantly restricted** as the condition's manner or duration under which a particular life activity is performed as compared to the average student of this approximate age.

_____ **not significantly restricted** or unable to perform a major life function that the average student of this approximate age can perform.

Please check one or more of the following disabilities that substantially limits one or more major life activities such as _____ caring for themselves, _____ walking, _____ hearing, _____ speaking, _____ breathing, _____ working, _____ performing manual tasks, and _____ learning even with the help of medication, aids or devices.

Please check one or more of the following operation(s) of a major bodily function that substantially limits one or more of major life activities such as: _____ functions of the immune system, _____ normal cell growth, _____ digestive, _____ bowel, _____ bladder, _____ neurological, _____ brain, _____ respiratory, _____ circulatory, _____ endocrine, _____ and reproductive functions

[illegible]

Section #504 Plan

A student is considered “qualified” under Section 504 if the student is between the ages of 3 and 22 years of age and has a disability, which is identified as a physical or mental impairment that substantially limits one or more major life activities. Major life activities include caring for one’s self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning. Examples of impairments that may substantially limit major life activities, even with the help of medication, aids or devices are: ADHD, asthma, allergies, blindness or visual impairment, diabetes, epilepsy, heart disease, and mental illness. ADA amendments in 2008 expanded the scope of “major life activities” and clarified that a disability determination under the ADA and Section 504 should not demand extensive analysis, which is why the ameliorating effects of mitigating measures (other than ordinary eyeglasses or contact lenses) are no longer considered when making a determination. (Illinois State Board of Education)

District/ School Name: _____

Student Name: _____ DOB: _____ Grade: _____

Qualifying Disability: _____ Date Plan Written: _____

Plan Start Date: _____ Date of Periodic Review _____

Documentation of Disability: (see attached):

504 Team Members/Title	

Teacher Education and Support

- _____

- _____

- _____

Section #504 Plan

Accommodations and/or Services			
Areas of Educational Need	Accommodation or Service	Person(s) Responsible For Implementation	Frequency of Accommodation or Service

Notes:

Your Rights Under Section 504

[Livingston County]

You have the right to be informed by the school district of your rights under Section 504. This is a notice of you and your child's rights under Section 504 and the rights you have if you disagree with the school district's decisions.

WHAT IS SECTION 504?

Section 504 of the Rehabilitation Act of 1973, commonly called "Section 504," is a federal law that protects students from discrimination based on disability. Section 504 assures that students with disabilities have educational opportunities and benefits equal to those provided to students without disabilities. To be eligible, a student must have a physical or mental impairment that substantially limits one or more major life activity.

YOUR CHILD'S EDUCATION

Your child has the right to:

- Receive a free and appropriate public education.
- Participate in and benefit from the district's educational programs without discrimination.
- Be provided an equal opportunity to participate in the district's nonacademic and extracurricular activities.
- Be educated with students who do not have disabilities to the maximum extent appropriate.
- Be educated in facilities and receive services that are comparable to those provided to students without disabilities.
- Receive accommodations and/or related aids and services to allow your child an equal opportunity to participate in school activities.
- Receive educational and related aids and services without cost, except for those fees imposed on the parents of children without disabilities.
- Receive special education services if needed.

YOUR CHILD'S EDUCATIONAL RECORDS

You have the right to:

- Review your child's educational records and to receive copies at a reasonable cost. You will not be charged if the cost would keep you from reviewing the records.
- Ask the district to change your child's education records if you believe that they are wrong, misleading, or are otherwise in violation of your child's privacy rights. If the district refuses this request, you have the right to challenge the refusal by requesting an impartial hearing.
- A response to your reasonable requests for explanations and interpretations of your child's education records.

THE SECTION 504 PROCESS

Your child has the right to an evaluation before the school determines if he or she is eligible under Section 504. You have the right to:

- Receive notice before the district takes any action regarding the identification, evaluation, and placement of your child.
- Have evaluation and placement decisions made by a group of persons, often called a "504 team", including persons who know your child, the meaning of the evaluation information, and the placement options available.
- Have evaluation decisions based on a variety of sources, such as aptitude and achievement tests, teacher recommendations, physical conditions, medical records, and parental observations.
- Refuse consent for the initial evaluation and initial placement of your child.

If your child is eligible under Section 504, your child has a right to periodic re-evaluations, including re-evaluations before any significant change is made in your child's placement.

IF YOU DISAGREE WITH THE DISTRICT'S DECISION

If you disagree with the district's decisions regarding your child's identification, evaluation, educational program, or placement under Section 504, you may request mediation or an impartial due process hearing. You and your child have the right to take part in the hearing and have an attorney represent you. Hearing requests and other concerns can be made to your district's Section 504 Coordinator:

Local School Principal

You have the right to file a complaint of discrimination with the U.S. Department of Education's Office for Civil Rights (OCR), or to file a complaint in federal court. Generally, an OCR complaint may be filed within 180 calendar days of the act that you believe was discriminatory. The regional office is located at 915 Second Ave, Room 3310, Seattle, WA 98174-1099. Phone: 206-607-1600/TDD: 206-607-1647 Website: www.ed.gov/OCR.