

**SANDUSKY CITY SCHOOL DISTRICT**

**SECTION 504**

## TABLE OF CONTENTS

	<u>Page</u>
SECTION 504 OVERVIEW	
504 – Who Is Eligible? .....	1
Major Life Activities.....	1
“Substantially Limits” .....	1
Who Then? Who Should Be Considered? .....	1
Who Makes The Referrals? .....	1
Who Evaluates? Who Determines Eligibility? .....	2
Requirements for Evaluation .....	2
Tools for Evaluation .....	2
Eligibility Determination .....	2
Examples of Accommodations and Modifications.....	2
Reevaluation .....	2
Consent for Evaluation .....	3
Due Process – Student/Parent Rights.....	3
Ramifications – Testing .....	3
Ramifications – Discipline.....	3
Section 504 Administrative Guidelines for Identification, Evaluation, and Placement of Students with Disabilities.....	4

### FORMS

#### Section 504/ADA Grievance Procedure

##### Forms:

- 504-1 Section 504 Referral Flow Chart
- 504-2 Section 504 Referral Form
- 504-3 Section 504 Parent Notification Letter (Meeting of IAT Team)
- 504-4 Section 504 Parent Notification Letter (Meeting to Review 504 Evaluation)
- 504-5 District Personnel Invitation to IAT Meeting
- 504-6 Section 504 Consent to Evaluate
- 504-7 Notice of Parent and Student Rights – Section 504 and the ADA
- 504-8 Section 504 Evaluation Report
- 504-9 Section 504 Parent Notification Letter (Student Not Needing 504 Plan)
- 504-10 Section 504 Student Plan
- 504-11 Parent Invitation to Section 504 Meeting
- 504-12 Parent Invitation Response Form
- 504-13 Parent/Guardian/Student Consent for Records Release

### APPENDIX

Frequently Asked Questions .....	A-1
Discipline and Section 504 and the ADA.....	A-3
Examples of Accommodations and Modifications .....	A-4
More Accommodations.....	A-5

## Section 504 Overview

### 504 – Who Is Eligible?

- ! Any person that has a physical or mental impairment that substantially limits one or more of the person's major life activities.

### Major Life Activities

- The term “major life activities” includes, but is not limited to, several activities, including caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. This is a non-exhaustive list.
- The term “major life activity” includes the operation of a major bodily function, including functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

### “Substantially Limits”

- ! Unable to perform a major life activity that the average person in the general population can perform.
- ! Must consider:
  - nature and severity of impairment.
  - duration or expected duration of impairment.
  - permanent or long-term impact resulting from the impairment.

### Who Then? Who Should Be Considered?

- ! Any student referred for IDEA but the decision is not to evaluate;
- ! Any student evaluated for IDEA but determined not to be eligible;
- ! Any student suspected of having any disability;
- ! Any student that continues to display behavior problems;
- ! Any student with a major health problem;
- ! When a parent requests consideration for 504 services;
- ! When a teacher requests consideration for 504 services.

### Who Makes The Referrals?

- ! Generally, *teachers* and *parents* make most of the referrals.

### Who Evaluates? Who Determines Eligibility?

! “A group of knowledgeable people.” Placement decisions should be made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options. This team includes the child’s parent or guardian.

- In the Sandusky City Schools this team is the building Intervention Assistance Team and the parent or guardian.

### Requirements for Evaluation

- ! Determine if a physical or mental impairment is present;
- ! Determine if the impairment results in a substantial limitation of one or more major life activities (not limited to learning or impact on educational performance);

### Requirements for 504 Plan

- ! Determine the types of accommodations and placement required to enable the student to receive a free and appropriate education.

### Tools for Evaluation

- ! In interpreting evaluation data and in making placement decisions, the evaluation team shall draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.
- ! A variety of evaluation data must be used. (This data may include group standardized testing, screening tests for ability and achievement, work sample, record review, and observations.)

### Eligibility Determination

- ! The team must determine *“if there is a substantial limitation to one or more major life activities.”*
- ! *This is a team judgment decision.*

Examples of Related Aids and Services If the Student is Determined to Have a Disability (which is not an exhaustive list)

- ! Seating arrangements
- ! Homework assignments
- ! Modifications in testing
- ! Readers or taped materials
- ! Grouping arrangements

- ! Adjusted class schedule
- ! Modified physical education program

### Reevaluation

- ! Schools are only required to reevaluate students who are receiving 504/ADA services *periodically* (Schools may choose to follow the three-year reevaluation schedule used with IDEA); before a *significant change* of placement; or when conditions warrant.

### Consent for Evaluation

- ! Obtain written parent consent prior to 504 evaluation.

### Student/Parent Rights

- ! Informed of specific due process rights
- ! Equal academic/non-academic activities
- ! Appropriate education in least restrictive environment
- ! Notice re: referral, evaluation, and placement
- ! Fair evaluation
- ! Administrative appeals process
- ! Examine/obtain copies of all relevant school records

### Ramifications – Testing

- ! Section 504 requires that students with a 504 plan must be provided with appropriate test accommodations, where necessary.
- ! The team will determine appropriate test accommodations which will be incorporated in the Section 504 plan.
- ! Section 504 plans may, as necessary, for individual students include testing accommodations for the district and statewide assessments.
- ! A student with a 504 plan will receive only the testing accommodations specified in the 504 plan for the district and statewide assessments.

## Ramifications – Discipline

- ! Students served under Section 504 and the ADA are treated similar to students served under IDEA with regard to discipline.
  - notice of charges, formal hearings
  - a disciplinary removal of more than ten days is considered a significant *change of placement* requiring a manifestation determination to determine if the behavior is related to the student’s disability.
  - A series of suspensions that are each of ten days or fewer in duration that creates a pattern of exclusions may also constitute a “significant change in placement.” The determination of whether a series of suspensions creates a pattern is made on a case-by-case basis. In no case, however, may serial, short exclusions be used to avoid the requirement of a manifestation determination before suspensions of more than ten days.
  - Among the factors considered in determining whether a series of suspensions has resulted in a “significant change in placement” are the length of each suspension, the proximity of the suspensions to one another, and the total amount of time the child is excluded from school.
  - A series of suspensions that, in the aggregate, are for ten days or fewer are not a significant change in placement.

**SECTION 504 ADMINISTRATIVE GUIDELINES FOR  
IDENTIFICATION, EVALUATION, AND PLACEMENT  
OF STUDENTS WITH DISABILITIES**

I. PROCEDURES FOR NEW SECTION 504 INQUIRIES – STUDENTS

- A. REFERRAL – Requests for an evaluation of a student to determine eligibility for a 504 plan may be made by parents, teachers, or other knowledgeable professionals. Written referrals for an evaluation of a student will be filed with the Director of Student Services by using the Section 504 Referral form 504-2. The form can be found in the District’s Section 504 Handbook or a form can be obtained from the office of the Assistant Superintendent, who is the Section 504 Coordinator, or the Director of Student Services.

Any staff member receiving a referral request from a parent, shall file the referral form with the Director of Student Services. Verbal requests by a parent for an evaluation shall be documented by the staff member receiving the verbal request by using the Section 504 Referral Form 504-2 to document the request for the evaluation. Other than for parental requests for an evaluation, school staff are encouraged to contact the 504 Coordinator or the Director of Student Services to seek input and/or guidance regarding the need for referral prior to completing the written referral form 504-2. Referrals may be made at any time during the school year.

- B. IAT – An IAT Meeting will be scheduled to discuss needed information. The individuals that could be involved are: Parents, Student, Principal, Guidance Counselor, Teachers, and School Psychologist.
- C. ASSESSMENT – The IAT Team will collect all relevant information on the student (i.e. medical reports, doctor reports, medication, grade cards/report cards, school history, disciplinary action, etc.) to assist in documenting the following:

1. Physical or mental impairment; and
2. Substantial limitations on one or more major life activities such as caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. This list is not exhaustive.

Major life activity also includes the operation of a major bodily function, including functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions. This list is not exhaustive.

Written parental consent shall be obtained for an evaluation and a copy of student and parental rights sent. An evaluation is then performed and the eligibility determination and the information upon which it was based should be carefully documented in writing.

Reevaluations. The team will review and plan for a reevaluation which must be done periodically (a minimum of every three years), prior to a significant change of placement or if conditions warrant. Transferring a student from one type of program to another or terminating or significantly reducing a related service is a significant change in placement. For disciplinary changes in placement, see page 4. When a reevaluation is needed, written parental consent shall be obtained and a copy of student and parental rights provided to the parent.

- D. Eligibility Determination: Following completion of the assessment/evaluation, the 504 Coordinator will schedule an Intervention Assistance Team (IAT) meeting to review the information, determine eligibility, and determine how to proceed.

Information to be considered by the team should include: individual or group achievement tests, student work samples, observations, behavior checklists, teacher rating scales, teacher information, school records, medical information, and parent information.

- E. Factors to be considered in determining whether a student's physical or mental impairment substantially limits his/her learning.

A student may be eligible for a 504 plan if the student has a physical or mental impairment that substantially limits any major life activity.

The factors that should be considered by the IAT in determining whether a student's physical or mental impairment substantially limits his/her learning are as follows: (generally, multiple factors will be necessary to demonstrate substantial limitation)

1. Has the student demonstrated a consistent need for substantially more time to complete homework assignments than required by students without disabilities?
2. Has the student demonstrated a consistent need for substantially more time to complete in-school assignments than required by students without disabilities?
3. Is modified testing consistently necessary for the student to be able to demonstrate knowledge?

4. Does the student exhibit frequent behaviors, such as drowsiness, impulsivity, inattentiveness, or aggressiveness, associated with an identified physical or mental impairment or medication taken to address the condition and do these behaviors significantly interfere with school performance?
  5. Does the student exhibit significant difficulty with planning, organization and execution of school-related activities and assignments?
  6. Is the student chronically absent or tardy for reasons related to a diagnosed physical or mental impairment and are such absences or tardies interfering with his/her school performance?
  7. Has the student experienced a steady decline in academic performance for which there is no known cause other than the diagnosed physical or mental impairment?
  8. Has the student experienced a steady increase in disciplinary interventions for which there is no known cause other than the diagnosed condition?
  9. After at least two intervention strategies have been implemented in regular education, does the student still exhibit significant learning difficulties?
- F. Guidelines for medical documentation when a student is suspected of being disabled.
1. If the District determines, based on the facts and circumstances of the individual case, that a medical assessment is necessary to make an appropriate evaluation, the District must ensure the student receives this assessment at no cost to the parents. If alternative assessment methods meet the evaluation criteria, these methods may be used in lieu of a medical assessment.
  2. The District may ask but not require a parent or a student to provide a medical statement if the District suspects the student has a disability that would result in eligibility for a 504 plan.
  3. If the District does not believe the student has a disability that would result in Section 504 eligibility, then the District is not required to conduct an evaluation of the student. However, the District must provide the parents notice of the decision not to evaluate the student and the Notice of Parent and Student Rights.

- G. Possible outcomes of the meeting:
1. Student determined to be eligible for free appropriate public education pursuant to a Section 504 Plan;
  2. Student determined to be ineligible as a student with a disability under Section 504 to receive services pursuant to a Section 504 Plan but does need some interventions that can be developed by the building Intervention Assistance Team (IAT);
  3. The team determines that it needs to collect more information before making an eligibility determination (Parents, Doctors, Observations, MFE, etc.); or
  4. Student determined ineligible as a student with a disability under Section 504 to receive services pursuant to a Section 504 Plan and has no need for special school/classroom interventions. Student will be served appropriately in the regular education program without specific interventions. The record of the District's proceedings should reflect the identification of the student as not disabled under Section 504, and state the basis for the decision that no special services/accommodations are presently needed.
- H. If a Section 504 Plan is determined to be appropriate, an IAT meeting will be scheduled to develop and complete the Section 504 Plan Form. The parents will be invited to the meeting to provide input. As an option to attendance at a meeting, the parents can participate in a meeting by telephone conference. If the parents are not able to participate in the meeting, the District will attempt other means to obtain parental input before finalizing a placement decision. Aside from the description of the student's disability or related services needed, the Plan should also specify how the regular education and related aids and services, will be provided, and by whom. The Section 504 plan, when applicable, will specify the amount of services to be provided. The Section 504 Plan should include parent/team signatures. A copy is to be sent to the District's Coordinator as soon as possible. A copy of the Plan should also be placed in the student's cumulative folder. If the parents are not present at the meeting or participate by telephone conference, a copy of the 504 plan will be sent to the parents requesting that they give written input to the plan. The parents will also be asked to give written consent to the plan if there are no revisions they want to make to the plan. One way of the parents give written consent is by signing the plan. The parents will be provided with a copy of the Parent and Student Rights (Form 504-7).

The initial 504 plan cannot be implemented without parental consent. Subsequent 504 plans can be implemented without parent consent if there is not a significant change of placement. A copy of the Plan and Parent and Students Rights (Form

504-7) must be provided to the student's parents each time a 504 plan is developed.

- I. Upon completion of the Section 504 Plan, the IAT Team needs to follow Procedures for Existing Section 504 Plans – Students (see Section II).
- J. If the parents want to challenge the actions regarding identification, evaluation or placement of their child, the Board must provide a due process hearing before an impartial hearing officer to resolve the dispute. Information about due process procedures will be provided to the parents by the Assistant Superintendent or Director of Student Services.
- K. The provisions regarding parents also apply to guardians whenever a student has a guardian acting on their behalf.

## II. PROCEDURES FOR EXISTING SECTION 504 PLANS – STUDENTS

- A. Beginning of each school year (August - September).
  - 1. A list of students who have had Section 504 Plans in the past year are given to the Building Principal/Guidance Counselors.
  - 2. The IAT Team will review the Section 504 Plan from the prior school year.
  - 3. The student's parents will be notified of the need to meet to review the Section 504 Plan and to determine whether it is still necessary/appropriate for the new school year. The parents will be invited to a meeting of the IAT team.
  - 4. The purpose of the meeting will be to formulate a Section 504 Plan for the student for the new school year. Knowledgeable individuals included in the meeting may be as follows: Parents, Student, Principal, Guidance Counselor, Teachers, and School Psychologist.

The team should decide whether to: (1) continue the plan; (2) discontinue; or (3) write a new plan.

The team will review and plan for a reevaluation which must be done periodically (a minimum of every three years), prior to a significant change of placement or when conditions warrant. Discontinuing the plan or writing a new plan including a significant change of placement, will require a reevaluation.

5. The parents will be invited to the meeting to provide input. As an option to attendance at a meeting, the parents can also participate in a meeting by telephone conference. If the parents are not able to participate in the meeting, the District will attempt other means to obtain parent input. A copy of the plan will be sent to the parents. The parents will be asked to give written input to the plan. The parents will also be asked to consent to the plan if there are no revisions they want to make to the plan. A copy of the procedural safeguards, the Parent and Student Rights (Form 504-7) will be sent along with the plan. If the parents do not give written consent to the plan, it can still be implemented unless there is a significant change of placement.
6. If there is an “active” Section 504 Plan, a copy of the Plan needs to be forwarded to the District’s Coordinator by October 15 of each school year and a copy of the Plan placed in the student’s cumulative record folder.

B. During the school year.

The Section 504 Plan can be reviewed by the team at any time if concerns develop as to the appropriateness of the modifications/accommodations being used with the student. This review can be initiated by staff or parents.

C. Procedural Safeguards.

Procedural safeguards for the parents and students are contained in the notice of parent and student rights (Form 504-7).

The notice of procedural safeguards is to be provided to the parent with respect to actions regarding the identification, evaluation, or educational placement (including creation of a 504 plan) of students who, because of their disability, receive services under Section 504.

The procedural safeguards include notice, an opportunity for the parents or guardian of the student to examine relevant records, an impartial hearing with an opportunity for participation by the student’s parents or guardian and representation by counsel, and a review procedure.

Anytime the written results of a meeting are provided to the student’s parents, the notice of parent and student rights will be provided to the parents.

Provide a copy of the procedural safeguards to the parents at any team meeting.

D. If the parents challenge the actions of the District regarding identification, evaluation or placement of their child, the Board must provide a due process

hearing before an impartial hearing officer to resolve the dispute. See Section 504 Grievance and Due Process Procedures.

- E. The provisions regarding parents also apply to guardians whenever a student has a guardian acting on their behalf.

# FORMS

## 504/ADA GRIEVANCE PROCEDURE

### **Section I**

The Board of Education hereby designates the Superintendent or his/her designee as the District's 504 Coordinator. The Superintendent designates the Assistant Superintendent as the District's 504 Coordinator. The address and telephone number of the District 504 Coordinator is 407 Decatur Street, Sandusky, Ohio 44870-2483, telephone (419) 984-1016. The 504 Coordinator will coordinate efforts to comply with this policy and to investigate complaints.

### **Section II – Grievance Procedure**

This grievance procedure may be used for a complaint alleging a violation of Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act. A copy of the District's grievance procedure may be obtained from the District's 504 Coordinator.

A person who believes s/he has a valid basis for a grievance may discuss the grievance informally and on a verbal basis with the District's 504 Coordinator, who shall in turn investigate the complaint and reply with an answer to the complaint. S/He may initiate formal procedures according to the following steps:

Step 1— District's 504 Coordinator's Investigation. A person who believes he/she has a valid basis for a grievance may initiate a grievance by completing the Section 504/ADA Grievance filing form and providing it to the District's 504 Coordinator. The request shall fully describe the grievance, citing the specific circumstances or areas of dispute which have resulted in the complaint, and be filed as soon as possible, but not longer than thirty (30) calendar days after disclosure of the facts giving rise to the grievance. The District's 504 Coordinator shall conduct an investigation (which will include obtaining a statement from the alleged discriminator, and as applicable, from third parties with knowledge of the allegations) and will hold a meeting with the person filing the grievance within five (5) school days following receipt of the request. At the meeting, the person filing the grievance may present witnesses and other evidence concerning the grievance. The District's 504 Coordinator will state in writing his/her decision to the individual within five (5) school days following the conference.

If the grievance is filed against the 504 Coordinator, the grievance shall be investigated by the Director of Student Services.

If the 504 Coordinator determines that discrimination has occurred, the School District will take reasonable, timely, age appropriate, and effective corrective action, including steps tailored to the specific situation.

Step 2 – Appeal to the Superintendent. If the grievance is not resolved satisfactorily at Step 1, the District’s 504 Coordinator’s decision may be appealed in writing to the Superintendent. (If the Superintendent is the District’s 504 Coordinator, Step 2 will be skipped. The Appeal is to Step 3.) The appeal must be made within ten (10) school days following the receipt of the District’s 504 Coordinator’s decision. The Superintendent will review the case, may conduct an informal hearing, and will notify all parties in writing of his/her decision within ten (10) school days of receiving the appeal.

Step 3 – Appeal to the Board of Education. If the grievance is not satisfactorily resolved through Step 2, a written appeal may be made to the Board of Education. The grievance must be filed with the Superintendent’s Office within five (5) school days of the Superintendent’s written decision at Step 2.

The Board or its designee will conduct a hearing regarding the alleged grievance within thirty (30) school days of filing of the appeal. The parties can agree to extend the time for the hearing. The Board or designee shall give the complainant a full and fair opportunity to present evidence relevant to the issues raised by the grievance. The complainant may, at his/her own expense, be assisted or represented by individuals of their choice, including legal counsel. The Board or designee will make a written decision to the District’s 504 Coordinator and complainant within ten (10) school days of the hearing.

The person wishing to file a grievance may also file a complaint at any time with the U.S. Department of Education, Office for Civil Rights, 600 Superior Avenue East, Suite 750, Cleveland, OH 44114-2611

A copy of the 504/ADA Grievance Filing Form is attached.

## Section 504/ADA Grievance Filing Form

Date \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

Place where you may be reached \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Nature of your grievance. (Please describe the policy or action you believe may violate Section 504/ADA or otherwise constitutes discrimination based on disability.)

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

Name of whom has been affected by the discrimination \_\_\_\_\_

Name and address of the discriminating agency \_\_\_\_\_

\_\_\_\_\_

The approximate date of the discriminatory conduct \_\_\_\_\_

A brief description of what happened \_\_\_\_\_

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

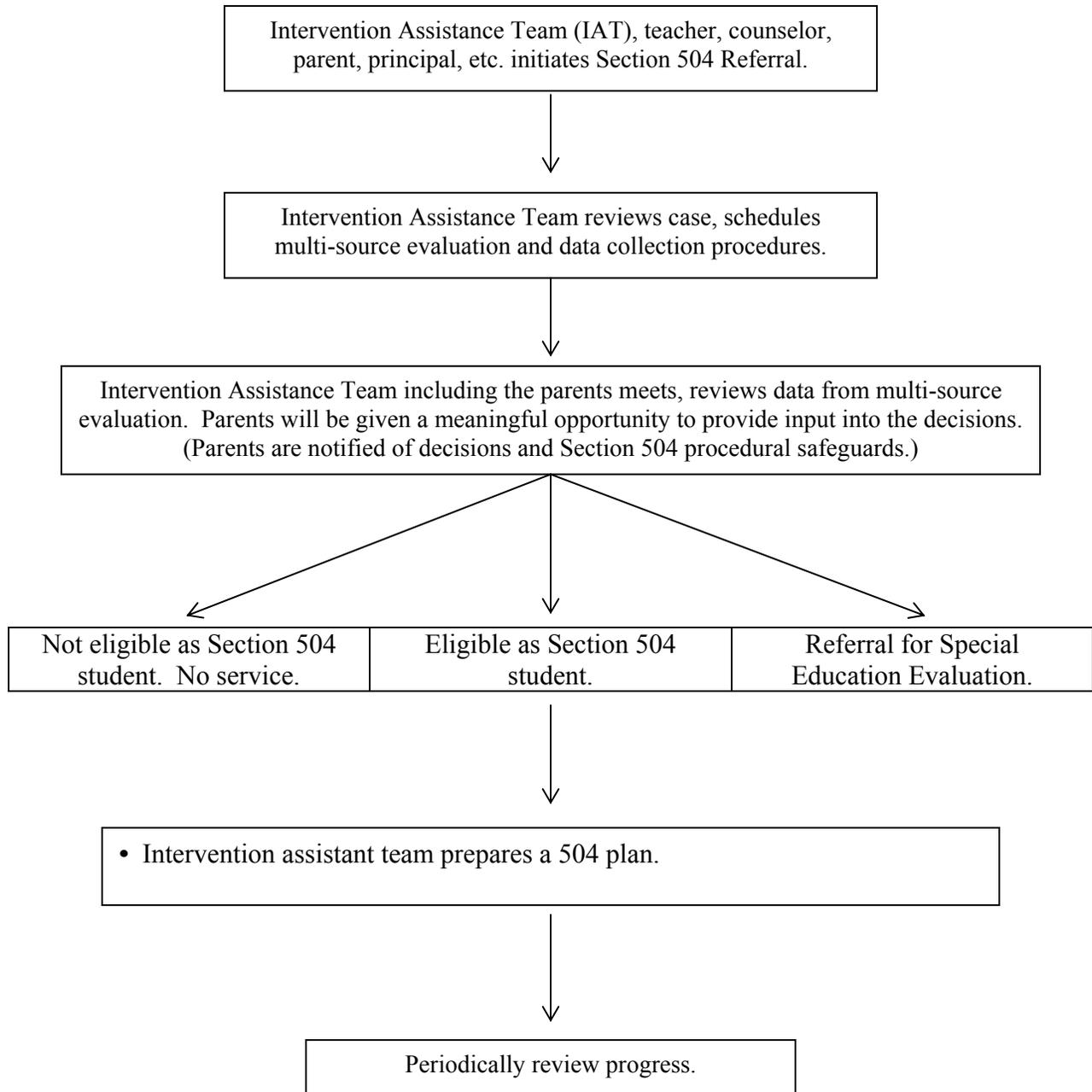
Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.

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

\_\_\_\_\_  
Signature of Grievant                      Date                      School Official                      Date                      Time

This form is to be filed with the Section 504 Coordinator (Assistant Superintendent), 407 Decatur Street, Sandusky, OH 44870-2483.

# Section 504 Referral Flow Chart



Section 504 Referral Form

Student's Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason(s) for Referral: \_\_\_\_\_

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Pre-Referral Actions (Interventions), if any, to Address Concerns: \_\_\_\_\_

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Person Making Referral: \_\_\_\_\_

Please submit completed form to: \_\_\_\_\_

**Section 504 Parent Notification Letter  
(Meeting of IAT Team)**

TO: Parent(s)/Guardian(s) of \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent(s)/Guardian(s):

Your child may be eligible to receive services on a 504 plan. The School District suspects that your child may possibly have a disability which would be determined after an appropriate evaluation. Your written consent is required prior to an evaluation. (Form 504-6).

As a part of our effort to help your child to be more successful, I have asked members of our building Intervention Assistance Team to collect and review information concerning your child. Information gathered will include a variety of activities such as records and grades review, student observations and interviews and other data collection efforts.

You are a valuable member of this team, and we would appreciate your help in gathering and reviewing information. We hope you will be able to join us for the Intervention Assistance Meeting at the time indicated below.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

Notice of IAT Meeting

The meeting is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at  
(Date) (Time)

\_\_\_\_\_  
(Location)

If you have any questions, or need additional information, please contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

PLEASE RETURN THE ATTACHED PAGE (Form 504-12)

**Section 504 Parent Notification Letter  
(Meeting to Review 504 Evaluation)**

TO: Parent(s)/Guardian(s) of \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent(s)/Guardian(s):

As we discussed during our last Intervention Assistance Team Meeting, we want to reconvene to review your child’s 504 evaluation results and to discuss plans to meet your child’s needs. Our goal continues to be identifying ways to help your child experience success.

You are a valuable member of this team, and we would appreciate your help in gathering and reviewing information. We hope you will be able to join us for the Intervention Assistance Team Meeting at the time indicated below.

Please let me know as soon as possible if you are not able to participate and we will either reschedule for a mutually convenient time or provide you an alternate method by which to provide input.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

Notice of IAT Meeting

The meeting is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at  
(Date) (Time)

\_\_\_\_\_  
(Location)

If you have any questions, or need additional information, please contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

PLEASE RETURN THE ATTACHED PAGE (Form 504-12)

**District Personnel  
Invitation to IAT Meeting**

Name of Child/Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date Sent \_\_\_\_\_


An IAT meeting will be held for the above-named student. The purpose of this letter is to invite you to attend.

The meeting is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_

(Date) (Time)

\_\_\_\_\_

(Location)

Please bring student work samples or other information documenting the child’s present levels of performance in your areas of responsibility.

If you cannot attend, please immediately notify: \_\_\_\_\_  
If classroom coverage is necessary, please notify your building principal.

Thank you,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

Copies: Student File  
IAT Participants



**Sandusky City Schools  
Notice of Parent and Student Rights  
Section 504 and the Americans with Disabilities Act**

You have the right to be informed by the school district of your rights under Section 504 and the ADA.

Your child has the right to an appropriate education designed to meet his or her individual needs as adequately as the needs of nondisabled students are met.

Your child has the right to free educational services except for those fees that are imposed on nondisabled students or their parents.

Your child has a right to facilities, services, and activities that are comparable to those provided nondisabled students.

Your child has a right to an evaluation at no cost to you prior to an initial 504/ADA placement and if eligible under 504/ADA a reevaluation generally every 3 years, prior to any subsequent significant change in placement or when conditions warrant.

Testing and other evaluation procedures must conform with the requirements of 34 CFR 104.35 including validation, administration, and areas of evaluation. The district shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background and adaptive behavior.

Placement decisions must be made by a group of persons including persons knowledgeable about your child which also includes the parents or guardian, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment, equal opportunity to participate in extra curricular activities and comparable facilities.

You have the right to notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.

You have the right to examine relevant records.

You have the right to an impartial hearing with respect to the district’s actions regarding your child’s identification, evaluation, or educational placement, with the opportunity for parental participation in the hearing and representation by an attorney.

If you wish to challenge the actions of the 504 committee in regard to your child’s identification, evaluation, or educational placement, you may file a written request for due process with the Section 504 Coordinator. A hearing will be scheduled before an impartial hearing officer and you will be notified in writing of the date, time, and place for the hearing. Mediation instead of a hearing may occur if mediation is agreed to by the School District and the parent or guardian.

On 504 matters other than your child’s identification, evaluation, and placement you have a right to file a complaint (grievance) with the district’s 504 Coordinator, who will investigate the allegations to the extent warranted by the nature of the complaint in an effort to reach a prompt and equitable resolution. The address of the 504 Coordinator is 407 Decatur Street, Sandusky, OH 44870-2483. The telephone number of the 504 Coordinator is 419-984-1016.

You also have a right to file a complaint with the U.S. Department of Education, Regional Office for Civil Rights, 600 Superior Avenue East, Suite 750 Cleveland, Ohio 44114-2611.

Parent(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

School representative: \_\_\_\_\_ Date: \_\_\_\_\_

Section 504 Evaluation Report

Date \_\_\_\_\_

- Initial       Reevaluation
- Male         Female

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

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

Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Area(s) of Concern/Physical or Mental Impairment

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Intervention(s) in Place

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Findings/Evaluation Results Summary (Attach Documentation)

Medical Information:

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Attendance Data (Attendance Patterns, Schools Attended):

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Report Card/Transcript Information (Current Grades, Past Grades, Retentions):

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Discipline Record/Behavior History:

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Group Tests Results:

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

Teacher Information:

\_\_\_\_\_

Parent Information:

\_\_\_\_\_

Rating Scale Information:

\_\_\_\_\_

Observation Data (Study Skills, Effort Ratings, Work Habits):

\_\_\_\_\_

Work Sample Data/Other:

\_\_\_\_\_

Factors to be considered in determining whether an impairment substantially limits learning are attached as page 4 of this Section 504 Evaluation Report which applies only if the major life activity is learning.

Eligibility Criteria and Determination

- Yes  No Student has a mental or physical impairment.
- Yes  No Student's impairment substantially limits the following major life activity/activities:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Caring for oneself  | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Seeing        |
| <input type="checkbox"/> Hearing   | <input type="checkbox"/> Eating                  | <input type="checkbox"/> Sleeping      |
| <input type="checkbox"/> Walking   | <input type="checkbox"/> Standing                | <input type="checkbox"/> Lifting       |
| <input type="checkbox"/> Bending   | <input type="checkbox"/> Speaking                | <input type="checkbox"/> Breathing     |
| <input type="checkbox"/> Learning  | <input type="checkbox"/> Reading                 | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Thinking  | <input type="checkbox"/> Communicating           | <input type="checkbox"/> Working       |
| <input type="checkbox"/> Operation of a major bodily function, including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions |  |  |
| <input type="checkbox"/> Other _____   |  |  |

- Yes  No Student meets 504 eligibility criteria, i.e., the team has checked "yes" to both of the above boxes.

Rationale for Determination/Recommendations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Evaluation Team Members**

<u>Name</u>	<u>Title</u>	<u>Agreement</u>	
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

\_\_\_\_\_  
IAT Chairperson Signature

\_\_\_\_\_  
Projected Review Date

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

**Consideration Factors in determining whether an impairment substantially limits learning**

- Yes  No Has the student demonstrated a consistent need for substantially more time to complete homework assignments than required by students without disabilities?
- Yes  No Has the student demonstrated a consistent need for substantially more time to complete in-school assignments than required by students without disabilities?
- Yes  No Is modified testing consistently necessary for the student to be able to demonstrate knowledge?
- Yes  No Does the student exhibit frequent behaviors, such as drowsiness, impulsivity, inattentiveness, or aggressiveness, associated with an identified physical or mental impairment or medication taken to address the condition and do these behaviors significantly interfere with school performance?
- Yes  No Does the student exhibit significant difficulty with planning, organization, and execution of school-related activities and assignments?
- Yes  No Is the student chronically absent or tardy for reasons related to a diagnosed physical or mental impairment and are such absences or tardies interfering with his/her school performance?
- Yes  No Has the student experienced a steady decline in academic performance for which there is no known cause other than the diagnosed physical or mental impairment?
- Yes  No Has the student experienced a steady increase in disciplinary interventions for which there is no known cause other than the diagnosed condition?
- Yes  No After at least two intervention strategies have been implemented in regular education, does the student still exhibit significant learning difficulties?

**Section 504 Parent Notification Letter  
(Student Not Needing 504 Plan)**

TO: Parent(s)/Guardian(s) of \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent(s)/Guardian(s):

This letter summarizes the meeting that occurred on \_\_\_\_\_ with the parent(s)/guardian(s) of \_\_\_\_\_ regarding the eligibility requirements of students under Section 504 of the 1973 Rehabilitation Act.

At the meeting, it was concluded that your child is not disabled and does not meet the definition nor require a plan under Section 504 of the Rehabilitation Act. If you disagree with this conclusion, you may file a request for a due process hearing with the Section 504 Coordinator. Mediation instead of a hearing may occur if the School District and the parents have agreed to mediation. Information concerning the due process procedures can be obtained from the Section 504 Coordinator, the Assistant Superintendent or from the Director of Student Services at 419-984-1016.

If you have any questions or comments, please contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Thank you in advance for your cooperation and support.

\_\_\_\_\_  
Administrator



MEDICATION

Name of Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Medication(s) \_\_\_\_\_

Schedule \_\_\_\_\_

Monitoring of Medication(s):       daily       weekly       as needed basis

Administered by \_\_\_\_\_

PARTICIPANTS (Name/Title)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IAT Chairperson's Signature \_\_\_\_\_

## **Examples of Services/Aids/Accommodations (This list is not exhaustive)**

### PHYSICAL ARRANGEMENT OF ROOM

- seating student near the teacher
- seating student near positive role model
- increasing the distance between desks
- standing near the student when giving directions/presenting lesson
- avoiding distracting stimuli such as air conditioner and high traffic area

### LESSON PRESENTATION

- |  |   |
|--|---|
| <input type="checkbox"/> pairing students to check work          | <input type="checkbox"/> teaching through multi-sensory modes                 |
| <input type="checkbox"/> providing written outline               | <input type="checkbox"/> providing peer notetaker                             |
| <input type="checkbox"/> writing key points on board             | <input type="checkbox"/> using computer-assisted instruction                  |
| <input type="checkbox"/> allowing student to tape record lessons | <input type="checkbox"/> making sure directions are understood                |
| <input type="checkbox"/> providing peer tutoring                 | <input type="checkbox"/> including a variety of activities during each lesson |
| <input type="checkbox"/> having child review points orally       | <input type="checkbox"/> breaking longer presentations into shorter segments  |
| <input type="checkbox"/> providing visual aids                   |   |

### ASSIGNMENTS/WORKSHEETS

- |  |  |
|--|--|
| <input type="checkbox"/> giving extra time to complete tasks       | <input type="checkbox"/> requiring fewer responses to achieve grade                  |
| <input type="checkbox"/> using self-monitoring devices             | <input type="checkbox"/> allowing student to tape record assignments/homework        |
| <input type="checkbox"/> simplifying complex directions            | <input type="checkbox"/> providing a structured routine in written form              |
| <input type="checkbox"/> reducing homework assignments             | <input type="checkbox"/> providing study skills training/learning strategies         |
| <input type="checkbox"/> handing worksheets out one at a time      | <input type="checkbox"/> giving frequent short quizzes and avoiding long tests       |
| <input type="checkbox"/> not grading handwriting                   | <input type="checkbox"/> shortening assignments; breaking work into smaller segments |
| <input type="checkbox"/> reducing the reading level of assignments | <input type="checkbox"/> allowing typewritten or computer printed assignments        |

### TEST TAKING

- |   |   |
|---|---|
| <input type="checkbox"/> allowing open book exams     | <input type="checkbox"/> giving take home tests                                 |
| <input type="checkbox"/> allowing extra time for exam | <input type="checkbox"/> using more objective (fewer essay) responses           |
| <input type="checkbox"/> giving exam orally           | <input type="checkbox"/> allowing student to give test answers on tape recorder |
| <input type="checkbox"/> reading test item to student | <input type="checkbox"/> giving frequent short quizzes, not long exams          |

ORGANIZATION

- providing peer assistance with organizational skills
- assigning volunteer homework buddy
- allowing student to have an extra set of books at home
- sending daily/weekly progress reports home
- developing a reward system for in-school work and homework completion
- providing student with a homework assignment notebook

BEHAVIORS

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> giving extra privileges and rewards</li> <li><input type="checkbox"/> keeping classroom rules simple and clear</li> <li><input type="checkbox"/> making “prudent use” of negative consequences</li> <li><input type="checkbox"/> allowing for short breaks between assignments</li> <li><input type="checkbox"/> allowing student time out of seat to run errands, etc.</li> <li><input type="checkbox"/> ignoring behaviors not drastically outside classroom limits</li> <li><input type="checkbox"/> increasing immediacy of rewards</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> implementing time-out procedures</li> <li><input type="checkbox"/> cueing student nonverbally to stay on task</li> <li><input type="checkbox"/> marking student’s current answers, not errors</li> <li><input type="checkbox"/> implementing a behavior management system</li> <li><input type="checkbox"/> praising specific behaviors</li> <li><input type="checkbox"/> using self-monitoring strategies</li> <li><input type="checkbox"/> contracting with the student</li> </ul> |
|--|--|

## Parent Invitation to Section 504 Meeting

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

A meeting is scheduled to discuss your child's educational needs and applicable programs or modifications.

This meeting will take place:

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

We recommend that you attend this meeting and bring any relevant information.

If you wish to have further information or have any questions, please contact:

504 Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Sent by: \_\_\_\_\_

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

Please complete and return the attached response form within five days. (Form 504-12)

## Parent Invitation Response Form

Please return this form to the person listed at the bottom of the page within five (5) days.

Name of Child: \_\_\_\_\_

**1** I will attend the meeting at the scheduled time. \_\_\_\_\_  
Date Time

**1** I want to participate in the meeting by conference telephone call. Please contact me at the time of the scheduled meeting at this telephone number \_\_\_\_\_.

**1** I want to come, but I cannot attend the meeting at the scheduled time.

I am available \_\_\_\_\_  
Date(s) Time(s)

**1** I cannot attend.

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

\_\_\_\_\_  
Date

Please return this form to:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

## Parent/Guardian/Student Consent for Records Release

To: \_\_\_\_\_ RE: \_\_\_\_\_

\_\_\_\_\_  
(Street address)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip Code)

From: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Agency)

\_\_\_\_\_  
(City, State, Zip Code)

We are requesting the following information/records for the above-named student:

- All personally identifiable data on file.  
 The following records only: (please specify)

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

Reason for request: (please check)

- To aid in making present and future educational decisions.  
 Other: (please specify)

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

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student names above in the manner indicated.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

### FOR OFFICE USE ONLY

Date Data Released \_\_\_\_\_ by \_\_\_\_\_  
(Name/Position)

Date Copies Mailed \_\_\_\_\_ by \_\_\_\_\_  
(Name/Position)

# **APPENDIX**

## Frequently Asked Questions

### **What are the guidelines or criteria that determine if a child qualifies for 504/ADA?**

*A group of knowledgeable individuals in the school makes a determination whether or not a physical or mental impairment results in a substantial limitation of a major life activity.*

### **Does an evaluation of no exceptionality automatically qualify a student for 504/ADA?**

*No. In order to be eligible for Section 504/ADA services, a student must have a physical or mental impairment. A student does not have to have a clinical label in order to be eligible for services.*

### **Does a child qualify for 504/ADA while being evaluated or before being evaluated for IDEA?**

*Not unless the child has a physical or mental impairment that results in a substantial limitation of a major life activity. Being referred for IDEA services is not linked to eligibility under 504/ADA.*

### **Should a 504/ADA plan be written on a student who is referred for an IDEA evaluation at the time of referral?**

*No. If a student is determined not to be eligible for an IEP under IDEA, the student may still be eligible for a Section 504 plan if the student meets the Section 504 definition of disability.*

### **When does a student qualify for 504 due to behavioral problems?**

*When a group of knowledgeable persons determines that the behavior is a result of a physical or mental impairment and a major life activity has been substantially limited.*

### **Can a 504/ADA student be expelled/suspended?**

*Yes, if a manifestation determination indicates that the disability is not related to the behavior and the behavior results in expulsion or suspension for other students.*

*A disciplinary removal of more than ten days is considered a significant change of placement requiring a manifestation determination.*

*A series of suspensions that are each of ten days or fewer in duration that creates a pattern of exclusions may also constitute a "significant change in placement." The determination of whether a series of suspensions creates a pattern is made on a case-by-case basis. In no case, however, may serial, short exclusions be used to avoid the requirement of a manifestation determination before suspensions of more than ten days.*

*Among the factors considered in determining whether a series of suspensions has resulted in a “significant change in placement” are the length of each suspension, the proximity of the suspensions to one another, and the total amount of time the child is excluded from school.*

*A series of suspensions that, in the aggregate, are for ten days or fewer are not a significant change in placement.*

**What safeguards/rights are related to expulsion/suspension?**

*A manifestation determination must be made. If the determination is that the behavior is related to the disability, then the student may not be expelled or suspended for more than ten days. If it is determined that the child’s misconduct is caused by the child’s disability, the team must determine whether the child’s current 504 plan and educational placement is appropriate.*

*If there is no relationship, the student can be disciplined like other students.*

**Should there be written documentation that a parent has been invited to a meeting?**

*Yes. Parents must be notified about procedures under 504 and the ADA and documentation should be kept verifying such notification.*

**Is there any recourse for a child with ADD/ADHD who is on medication, but is not taking it at home? Is the 504 plan still in effect?**

*Schools cannot dictate whether or not students take medication. This is strictly a parent decision. Schools must deal with the child how ever he presents himself – with or without the medication.*

**What are suggested accommodations for assistance with behavior in general classrooms for 504 students with behavior disorders?**

*Some possible accommodations to address behaviors include implement a behavior intervention plan, seating arrangement, positive reinforcements, and individual behavioral contract. A student’s Section 504 plan must be individually tailored to address the student’s needs. The team may consider whether the student should be evaluated for eligibility under IDEA.*

**Whose responsibility is it to notify the school of a diagnosis when a student has been to a doctor or mental health facility?**

*The parents. Medical information is confidential and can only be shared with parental consent. However, the school is obligated to evaluate a student with a suspected disability. The school cannot require parents to provide medical information. If the school needs written information to complete an evaluation of a student with a suspected disability then it is the school’s responsibility to provide that assessment.*

**Can students with consistent behavior problems (suspensions/past expulsions) qualify for 504 without an official diagnosis?**

*Yes. If the team determines that a physical or mental impairment exists that substantially limits a major life activity, then the team may make the determination that the child is eligible. No specific clinical label is required.*

**If a parent disagrees with the decision of the 504/ADA team, what should be the next step?**

*The parent must be informed of his/her due process rights. The decision to appeal the decision is the parent's. Please note that the parent must be informed of his/her due process rights regardless of whether they express disagreement or not with the decision of the team.*

**Should a student who is gifted/talented, with behavior problems, have a 504 plan?**

*A child who is gifted/talented is not precluded from placement on a 504 plan, if that child has a physical or mental impairment that substantially limits one or more major life activities.*

**Does a student who has ADD/ADHD have to be on medication to be eligible for a 504 plan?**

*No. To medicate or not is the parent's decision.*

## Discipline and Section 504 and the ADA

Students served under Section 504 and the ADA are treated similar to students served under IDEA with regard to discipline. First, these students can definitely be disciplined. Rules and standards can be applied to these students just as they are applied to nondisabled students. The important thing to consider is that these students have an equal opportunity to be successful with classroom rules and behavioral regulations. In order to ensure this with some students, a behavior intervention plan may be necessary to have in place.

Before taking certain actions with students served under Section 504 and the ADA, school personnel must follow specific steps. The following summarizes some of the considerations when dealing with students protected by these two laws:

- Disciplinary procedures for students under 504 and the ADA are similar to those under IDEA.
- Under IDEA, 504, and the ADA, additional procedures may apply in addition to the usual procedures provided to regular education students subject to discipline.
- A removal of more than ten days is considered a *significant change of placement* and require procedural requirements of IDEA or 504/ADA.
- A *manifestation determination* must be made before suspending or expelling a student under IDEA or 504/ADA for more than ten days.
- A series of suspensions that are each of ten days or fewer in duration that creates a pattern of exclusions may also constitute a “significant change of placement.” The determination of whether a series of suspensions creates a pattern is made on a case-by-case basis. In no case, however, may serial, short exclusions be used to avoid the requirement of a manifestation determination before suspensions of more than ten days. Among the factors considered in determining whether a series of suspensions has resulted in a “significant change of placement” are the length of each suspension, the proximity of the suspensions to one another, and the total amount of time that the child is excluded from school. A series of suspensions that, in the aggregate, are for ten days or fewer are not a significant change of placement.
- If a *manifestation determination* shows no relationship between the behavior and disability, then the student may be disciplined as any other student.
- If a *manifestation determination* shows that there is a relationship between the behavior and disability, then the student may NOT be expelled or suspended for more than ten days. The school should consider the appropriateness of the current program and consider appropriate changes.
- IDEA students who are expelled must continue to receive a FAPE; 504 students do not have to be provided with FAPE during expulsion or suspension for behavior not related to the

disability, unless non-disabled students are provided with educational services under similar circumstances.

- Students currently engaged in the illegal use of drugs or alcohol are not protected under Section 504. However, if the student is not currently illegally using drugs or alcohol and commits a drug or alcohol-related offense such as possession, they are afforded protection.

## **Examples of Accommodations and Modifications**

For schools to provide an appropriate education for students who are protected under Section 504 and the ADA, accommodations and modifications will likely be necessary. These may be implemented in special education classrooms or general education classes. The vast majority of accommodations and modifications for students served under 504 and the ADA will occur in general education classrooms. Any student must be provided a free appropriate public education. There are numerous accommodations and modifications that schools can include in students' educational plans. The following are examples of accommodations and modifications:

- A student with a long term, debilitating medical problem such as cancer, kidney disease, or diabetes may be given special consideration to accommodate the student's needs. For example, a student with cancer may need a class schedule that allows for rest and recuperation following chemotherapy.
- A student with a learning disability that affects the ability to demonstrate knowledge on a standardized test or in certain testing situations may require modified test arrangements, such as oral testing or different testing formats.
- A student with a learning disability or impaired vision that affects the ability to take notes in class may need a note taker or tape recorder.
- A student with a chronic medical problem such as kidney or liver disease may have difficulty in walking distances or climbing stairs. Under Section 504, this student may require handicapped parking, sufficient time between classes, or other considerations, to conserve the student's energy for academic pursuits.
- A student with diabetes, which adversely affects the body's ability to manufacture insulin, may need a class schedule that will accommodate the student's special needs.
- An emotionally or mentally ill student may need an adjusted class schedule to allow time for regular counseling or therapy.
- A student with epilepsy who has no control over seizures, and whose seizures are stimulated by stress or tension, may need accommodations for such stressful activity as lengthy academic testing or competitive endeavors in physical education.
- A student with arthritis may have persistent pain, tenderness or swelling in one or more joints. A student experiencing arthritic pain may require a modified physical education program.

## More Accommodations

### Classroom Accommodations

- Special toilet accommodations
- Classes on first floor of building
- Seated near chalk board
- Seated near teacher's desk
- Seated near teacher aide's desk
- Seated away from other students
- Provided daily schedule of activities
- Allowed to leave before bell rings
- Seated in study carrel
- Utilize writing aids from OT
- Provided additional set of books
- Provided tape recorder
- Provided with note taker
- Provided with copy of lecture notes
- Provided with necessary note-taking materials
- Provided with written lists of information, directions
- Moved closer to what is being viewed
- Located in a room with minimized distractions
- Assigned to another school
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Administrative Accommodations

- Assigned to another school
- Referred to vocational rehabilitation
- Provide each teacher a copy of accommodation plan
- Reassign to a different teacher
- Reassign to a male teacher
- Reassign to a female teacher
- Allowed to leave school before end of day
- Allowed to leave class early training for teachers in learning styles
- Monthly meeting for student's teachers
- Variance from attendance policy
- Air purifier in classroom
- Provide special temperature control equipment
- Health plan for student
- Special parking
- Assigned to a guidance counselor
- \_\_\_\_\_
- \_\_\_\_\_

Academic Accommodations

- Daily posted schedule for student
- Student will repeat phrases, directions
- Extra time for assignments
- Assignments on larger lined paper
- Information presented in smaller chunks
- More drill and practice activities
- Participation in Title I programs
- Participation in cooperative learning groups
- Allowed to complete work late
- Allowed to tape lessons
- Provided with lecture notes
- Provided with large print materials
- Handouts in large print
- Instructions for outlining key ideas
- Instruction in learning strategies
- Allowed taped texts
- Visual instruction (overheads, etc.)
- Repeated or paraphrased instructions
- Instructions on test-taking
- Assigned a caseworker
- Assistance from teacher's aide
- Reminder about listening
- Information presented loudly
- Homework assignment notebook will be used
- Allowed to ask questions
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Social Accommodations

- Role playing activities
- Periodic rewards for positive behavior
- Participation in development of behavior management plan
- Behavior checklists used for evaluation
- Participate in group counseling
- Peer counselors and tutors
- Use of time out when needed
- No touching other students
- Feet remain on floor
- Hands remain to self
- Attempt work independently before assistance provided
- \_\_\_\_\_
- \_\_\_\_\_

## Testing Accommodations

- Tested with curriculum based assessment
- Test taken home evening before test
- Oral testing
- Reader during testing
- Tests in large print
- Oral review of test material
- Open-book tests
- Reduced length of tests
- Individually tested
- Test printed in black, large letters
- Provided with scribe
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Special Considerations:

- \_\_\_\_\_ suggesting parenting program(s)
- \_\_\_\_\_ monitoring student closely on field trip
- \_\_\_\_\_ inservicing teacher(s) on child's disability
- \_\_\_\_\_ providing social skills group experiences
- \_\_\_\_\_ developing intervention strategies for transitional periods (e.g., cafeteria, physical education, etc.)
- \_\_\_\_\_ alerting bus driver
- \_\_\_\_\_ suggesting agency involvement
- \_\_\_\_\_ providing group/individual counseling

## Behavior Accommodations

- Needs a contract to control behavior (individualized behavior plan)
- Needs a second chance due to inconsistent performance (despite student effort)
- Needs help and reassurance to handle moods and frustration
- Do not ask student to read orally in class (unless volunteers)
- Pair with a good role model
- Amend the usual consequences for misbehavior (which doesn't harm others)
- Focus on social process rather than activity/end product
- Use cooperative learning
- Teach social communication skills:
  - \_\_\_\_\_ greetings \_\_\_\_\_ conversation \_\_\_\_\_ turntaking \_\_\_\_\_ sharing \_\_\_\_\_ negotiation
- Needs to receive concrete reinforcement (e.g. stickers, crackers, earning parent-provided toy, recess time, etc. where age appropriate)
- Needs a cooling-off place away from class
- Use behavior check cards

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Behaviors:

- \_\_\_\_\_ praising specific behaviors
- \_\_\_\_\_ using self-monitoring strategies
- \_\_\_\_\_ giving extra privileges and rewards
- \_\_\_\_\_ keeping classroom rules simple and clear
- \_\_\_\_\_ making “prudent use” of negative consequences
- \_\_\_\_\_ allowing for short breaks between assignments
- \_\_\_\_\_ cueing student to stay on task (nonverbal signal)
- \_\_\_\_\_ marking student’s correct answers, not his mistakes
- \_\_\_\_\_ implementing a classroom behavior management system
- \_\_\_\_\_ allowing student time out of seat to run errands, etc.
- \_\_\_\_\_ ignoring inappropriate behaviors not drastically outside classroom limits
- \_\_\_\_\_ allowing legitimate movement
- \_\_\_\_\_ contracting with the student
- \_\_\_\_\_ increasing immediacy of rewards
- \_\_\_\_\_ implementing time-out procedures

Additional Accommodations

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