

**CLOVERLEAF
LOCAL SCHOOLS'
SECTION 504
PROCEDURES
FOR
EDUCATIONAL
PROGRAMS**

Cloverleaf Local Schools’ Section 504 Procedures For Educational Programs

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PROCEDURAL GUIDELINES

A. PURPOSE

1. It is the intent of the Cloverleaf Local Schools to provide a free, appropriate public education to each student with a disability within its jurisdiction regardless of the nature or severity of the disability.
2. It is further the intent of the Cloverleaf Local Schools to ensure that each student with a disability, as defined in Section 504 of the Rehabilitation Act of 1973 (34 CFR), is evaluated, identified, and provided with the required free, appropriate public education with regular and/or educational accommodations that are designed to meet the needs of each student with a disability as adequately as the needs of students without identified disabilities.

B. FACILITIES

1. The educational program of the Cloverleaf Local Schools shall be accessible to all students.
2. Programs will be designed and scheduled so that the location or nature of the facility (or area) will not deny an otherwise-qualified student with a disability the opportunity to participate in the said program on the same basis as students without identified disabilities.

C. PROGRAM

1. As used throughout these procedures, "program" includes both the academic and non-academic settings typically afforded to Cloverleaf Local Schools' students.
2. Each qualified student with a disability shall be educated with students without identified disabilities to the maximum extent appropriate to ensure equitable opportunities for instruction. In non-academic settings, the identified student with a disability shall participate with students without identified disabilities to the maximum extent appropriate to ensure equitable opportunities for participation.

D. REFERRAL/IDENTIFICATION

1. Any student who, because of a disability, needs, or is believed to need, educational accommodations to receive a free, appropriate public education may be referred for evaluation. The referral (Section 504 Suspected Disability Referral - Form C) may be made by a teacher, other school employee, parent/guardian, or a community-based agency, to the student's building of attendance Intervention Assistance Team (IAT) or similar problem-solving team.
2. The IAT or problem-solving team will be composed of persons knowledgeable about the student's school history and individual needs, as well as the meaning of the evaluation data gathered and accommodation options available to the student. The district's Section 504 coordinator and/or the building principal (or designee) will monitor the team process to ensure that qualified personnel participate to the greatest extent practicable.
3. The IAT or problem-solving team will promptly consider any referrals made and will, based upon a review of existing student records (which include academic, social, and behavioral data), make a decision as to whether an evaluation to determine eligibility under these procedures is appropriate.

E. EVALUATION/ACCOMMODATIONS

1. Prior to completing an evaluation, the coordinator/principal/designee shall notify the appropriate parent/guardian (including students who have reached the age of majority) about the referral and seek to obtain written consent (Section 504 Parental Consent - Form D) to evaluate.
2. Prior to obtaining written consent, district personnel will provide the parent/guardian/student an explanation of their rights under the Section 504 provisions.
3. The Section 504 evaluation will be individualized based on the suspected or known disability condition(s) and the suspected impacts on the student's ability to learn. The evaluation will draw upon a variety of valid and reliable sources, including parent/guardian(s) information, and will be reported via written documentation (Section 504 Evaluation - Form E).
4. The student's eligibility will be determined by a group of persons knowledgeable about the student, including the parent/guardian to the fullest extent possible. The group will meet at the request of the coordinator/principal/designee to review the available evaluation data and to determine if the definition of disability under Section 504 applies to the student.
5. If the team determines that a student does have a disability condition under Section 504, it will determine what reasonable and practical accommodations are needed and who should be responsible for implementing them. The team will develop a written Section 504 Student Education Plan (Section 504 Plan - Form F) and will provide a copy of that plan to the appropriate parent/guardian of the student, as well as making it available to any school personnel who may be working with the student.
6. If the team determines that a student does not have a disability condition under Section 504, it will document that decision in writing (including the provision of a basis for the decision) and state that the student will engage in the school's programming without receiving special accommodations. The written decision and notification regarding complaints/grievance procedures (Notice of Section 504/ADA Procedural Information and Rights - Form G1 and Section 504 Grievances/Discrimination Complaint - Form G2) will be provided to the parent/guardian following the team meeting.

F. REVIEW OF PROGRESS

1. Each Section 504 Student Education Plan shall be monitored on an annual basis by the building-level designee, generally the Guidance Counselor or Team Leader for the student in question. The overall effectiveness of the Plan will be determined based on data collected from the student's teacher(s) and other sources, as appropriate. Revisions to the Plan may be completed at any time the educational team determines a reasonable need exists.
2. At least once every three years, a comprehensive re-evaluation of the student's eligibility will be completed. Re-evaluations may be conducted up to once per school year upon request from the student's teacher(s) or parent/guardian.

G. DISCIPLINE

1. Students with disabilities are responsible to the same student code of conduct policies as students without identified disabilities, including suspensions or expulsions for infractions. However, once a student with a disability reaches ten (10) cumulative days of out-of-school suspension, the evaluation team will reconvene to:
 - a. Discuss the effectiveness of the student's current Plan;
 - b. Determine whether a causal relationship exists between the student's behavior and the disability condition; and
 - c. Determine the appropriateness of further disciplinary actions considering the disability factors. The student must be afforded the due process right to challenge any determinations made by the team using the complaint/grievance process in these procedures.
2. If a student with a disability is recommended for expulsion or exclusion from school, the evaluation team must document their decision regarding the disability causal relationship to the behavior in question in writing for the Superintendent's consideration. Should the team determine that a causal relationship does exist, the student may not be expelled or excluded from all educational services. The Plan will be revised in such circumstances to address the student's current needs. Should the team determine that no causal relationship exists, the student may be expelled or excluded from school following the same procedures and due process rights afforded to all students in the district.
3. **SPECIAL NOTE:** A student found to be in violation of the district's drug and alcohol code is *not* granted automatic protection under Section 504 procedures. Any individual who is currently engaged in the illegal use of drugs, including underage consumption of alcohol, is not a "handicapped individual" under Section 504. An individual who is addicted to drugs or alcohol but is no longer engaged in the illegal use of them *might* be considered to be "handicapped" under certain conditions and would be entitled to rights under Section 504.

H. COMPLAINTS/GRIEVANCES

1. Any person who believes that the district or any of the district's staff has inadequately or inappropriately applied the principles and/or regulations pertaining to Section 504 of the Rehabilitation Act of 1973 may bring forward a complaint, which shall be referred to as a grievance, to the district's Section 504 Coordinator.
2. Initial Section 504 complaints may be verbal in nature and should be investigated and/or attempted to be resolved at the building principal level. Students under the age of 18 who generate a complaint must be accompanied by their parent/guardian before commencing a formal complaint/grievance procedure.
3. If initial attempts to resolve the complaint at the building level fail, the person who believes they have a valid basis for a grievance *may* elect to continue the informal process via verbal communications with the Section 504 Coordinator for the district. The Coordinator will investigate the complaint and reply with an answer to the complainant within a reasonable period of time, not to exceed ten (10) school days.
4. A complaint with a valid basis for a grievance may initiate a formal complaint according to the following steps:
 - a. Complete and submit a signed "Complaint/Grievance Form" (Form G2 to the district Section 504 Coordinator within five (5) school days following receipt of answers to any informal complaints. The Coordinator will investigate the matters of the grievance and will reply in writing to the complainant within five (5) school days.
 - b. Complete and submit a signed letter of appeal to the district Superintendent within five (5) school days of the receipt of the Coordinator's response. The Superintendent will meet with the primary parties involved, formulate a conclusion regarding the grievance, and respond in writing to the complainant within ten (10) school days.
 - c. Complete and submit a signed letter of appeal to the Ohio Civil Rights Commission at Akron Government Center, 161 South High Street #205, Akron, Ohio 44308. The OCR offices may also be contacted via telephone at (888) 278-7101 or (330) 643-3100.

I. PROCEDURAL SAFEGUARDS

1. Written notification of all district decisions regarding the evaluation, identification, or educational accommodations involving a student with a disability under this policy will be provided to the parent(s) or guardian(s).
2. Parent(s) and/or guardian(s) will have the right to an impartial hearing involving any such decisions made by the district. Parent or guardian counsel may be present at such a hearing.

3. The district will provide a list of impartial hearing/review officers qualified and willing to conduct Section 504 due process hearings or reviews of hearing officers' decisions. The district and parent/guardian will mutually agree upon the selection of a review officer from the provided list for each requested case.
 - a. The hearing officer shall not be employed by or be under contract with the district in any capacity other than that of a hearing/review officer within the previous three years.
 - b. The hearing officer shall not be employed by or be under any contract with any cooperative program in which the district participates.
 - c. The hearing officer shall not be employed by or be under contract with any other agency or organization that is directly involved in the diagnosis, education, or care of the student in question.
 - d. The district will be responsible for all costs associated with the initial hearing/review officer process.
4. In those instances where an impartial fair hearing under IDEA regulations has been conducted, the Section 504 hearing officer will, at the request of either party, accept into the record any portions of the testimony or documents of evidence used in that hearing so long as the information pertains to the Section 504 issues. The submission of additional evidence that is relevant to a determination of the issues under Section 504 will be allowed. The Section 504 hearing officer's jurisdiction will be limited only to Section 504 issues and shall not extend to any determinations under the IDEA procedures.
5. When both parents/guardians and the district agree that the student is not eligible for services under the IDEA, neither party is required to exhaust administrative proceedings or remedies under the IDEA prior to the holding of a Section 504 due process hearing.
6. The Section 504 hearing officer shall render a decision "de novo" pursuant to the legal standards set forth in Section 504, 34 CFR Part 104, and in court decisions interpreting those provisions. The parent/guardian shall be notified in writing of the hearing officer's decision. Either party may seek review of the hearing officer by another impartial review officer.
7. Both parties shall abide by the decision of the Section 504 hearing officer unless a decision is formally appealed.

"Disability" Defined

Section 504 provisions define a student as having a "disability" if:

1. The activities has a physical or mental impairment that *substantially* limits one or more major life activities; or
2. The student has a record of such an impairment and is facing discriminatory actions; or
3. The student is regarded as having such an impairment and is facing discriminatory actions.

A "physical impairment" is defined as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine.

A "mental impairment" is defined as any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

The regulatory provision does not set forth an exhaustive list of specific diseases and conditions that may constitute a physical or mental impairments because of the difficulty of ensuring the comprehensiveness of such a list.

- ** Substance abuse, which could fall under either category of impairment listed above, is specifically *not protected* under Section 504 for persons who are current, illegal drug users.

"Major Life Activities" under Section 504 include the following:

- | | | |
|-------------------|-------------------|---------------------------|
| ● Self-care tasks | ● Breathing | ● Reading |
| ● Manual tasks | ● Sitting | ● Interacting with others |
| ● Walking | ● Standing | ● Learning |
| ● Seeing | ● Reaching | ● Reproducing |
| ● Hearing | ● Thinking | ● Sleeping |
| ● Speaking | ● Concentrating | ● Working |
| ● Eating | ● Lifting/Bending | |

Congress also provided a non-exhaustive list of examples of “major bodily functions” that are major life activities, such as the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. The Section 504 regulatory provision, though not as comprehensive as the Amendments Act, is still valid - the Section 504 regulatory provision’s list of examples of major life activities is not exclusive, and an activity or function not specifically listed in the Section 504 regulatory provision can nonetheless be a major life activity.

RESOURCES FOR ADDITIONAL INFORMATION ON SECTION 504 ISSUES

www.wrightslaw.com

www.ed.gov

www.504idea.org

www.ada.gov

Cloverleaf Local Schools'
Section 504 Procedural Checklist
(Optional)

Student Name: _____ Date Completed: _____

Completed By: _____ Title: _____

Date Initials

- | | | |
|--|-------|-------|
| 1. Referral Form (Form C) is completed and received | _____ | _____ |
| 2. Parent(s)/guardian(s) are notified of rights | _____ | _____ |
| 3. Consent to Evaluate Form (Form E) completed | _____ | _____ |
| 4. Evaluation data shared with Team | _____ | _____ |
| 5. Team determines eligibility for accommodations using Determination of Eligibility Form (Form E) | _____ | _____ |
| 6. Parents are notified of results/receive copy of Form E | _____ | _____ |

If the student is determined to be eligible for accommodations:

- | | | |
|--|-------|-------|
| 7. Invite parent(s)/guardian(s) to education plan meeting | _____ | _____ |
| 8. Complete Student Education Plan (Form F) | _____ | _____ |
| 9. Provide copies of Form F to parent(s)/guardian(s) and staff | _____ | _____ |
| 10. Establish date for Plan review | _____ | _____ |

MEETING NOTIFICATION

DATE: _____

TO: _____

FROM: _____

You are invited to attend a meeting to discuss the educational needs of:

Name: _____ Date of Birth: _____

Purpose for Meeting (Check all that Apply)

- To determine if your child is eligible, or continues to be eligible under Section 504
- To develop, review and/or revise your child's Section 504 Plan
- To conduct a Manifestation Determination
- Other: _____

THIS CONFERENCE WILL BE SCHEDULED AS A: (check all that apply)

- Face to Face Meeting
- Video Conference
- Telephone Conference/Conference Call

DATE: _____ **TIME:** _____ **LOCATION:** _____

OTHER PERSONS WHO HAVE BEEN INVITED TO THIS MEETING INCLUDE:

- Regular Education Teacher
- Student
- District Representative
- Other: _____

Although it is not required that you attend, we strongly encourage and welcome your participation in the meeting. You are a valuable member of the Section 504 Team. You are welcome to bring any information, including formal or informal test results, work samples etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the conference at a different time, date or location, or schedule a different type of meeting, or if you require an interpreter, please contact:

CONTACT: _____ **PHONE:** _____

****COMPLETE THIS PAGE AND RETURN TO CHILD'S SCHOOL****

CHILD'S NAME: _____ DATE OF BIRTH: _____

MEETING SCHEDULED DATE: _____ TIME: _____

I **will** attend/participate I **will not** attend/participate

Another/others will accompany me (optional)

I would like the location of this meeting changed to: _____

I would like to change the type of meeting to: _____

I would like this meeting rescheduled for the following suggested date and time: _____

A bilingual or sign language interpreted is requested

Desired language/mode of communication _____

PARENT SIGNATURE: _____ **DATE:** _____

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DOB: _____

PRIOR WRITTEN NOTICE

DATE: _____

This is to notify you of the school district's action regarding _____

A. Description of the Action

- | | |
|--|--|
| <input type="checkbox"/> Refusal to initiate Section 504 Plan Reevaluation | <input type="checkbox"/> Change of Section 504 Plan |
| <input type="checkbox"/> Initial Section 504 Plan Evaluation | <input type="checkbox"/> Manifestation Determination |
| <input type="checkbox"/> Section 504 Plan Periodic Reevaluation | <input type="checkbox"/> Section 504 Plan issues/meetings where the parent(s) disagree with the district |
| <input type="checkbox"/> Other (describe action taken) _____ | |

B. A description of the actions proposed or refused by the school district:

C. An explanation of why the school district proposes or refuses to take the action:

D. A description of other options that the Section 504 team considered and the reasons why those options were rejected.

E. A description of each evaluation procedure, assessment, record or report the school district used as basis for the proposed or refused action:

F. A description of other factors that are relevant to the school district's proposal or refusal:

PROVISION OF PROCEDURAL SAFEGUARDS

As a parent of a child with suspected or identified disability under Section 504, you have procedural safeguards protection under Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008. A copy of the Section 504 Procedural Safeguards is included.

If you have any questions about the action(s) described above or your rights as described in the Procedural Safeguards, please contact:

NAME: _____ TITLE: _____

ADDRESS: _____ SCHOOL DISTRICT: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DOB: _____

Suspected Disability Referral

STATEMENT OF SUSPECTED SECTION 504 DISABILITY

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities. (See below)

A. Check the suspected physical or mental impairment and state any evaluative/data sources supporting the diagnosis.

- Allergy _____
- Asthma
- Attention Deficit Disorder/ADHD
- Brain Injury
- Cancer
- Cerebral Palsy
- Developmental Aphasia
- Diabetes
- Dyslexia
- Emotional Illness
- Epilepsy
- Hearing Impairment
- Heart Disease
- Minimal Brain Dysfunction
- Multiple Sclerosis
- Muscular Dystrophy
- Orthopedic Impairment
- Recovering Chemically Dependent
- Seizures
- Speech Impairment
- Visual Impairment
- Other _____

B. Identify any major life activities that are limited.

- Bending
- Breathing
- Caring for oneself
- Communicating
- Concentrating
- Eating
- Hearing
- Learning
- Lifting
- Performing Manual Tasks
- Reading
- Seeing
- Sleeping
- Speaking
- Standing
- Thinking
- Walking
- Working
- Major Bodily Functions _____
- Other _____

C. Describe how major life activities identified above are substantially limited.

Empty rectangular box for describing limitations.

D. Provide a summary of all interventions done prior to the child's referral for a Section 504 evaluation:

Empty rectangular box for summary of interventions.

Signature of Person Making Referral _____ Relationship to Student _____ Date _____

Signature of Person Receiving Referral _____ Date Received _____

Title of Person Receiving Referral _____

Section 504

FORM D

PARENTAL CONSENT

Date: _____

Student: _____ School: _____

Dear: _____

Your child has been referred to the Section 504 Team to determine whether he/she has disability that substantially limits one or more major life activities. In order to determine eligibility, the Section 504 Team will be conducting an evaluation of your child to determine the possible need for a Section 504 Plan. Your consent is required for that evaluation. Please indicate your consent below and return the form to the school at your earliest convenience. The evaluation process will not proceed without your consent.

You are invited to provide the Section 504 Team with any information that may be helpful in determining your child's eligibility. Following the evaluation, the Section 504 Team will meet to review the results of the evaluation and determine whether your child is eligible for a Section 504 Plan. You will receive notification of the date and time of that meeting.

NAME: _____ TITLE: _____

ADDRESS: _____ SCHOOL DISTRICT: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

CUT-----CUT

CONSENT

Student: _____ School: _____

I have received notice and understand that my child has been referred to the Section 504 Team to determine if he/she has a disability that substantially limits one or more major activities. I understand that I must give written consent to the Team for my child to be evaluated.

- I hereby grant consent for evaluation by the Section 504 Team.
- I do not grant consent for the evaluation by the Section 504 Team. I understand that without my consent, my child cannot be evaluated for Section 504 accommodations.

Signature of the Parent/Guardian

Date

****Please sign and return this portion to your child's school.****

CHILD'S INFORMATION

NAME: _____
 ID NUMBER: _____ GRADE: _____ / _____
 DATE OF BIRTH: _____ GENDER: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 DISTRICT OF RESIDENCE: _____
 COUNTY OF RESIDENCE: _____
 DISTRICT OF SERVICE: _____

PARENTS'/GUARDIAN'S INFORMATION

NAME: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

NAME: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

MEETING INFORMATION

MEETING DATE: _____

MEETING TYPE:

- INITIAL SECTION 504 EVALUATION
- REVIEW SECTION 504 EVALUATION

SECTION 504 TIMELINES

SECTION 504 EFFECTIVE DATES

REFERRAL DATE: _____

CONSENT DATE: _____

NEXT REVIEW: _____

SECTION 504 STATUS

(check when complete)

- 1. TEAM SUMMARY REPORT
- 2. ELIGIBILITY DETERMINATION

ADDITIONAL INFORMATION

1. TEAM SUMMARY REPORT

Sources of information considered by the Section 504 Team:

- | | |
|--|--|
| <input type="checkbox"/> Parent Recommendation | <input type="checkbox"/> Medical/Professional Report |
| <input type="checkbox"/> Educational Evaluation/Performance | <input type="checkbox"/> Behavioral Evaluation/Performance |
| <input type="checkbox"/> Teacher Observation/Recommendation | <input type="checkbox"/> Student Work Samples |
| <input type="checkbox"/> Ineligibility For Services Under IDEA | |
| <input type="checkbox"/> Other _____ | |

Summary of data and evaluation information that was presented

Section 504 Team Determinations:

A. The student has a physical or mental impairment: ____Yes ____No

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergy _____ | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Developmental Aphasia | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other _____ | | |

List attached sources of documentation:

B. Identify any major life activities that are limited.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Lifting | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Reading | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Seeing | <input type="checkbox"/> Working |
| <input type="checkbox"/> Major Bodily Functions _____ | | |
| <input type="checkbox"/> Other _____ | | |

2. ELIGIBILITY DETERMINATION

Describe the nature of the disability:

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

The term “substantially limits” means that the student is a) unable to perform one or more major life activities that a typical student of approximately the same age can perform **OR** b) significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to a typical student of approximately the same age. The impairment must be substantial when compared to the typical student of approximately the same age.

Place an “X” on the following scale to indicate the specific degree that the impairment limits the major life activity. Specify information considered by the team that justifies the rating.

- 1 - Negligibly 2 - Mildly 3 - Moderately 4 - Substantially 5 - Extremely

Specify:

- The team’s determination (below a “4”) indicates that the student does not have a disability that meets eligibility as defined under Section 504.
- The team’s determination (a “4” or above) indicates that the student has a disability that meets eligibility as defined under Section 504.
 - Section 504 plan is necessary to enable the student to receive a free appropriate public education.
 - Section 504 plan is **NOT** necessary for the student to receive a free appropriate public education.

Section 504 Evaluation

FORM E (p. 4 of 4)

Section 504 Team:

Name	Position	Signature	Date

Acknowledgement:

I received a copy of the Notice of Section 504 Procedural Safeguards.

- I agree with the Section 504 Team's recommendations as stated above.
- I disagree with the Section 504 Team's recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

CHILD'S INFORMATION

NAME: _____
 ID NUMBER: _____ GRADE: _____ / _____
 DATE OF BIRTH: _____ GENDER: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 DISTRICT OF RESIDENCE: _____
 COUNTY OF RESIDENCE: _____
 DISTRICT OF SERVICE: _____

PARENTS'/GUARDIAN'S INFORMATION

NAME: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

NAME: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

MEETING INFORMATION

MEETING DATE: _____
 MEETING TYPE:
 INITIAL SECTION 504 EVALUATION
 REVIEW SECTION 504 EVALUATION

SECTION 504 TIMELINES

LAST EVALUATION: _____
 NEXT EVALUATION: _____
 SECTION 504 EFFECTIVE DATES
 START: _____
 END: _____
 NEXT REVIEW: _____

SECTION 504 STATUS

(check when complete)

- 1. SECTION 504 PLAN
- 2. TESTING PAGE
- 3. ELIGIBILITY DETERMINATION

ADDITIONAL INFORMATION

1. Section 504 Plan

The student covered under this Plan is a student with a disability. The accommodations, modifications and/or services listed on the plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973.

Describe the nature of the disability:

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

List the accommodations, modifications and/or services:

Accommodation/Modification/Service	Location: (General Classroom or Other)	Individual(s) Responsible:

2. Statewide and District Wide Testing

Will the child participate in classroom, district wide and state wide assessments with accommodations?

____YES____NO

AREA	GRADE	DATE OF TEST	CHILD WILL BE TESTED	DETAIL OF ACCOMMODATIONS
Reading			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
Writing			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
Math			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
Science			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
Social Studies			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
Other			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	

3. Signature Page

Participants:

NAME	TITLE	SIGNATURE	DATE
	Parent		

Signatures:

I received a copy of the Notice of Section 504 Procedural Safeguards.

Parent/Guardian Signature Date

- I give permission for this Section 504 Plan to be implemented for my child. My signature indicates consent for the information contained in this plan to be distributed to appropriate staff members.
- I do not give permission for this Section 504 Plan to be implemented for my child.

Parent/Guardian Signature Date

NOTICE OF SECTION 504/ADA PROCEDURAL INFORMATION AND RIGHTS**WHAT IS SECTION 504?**

Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008 (hereinafter "Section 504"), is Congress' directive to schools receiving any Federal Funding to eliminate discrimination based on disability from all aspects of their school operations. It states: "No otherwise qualified individual with a disability shall solely by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Since the School District is a recipient of Federal dollars, its administrators and staff are required to provide eligible disabled students with equal access (both physical and academic) to services, programs, and activities offered by its schools. Section 504 is a civil rights statute and not a special education statute.

HOW CAN I REFER MY CHILD TO DETERMINE 504 ELIGIBILITY?

If you suspect that your child is "disabled" under Section 504/ADA, contact your child's teacher, school counselor, or building principal. You will be asked to complete a referral form and grant consent for a 504 evaluation. After the evaluation is complete, a meeting will be scheduled to determine if your child has a "disability." You have the right to meaningfully participate in the process and provide input, even if you cannot attend the meeting in person.

WHAT CRITERIA ARE USED TO DETERMINE 504 ELIGIBILITY?

A student qualifies for Section 504 protection if s/he is determined to be an individual with a disability as defined by the statute. Specifically, the student must have a physical or mental impairment that substantially limits one or more major life activities, or have a record of such an impairment, or be regarded as having such an impairment. Only those students with an actual impairment, however, are entitled to accommodations/modifications/interventions pursuant to Section 504. Those students with a record of an impairment or who are regarded as having an impairment are entitled to protection from discrimination based upon disability.

Major life activities include but are not limited to, functions such as (a) caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, learning, and (b) the operation of major bodily functions including the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

WHAT IS THE DIFFERENCE BETWEEN SECTION 504 AND THE IDEA?

Section 504 prohibits discrimination against students with disabilities and requires school districts to provide students with disabilities regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met. Any necessary accommodations/modifications/interventions must be delineated in a Section 504 plan.

IDEA requires districts to provide disabled students (ages 3 through 21) with special education and related services and supplementary aids and services designed to meet their unique needs and prepare them for further education, employment, and independent living. The special education and related services must be delineated in an Individualized Education Program (IEP).

PROCEDURAL INFORMATION AND RIGHTS

Below is a description of the rights granted by Federal law to individuals with disabilities. It is the intent of the District, pursuant to Section 504, to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

You have the right to:

- A. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;
- B. Have the School District advise you of your rights under Federal law;
- C. Receive written notice of any decision regarding the identification, evaluation, or educational placement of your child;
- D. Have your child receive a free appropriate public education (FAPE);

This includes the right to be educated with students who are not disabled to the maximum extent appropriate (i.e. the student's education will be provided in the regular education classroom unless it is demonstrated that education in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily) and to receive regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met.

- E. Have your child educated in facilities and receive services comparable to those provided students without disabilities;

F. Have evaluation and educational placement decisions made based upon a variety of information sources, and by persons who know your child are knowledgeable about the evaluation data and placement options;

G. Have your child transported in a non-discriminatory manner;

If the District refers a student for aids, benefits or services outside the District, adequate transportation will be provided at no greater cost to you than if the aids, benefits, or services were provided within the District.

H. Place your child in a private school or alternative educational program;

However, if the District makes a FAPE available to your child and nevertheless you choose to place your child elsewhere, the District is not required to pay for your child's education at the private school or alternative educational program, including any costs associated with related transportation.

I. Have your child be given an equal opportunity to participate in nonacademic and extra-curricular activities offered by the District;

J. Examine all relevant education records, including, but not limited to, those documents related to decisions regarding your child's identification, evaluation, educational program, and placement;

K. Obtain, at your own expense, an independent educational evaluation of your child;

L. Obtain copies of education records at a reasonable cost unless the fee would effectively deny you access to the records;

M. A response from the School District to reasonable requests for explanations and interpretations of your child's education records;

N. Periodic re-evaluations and an evaluation before any significant change in program/service modifications;

O. Request amendment for your child's education records if there is reasonable cause to believe that information contained in the record(s) is inaccurate, misleading, or otherwise in violation of the privacy rights of your child;

If the School District refuses to amend the record(s), you have the right to request a hearing and/or to attach to the record(s) a statement of why you disagree with the information it contains.

P. Request mediation or an impartial due-process hearing related to decisions or actions concerning your child's identification, evaluation, and/or educational program or placement;

You and your child may take part in the hearing and have an attorney represent you. Hearing requests must be made to the Director of Special Services.

Q. Receive all information in your native language and mode of communication;

R. File an internal complaint;

S. File a complaint with the U.S. Department of Education's Office for Civil Rights;

T. Be represented at any point in the process by an attorney;

U. Recover reasonable attorney fees as authorized by law (i.e. if you are successful on your due process claim);

V. Be notified of your Section 504 rights (1) when evaluations are conducted, (2) when consent for an evaluation is withheld, (3) when eligibility is determined, (4) when a Section 504 Plan is developed, and (5) before there is significant change in the Plan.

Complaints, including complaints of disability-based harassment and requests for due process hearings, must be put in writing and must identify the specific circumstances or areas of dispute that have given rise to the complaint or requests for a hearing, and offer possible solutions to the dispute. Complaints must be filed with the District Section 504/ADA Compliance Officer. The Board of Education has designated The Director of Special Services as the District Section 504/ADA Compliance Officer(s). The District Compliance Officer(s) can be reached at the following address/phone number/email:

Director of Special Services
Cloverleaf Local School District
8525 Friendsville Road
Lodi, OH 44254-9706
Telephone: (330) 302-0316
Email: margo.costello@cloverleaflocal.org

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Ohio Office is:

Office for Civil Rights, Cleveland Office
U.S. Department of Education
600 Superior Avenue East, Suite 750
Cleveland, OH 44114-2611
Telephone: (216) 522-4970
Facsimile: (216) 522-2573
TDD: (216) 522-4944

GRIEVANCES/DISCRIMINATION COMPLAINT

The school district pledges compliance with Section 504 regulations and that no discrimination on the basis of disability is permitted in the programs or activities the district operates. Any student, parent or guardian who believes that they have been discriminated against by or within the district has the option of filing a complaint. Complaints should be submitted to The Director of Special Services.

Note: This is not a request for a Section 504 hearing. Hearing requests related to identification, evaluation, placement, and program implementation under Section 504 should be directed to the District Section 504/ADA Compliance Officer.

Date: _____

On behalf of: _____

Complaint is being filed by:

- Student
- Student's parent/guardian
- Other _____

Complainant's Name: _____

Address: _____ State: _____ Zip: _____

Telephone: _____ Work Phone: _____

Email: _____ Work Email: _____

Describe your complaint in writing. Include

1. The specific incident or activity that is viewed as discrimination;
2. The individuals involved;
3. Dates, times, and locations involved; and
4. The disability that forms the basis of the complaint.

Attach additional pages, if needed.

Identify any attempts you have made to discuss or resolve this issue with district staff, including the names of staff members, the dates of any discussions, and the results of those discussions.

Please provide your suggestions about how this issue could be resolved.

Complainant's Signature

Date

Complainant's Name (please print)

Recipient's Signature

Date

Recipient's Name (please print)