Section 504

Staff Manual

HURON VALLEY SCHOOLS

October 2017
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INTRODUCTION

Section 504 of the Rehabilitation Act of 1973 (commonly referred to as "504") prohibits discrimination against students on the basis of their disability.

The purpose of this manual is to inform District employees about Section 504 and the School District’s procedures that have been developed to comply with the requirements of Section 504. This manual reflects the District’s commitment to address the educational needs of ALL children.

The District expects employees to be knowledgeable about the District procedures concerning Section 504, with a particular emphasis on parent and student rights. If you have Section 504 questions concerning either current students or prospective students, please contact:

Student Support Services  
(248) 684-8238  
Huron Valley Schools  
2380 S. Milford Road  
Highland, MI 48357

Section 504 questions concerning employees and applicants for employment should be directed to:

Executive Director of Human Resources  
(248) 684-8000  
Huron Valley Schools  
2390 S. Milford Road  
Highland, MI 48357-4934
SECTION 504 – OVERVIEW

Section 504 of the Rehabilitation Act of 1973 is a federal law which prohibits discrimination against persons with disabilities. The law provides:

No otherwise qualified individual with a disability . . . shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. . . 29 USC 794.

The principal purpose of Section 504 is to assure that students with disabilities are not denied access to educational facilities, programs or opportunities on the basis of their disability.

For a student to qualify for Section 504 protection, the student must: (1) have a mental or physical impairment, (2) which substantially limits, (3) one or more major life activities. All three criteria must be met before the student is eligible for Section 504 protection.

Section 504 requires that the School District offer a Free Appropriate Public Education ("FAPE") to each eligible student who has a physical or mental impairment that substantially limits a major life activity. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services that are designed to meet the student's individual educational needs as adequately as the needs of non-disabled students, and in accordance with Section 504 requirements pertaining to educational setting, evaluation, placement and procedural safeguards. The FAPE obligation extends to all students described in this paragraph, regardless of the nature or severity of their disability.
DEFINITIONS UNDER SECTION 504

"Free Appropriate Public Education" ("FAPE") – A "free appropriate public education" is the provision of regular or special education and related aids and services that are (i) designed to meet the individual educational needs of disabled persons as adequately as the needs of non-disabled persons are met, and (ii) are based upon adherence to procedures that satisfy the requirement of the Section 504 Regulations.

"Individual with a disability" – An "individual with a disability" is a person who:

1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

"Major life activities" – A "major life activity" includes, but is not limited, functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Major life activities also include standing, lifting, bending, reading, concentrating, thinking and communicating. The term also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Physical or mental impairment" – a "physical or mental impairment" is:

1. 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; genitourinary; hemic and lymphatic; skin; and endocrine; or
2. Any mental or psychological disorder such as cognitive impairment, organic brain syndrome, emotional or mental illness and specific learning disabilities.

"Substantially limits" – A student who has a physical or mental impairment that substantially limits a major life activity may be found to have a disability under Section 504. This determination is made on a case-by-case basis.

Except for ordinary eye glasses or contact lenses, the effects of mitigating measures (e.g. medications, prosthetics, hearing aids, etc.) may not be considered when assessing whether a student has an impairment that substantially limits a major life activity. To the extent feasible, only the impact the impairment has on a major life activity without mitigating measures may be considered when determining whether the disability substantially limits a major life activity.

If a student has an impairment that is episodic or in remission, the School District must consider whether the impairment when active, would substantially limit a major life activity. If so, then the student meets the definition of a student with a disability.
POLICY 5115, NON-DESCRIMINATION IN INSTRUCTIONAL POLICIES AND PRACTICES

The Board of Education had adopted Policy 5115, Non-Discrimination in Instructional Policies and Practices, which provides:

NON-DISCRIMINATION IN INSTRUCTIONAL POLICIES AND PRACTICES

The Board shall not unlawfully discriminate on the basis of religion, race, color, national origin, sex, qualified disability, ethnicity or any other legally protected trait or characteristic in the enrollment, placement or instruction of students.

It is the policy of this school district that all decisions regarding a student's education will be made based on legitimate educational and operational criteria. No decision regarding enrollment, placement, or instruction shall be made on the basis of criteria prohibited by law such as religion, race, color, national origin, sex or qualified disability or ethnicity.

Each employee of the district has a responsibility to assure the success of the district's commitment and to take positive steps to comply with the Board's equal educational opportunity policies. Any employee who fails to comply with such policies is acting without authority and outside the scope of employment.

Policy Revised: 05/06/10
Policy Revised: 06/19/03
Policy Adopted: 02/20/92
CHILD FIND

The School District attempts to identify and locate every student residing in the School District who may be a student with a disability under Section 504, regardless of whether he or she is currently receiving a public education. The School District will notify those students and their parents of their rights under Section 504.

The School District may seek to notify students and their parents about Section 504 by advertising, by posting notices in places likely to be visited by qualified students with disabilities and their parents, by including notices in School District publications and on its web site, and by directly contacting parents of students of the School District believes may be eligible.

The School District will also ensure that the information in its Section 504 notices is written in a manner that would reasonably be easily understandable to a parent. The notices will contain the name and contact information for the School District's Section 504 coordinator.

PRE-REFERRAL STRATEGIES

Pre-referral team strategies are an important first step in providing educational opportunities and services to students who are experiencing difficulties in school. The implementation of such strategies helps teachers vary instructional and behavioral methodologies and expectations, and, by so doing:

1. Assists teachers with students who present a wide variety of educational and behavioral needs;
2. Strengthens educational opportunities within the general education program; and
3. May reduce the need for more formal referrals over time because students with identified needs are successfully accommodated and served appropriately within the general education programs.

It must be emphasized that the pre-referral procedures are not intended to impede any necessary referrals for consideration of eligibility under the Individuals with Disabilities Education Act ("IDEA") or Section 504. If, at any time, a teacher, counselor, administrator, or other professional staff member suspects that the student's difficulties are attributable to a disability, the student should be referred for an evaluation. If a parent/guardian at any time requests an evaluation, the School District must either honor that request or notify the parent/guardian of his/her due process rights under the IDEA, or Section 504, as applicable.

PARENTAL RIGHTS – SECTION 504

Section 504 guarantees certain rights to parents of students with disabilities. The intent of these procedural protections is to keep the parent/guardian fully informed about educational decisions concerning their child, and to inform the parent/guardian of their rights if they disagree with any of these decisions. At age 18, these rights transfer to the student. A Notice of Procedural Safeguards-Section 504 (Form C) has been developed for distribution to parents.
SECTION 504 – THE PROCESS

- Referral
- Evaluation
- Eligibility Determination
- Development of Accommodation Plan
- Review

A. Referral

A student who, because of a suspected mental or physical impairment, is believed to be in need of accommodations or educational services under Section 504, may be formally referred to the Building Education Service Team (BEST) by a parent, teacher, other certified school employee(s), or the adult aged student himself/herself.

- A section 504 Referral form (Form B) should be completed and given to BEST.
- Upon receipt of a Section 504 referral from a staff member, the parent should be provided the form letter "Parent Notice – Section 504 Referral" (Form D).
- Whether the referral is made by the parent or by school staff, the parent should be provided with copies of "Consent for Section 504 Evaluation" (Form E) and "Notice of Procedural Safeguards – Section 504." (Form C).

B. Evaluation

A determination of Section 504 eligibility (i.e., a physical or mental impairment that substantially limits a major life activity within the school environment) must be based on a multi-source evaluation. The evaluation procedures to be followed may, but need not, include all of those which are followed in evaluating students under the individuals with Disabilities Education Act ("IDEA"). The nature and extent of the information needed to make a Section 504 eligibility decision is determined on a case-by-case basis by a group of persons knowledgeable about the student and the meaning of evaluation data.

The evaluation process should begin with a thorough review of the student's educational records, and will include completion of the General Education Teacher Report (Form I). The following may also be considered by the BEST:

- Observations of the student
- Standardized tests or other assessments by school staff;
- Parent/Student/Teacher interviews;
- Behavior rating scales or other checklists;
- Pertinent medical information; and
- Information provided by the parent.

The BEST will determine which evaluations are appropriate. Where formal testing is determined to be necessary, the evaluation procedures must ensure that:

1. Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer.
2. Tests and evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient.

3. Tests are selected and administered so as to best ensure that when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the facets that the tests purport to measure).

If a student is suspected of having a physical impairment and the School District does not already have a current diagnosis documented by a physician, input from a physician may be sought as part of the evaluation process. (See Cover Letter to Physician (Form G), Authorization for Release and Exchange of Student Educational and Medical Information (Form F) and Physician's Statement (Form H)). Please note that a diagnosis of a physical or mental impairment does not, in and of itself, determine eligibility under Section 504. As mentioned above, there must also be separate findings that the impairment substantially limits a major life activity.

C. Eligibility Determination

The eligibility determination should be made by a group of persons knowledgeable about the student, the meaning of the evaluation data and placement options (the "Team"). The parent(s)/guardian(s) of the student should be given a meaningful opportunity to provide input into the evaluation process and invited to the meeting concerning the eligibility determination (Form J).

A final determination regarding eligibility shall be made by the Team through completion of the Section 504 Eligibility Determination Report. (Form K).

D. Section 504 Accommodation Plan

Where a student is found to be eligible under Section 504, a Section 504 Accommodation Plan (Form N) will be developed. The building Section 504 Team, which includes the parents, will be responsible for determining the special accommodations and services that are needed to ensure that the student receives a free appropriate education. The Plan will specify how services will be provided and by whom. Where a student's Section 504 Accommodation Plan or IEP includes use of an assistive technology device, the Plan or IEP shall require that teachers and paraprofessionals receive the necessary training to ensure that the technology can be utilized properly. The IEP or Accommodation Plan shall specifically address what will occur when an assistive technology device is out of service for repair or is otherwise not functioning.

The Section 504 Accommodation Plan shall be signed by the Building/Administrator/Designee. Prior to implementation, a copy of the Plan shall be provided to the parent(s)/guardian(s), which indicates the School District's intent to implement the plan. A copy of the Notice of Procedural Safeguards – Section 504 (Form C) shall be given to the parent(s)/guardian(s), together with the notice of the intent to implement.

If a Section 504 Accommodation Plan is developed for a student, all school personnel with implementation responsibilities shall be informed of the existence and particulars of the Plan, and provided with a copy on a "need to know" basis.
E. Review

The teacher or other person(s) designated by the Section 504 Team shall monitor the student's progress and the effectiveness of the student's Accommodation Plan. The teacher or other designated person will meet with the parent(s) at least annually to determine whether the Plan continues to be appropriate or whether any changes are thought to be necessary. In changes are to be considered, the Section 504 Team will be convened.

F. Reevaluation

A multi-source evaluation should be completed periodically to re-determine eligibility under Section 504 and before any significant changes are made in the Accommodation Plan.

G. Time Frame

A time frame of thirty (30) school days will be followed for completion of the identification, evaluation and, if necessary, development of a Section 504 Accommodation Plan for each student who is referred pursuant to the School District's Section 504 policy.

SUSPENSION AND EXPULSION OF STUDENTS SERVED UNDER SECTION 504

Students who are eligible under Section 504 have certain additional protections when charged with a violation of the Code of Student Conduct that may result in a suspension or expulsion. Similar to suspension or expulsion of a student with a disability under the IDEA, it is necessary to conduct a manifestation determination review for a Section 504 eligible student when:

- The suspension or expulsion is expected to be for more than ten (10) consecutive school days. As is true under the IDEA, a suspension/expulsion of more than ten (10) consecutive days constitutes a significant change in placement and requires the School District to determine whether the disability identified in the student's Section 504 Plan is the cause of the behavior.

- A series of suspensions that total more than ten (10) school days in a school year and creates a pattern of exclusion. If cumulative suspensions/expulsions for a student on a Section 504 Plan total more than ten (10) school days in a school year, it must be determined whether a significant placement change has occurred. This is done on a case-by-case basis. If a series of short suspensions creates a pattern of exclusion, this constitutes a change in placement and the School District must conduct a manifestation determination meeting before further suspensions or expulsions occur. The Office for Civil Rights has identified some of the key factors in determining the existence of a "pattern of exclusion." These include: (i) the length of each suspension, (ii) the proximity of one suspension to another, (iii) the similar or dissimilar nature of the behavior, and (iv) the total amount of time the student is excluded from school.

Section 504 allows a student to be disciplined, without going through the manifestation determination review process, where the student is charged with and found to be currently engaging in the illegal use of drugs or alcohol, in violation of the Code of Student Conduct.

IMPARTIAL DUE PROCESS HEARINGS

Parents or persons in a parental relationship who disagree with the identification, evaluation, placement or provision of a free appropriate publication for a student with a disability have the right to request an
impartial due-process hearing. Request for a Section 504 due process hearing must be made to the School District Section 504 Coordinator. Upon receipt of such a request, the necessary arrangements will be made by the School District, including the selection of a hearing officer. A hearing may not be conducted by a person who is an employee of the School District, or by any person having a personal or professional interest which would conflict with his or her objectivity in the hearing.

Any party to a hearing has the right to:

1. Be accompanied and advised by counsel and/or by individuals with special knowledge or training with respect to the problems of children with disabilities;

2. Present evidence and confront, cross-examine, and compel the attendance of witnesses;

3. Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five days before the hearing;

4. Request that the hearing officer bar as evidence any evaluation or recommendation completed but not disclosed to the other party at least five business days prior to the hearing;

5. Obtain a written or electronic verbatim record of the hearing or obtain alternate forms of the verbatim record to be provided in the parent’s native language; and

6. Obtain written or electronic finding of fact and decisions.

The School District will adhere to the following timeframes in the event of a request for a due process hearing:

1. A hearing will be scheduled not less than fifteen (15), nor more than thirty (30) calendar days following receipt of a written request from the parent.

2. The Hearing Officer will, not later than thirty (30) calendar days after the hearing, do both of the following:
   a. Reach a final decision regarding the matter; and
   b. Send a written copy of the decision to each party.

3. In the absence of an appeal, the decision of the Hearing Officer will be implemented by the School District within fifteen (15) calendar days of the School District’s receipt of the decision.

COMPLAINTS/GRIEVANCES

A person who believes that he/she has been discriminated against by the Huron Valley Schools on the basis of his/her disability may pursue a grievance/complaint through Huron Valley Schools’ Grievance/Complaint Procedure. (Form Q)
Huron Valley Schools

Form A: Section 504 Checklist

Student Name: 

School: 

Grade: 

1. If, at any time, a parent or a teacher, counselor, administrator or other professional staff member suspects that a student may have a disability, and the student is experiencing difficulties in school a Section 504 Referral (Form B) should be completed. The form should be filled with the Section 504 Coordinator/Building Educational Support Team (BEST).

   (date)

2. The Section 504 Coordinator forwards the Section 504 Referral (Form B) to the rest of the BEST.

   (date)

3. The BEST determines whether or not a Section 504 evaluation will be conducted. If it is determined that an evaluation will not occur, the BEST records this decision, including the rationale, on the bottom of the Section 504 Referral (Form B). If the Referral was made by the parent, the parent must be informed of the decision not to proceed with the evaluation and provided with Notice of Procedural Safeguards – Section 504. (Form C).

   (date)

4. If it is determined that an evaluation will occur, a designated BEST member sends Parent Notice - Section 504 Referral (Form D) to parent/guardian to advise of proposed evaluation. Do not send Form D when parent initiates 504. Notice of Procedural Safeguards – Section 504 (Form C) and Consent for Section 504 Evaluation (Form E) are also sent to parent(s)/guardian(s). (If applicable, Form F, Authorization For Release And Exchange Of Student Educational And Medical Information should also be sent.)

   (date)

5. If applicable, Form F, Authorization For Release And Exchange Of Student Educational And Medical Information, Form G, Cover Letter to Physician and Form H, Physician’s Statement should be sent to physician.

   (date)

6. A designated BEST member should send Form I, General Education Teacher Report to Student’s General education teachers. At the secondary level, more than one report is sought.

   (date)

7. The designated BEST member identifies members of the student’s Section 504 Team and sends Evaluation Team Meeting Invitation (Form J).

   (date)

8. The Section 504 Team evaluates the student’s suspected disability and completes the Section 504 Eligibility Determination Report (Form K). The team is to send a hard copy of the completed Form L To the School District Section 504 Coordinator, Student Support Services Administration, regardless of evaluation outcome.

   (date)

9. The team provides parent(s) /guardian(s) with Parent Notice – Section 504 Eligibility or Non-Eligibility Determination (Form L) and Notice of Procedural Safeguards – Section 504 (Form C), either in person or by mail. The team is to send a hard copy of this completed form to the School District Section 504 Coordinator, Student Support Services Administration, regardless of the evaluation outcome.

   (date)

10. If the student is found eligible under Section 504, a team member sends Parent Invitation – Section 504 Accommodation Plan meeting. (Form M).

    (date)

11. Where a student is found eligible, a Section 504 Accommodation Plan (Form N) is developed. The team is responsible for ensuring that teachers and other staff who have implementation responsibilities are made aware of the existence of the Plan and its terms and are provided a copy on a need to know basis. The Team is to send a hard copy of this completed form to the School District
### Form B: SECTION 504 REFERRAL

**Student Name:**

**School:**

**Grade:**__

---

1. **Reason for Referral.** (Please state the nature of your concern(s).)
   - a. Academic concern(s):
   - b. Behavioral concern(s):
   - c. Motor/Movement:
   - d. Social/Emotional:
   - e. Medical:
   - f. Other:

2. **Observations of Student.** (Please describe any supporting observations.)

3. **Pre-Referral Interventions.** (Please describe any interventions that have been tried at home or at school.)

4. **Records.** (Please describe any supporting observations.)

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**Signature of person making referral**

**Relationship to student**

**Date of referral**

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**FOR SCHOOL DISTRICT USE ONLY**

**ACTION TAKEN**

☐ Notice sent to parent(s) requesting consent to conduct a Section 504 evaluation on __________.

☐ Section 504 Team Leader (school principal or his/her designee) determined not to conduct a Section 504 evaluation at this time with the BEST.
Huron Valley Schools

From C: NOTICE OF PROCEDURAL SAFEGUARDS -- SECTION 504

The following is a summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities. The intent of the law is to keep you fully informed about decisions concerning your child, to have you be an active participant in the educational planning for your child, and to inform you of your rights in the event you disagree with any decisions concerning your child.

You have the right to:

1. Have the Huron Valley Schools advise you of your rights under federal law;
2. Receive notice with respect to Section 504 identification, evaluation, and/or eligibility determinations of your child;
3. Have evaluation, educational programming, and placement decisions made based upon a variety of Information sources, and by a team of persons who are knowledgeable about the student, the evaluation data, and placement options;
4. Examine all education records related to your child, including those concerning the decisions regarding your child’s Section 504 identification, evaluation, educational program, and placement.
5. Obtain copies of educational records at a reasonable cost, unless the fee would effectively deny you access to the records;
6. Receive a response from the Huron Valley Schools to reasonable requests for explanations and interpretations of your child’s records;
7. Request an amendment of your child’s educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the Huron Valley Schools refuses this request for amendment, the School District shall notify you within a reasonable time and advise you of your right to an impartial hearing;
8. Have your child receive special education services and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act ("IDEA") or appropriate educational services and related services if he/she is found to be eligible under Section 504 of the Rehabilitation Act;
9. Have your child take part in, and receive benefits from, the School District's education programs without discrimination because of his/her disabling condition(s);
10. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the Huron Valley Schools make reasonable accommodations to allow your child an equal opportunity to participate in school and school related activities;
11. Have your child educated in facilities and receive services comparable to those provided non-disabled students;
12. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the Huron Valley Schools;
13. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the Huron Valley Schools;
14. Request an impartial due process hearing regarding the Section 504 identification, evaluation, eligibility, placement of provision of a Free Appropriate Public Education ("FAPE") for your child.
15. File a complaint in accordance with the Huron Valley Schools’ Section 504 grievance procedure.

Huron Valley Schools

Nondiscrimination Statement

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disability Act of 1990, and the Elliott-Larsen Civil Rights Act of 1977, it is the policy of the Huron Valley Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program, activity, service or in employment. For information contact the Executive Director of Human Resources, 2350 S. Milford Road, Highland, Michigan 48356.
Huron Valley Schools

Form D: PARENT NOTICE – SECTION 504 REFERRAL

Student Name: ______
School: ______

Student No.: ______
Grade: ______

[Insert Date]

Via First Class Mail

[Insert Parent/Legal Guardian Name]
[Address Line 1]
[Address Line 2]

Dear [Insert Parent/Legal Guardian Name]:

As part of our continuing efforts to monitor the educational performance of our students, we have found that [Insert Child’s First Name] is experiencing some difficulties. I am prepared to form an evaluation team to determine if [Insert Child’s First Name] may have a qualifying disability under Section 504 of the Rehabilitation Act. Members of the evaluation team would collect and review information on your child’s learning and behavior. Your child’s teacher(s), the school’s guidance counselor, school psychologist, and other staff members may be involved in observations, assessments and other data collection activities.

Once the information has been collected, a meeting will be scheduled to discuss the results. You will receive notice of the meeting and are encouraged to attend and participate in the discussion and decision making process.

Under Section 504 you have specific rights concerning this evaluation process, which are designed to keep you fully informed concerning decisions about your child. These rights are summarized in the Notice of Procedural Safeguards – Section 504 document that is enclosed with this letter. Also enclosed is a Consent for Section 504 Evaluation. Please sign and return the form to me so that we may begin the evaluation process.

If you have any questions with regard to the evaluation process, please feel free to contact me at (___) ______ ______.

Sincerely,

[Insert Name], Section 504 Team Leader

Enclosures
Form E: CONSENT FOR SECTION 504 EVALUATION

<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Grade</td>
</tr>
<tr>
<td>Date Requested</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Phone</td>
</tr>
</tbody>
</table>

I understand that my child has been referred for an evaluation under Section 504. The evaluation will draw upon information from a variety of sources, which may include, but are not limited to: a school records review, observations of the student, parent/child/teacher input or interviews, assessments and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504.

(Check All That Apply)

☐ I have received information regarding the Section 504 evaluation procedures and have been informed of the procedural safeguards afforded under Section 504.

☐ I consent to the above evaluation for my child.

☐ I refuse permission for the above evaluation for my child.

Date: _____

Signature of Parent/Guardian
## Form F: AUTHORIZATION FOR RELEASE AND EXCHANGE OF STUDENT EDUCATIONAL AND MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s)/Legal Guardian(s)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Phone</td>
</tr>
</tbody>
</table>

I hereby authorize the release and exchange of otherwise confidential educational and medical information between the Huron Valley Schools and:

<table>
<thead>
<tr>
<th>Physician's Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Fax</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
</tbody>
</table>

I understand that any information released or exchanged will be treated in a confidential manner and will not be transmitted to a third party without my permission. This authorization is valid for a period of ninety (90) days unless earlier revoked by me in writing.

**Signature of Parent, Guardian of Adult Student**

<table>
<thead>
<tr>
<th>Date</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

**PLEASE FORWARD DOCUMENTS TO:**


Huron Valley Schools

Form G: COVER LETTER TO PHYSICIAN

[Insert Date]

Via First Class Mail

[Insert Physician's Name]
[Insert Company Name]
[Address Line 1]
[Address Line 2]

Re: [Insert Student's Name]

Dear [Insert Physician Name]

[Insert Student’s Name] is currently being evaluated by the Huron Valley Schools for the purpose of determining eligibility as a person with a disability under Section 504 of the Rehabilitation Act of 1973. The student may be eligible for educational support accommodations under Section 504 if he/she has a mental or physical impairment which substantially limits a major life activity.

Enclosed is an authorization for release of information to the School District which has been signed by the student’s parent(s)/guardian(s). We ask that you please assist us by completing the enclosed Physician’s Statement and either providing it to the parent(s)/guardian(s) or returning it no later than [Insert Date] to:

[Insert Name, Title and Address]

If you have any questions, please do not hesitate to contact me at (_____) _____. Thank you for your cooperation in this matter.

Sincerely,

[Insert Name], [insert Title]
Section 504 Building Educational Service Team Representative
Huron Valley Schools

FORM H: PHYSICIAN’S STATEMENT

Student’s Name: _______  Date of Birth: _______

Parents: The following items are to be completed by the physician. You may either return the completed form to the building your child attends or have the physician mail the form directly to the School District.

1. Does the student have a mental or physical impairment? Yes ☐  No ☐
   If yes, specify diagnosis: _______

2. Prognosis: This student’s mental or physical condition is:
   Stable ☐  Deteriorating ☐  Improving ☐

3. Describe the nature and extent of possible changes in this student’s condition:
   _______
   _______
   _______

4. What are the anticipated effects of the physical or mental impairment on the student’s ability to access, participate in, or benefit from the school/educational experience?
   _______
   _______
   _______

5. Has the student been prescribed any medication about which the School District should be aware?
   Yes ☐  No ☐  If Yes; explain: _______
   _______
   _______

6. Are there any other medical factors of which the School District should be aware which could affect this student’s performance in a school setting?
   Yes ☐  No ☐  If Yes; explain: _______
   _______
   _______

Date: _______  Physician’s Signature

Physician’s Name & Title (type or print): _______
Office Address: _______
Phone Number: _______
Form I: GENERAL EDUCATION TEACHER REPORT-SECTION 504 EVALUATION

Student’s Name: ______  Grade: ______  Subject: ______

1. The student comes to class with appropriate materials
   ☐ less often than other students of his/her age/grade; or
   ☐ with about the same frequency as others

2. The student attends and participates appropriately in class discussions/activities
   ☐ less often than other students of his/her age/grade; or
   ☐ with about the same frequency as others

3. The student completes homework assignments
   ☐ less often than other students of his/her age/grade; or
   ☐ with about the same frequency as others

4. Based on collected data, the student’s reading skills are
   ☐ adequate to handle the material/work that is expected in this class; or
   ☐ inadequate to handle the material/work that is expected in this class; or
   ☐ unknown at this time due to the short time student has been in class; or
   ☐ unknown at this time due to lack of work output upon which to base an assessment

5. Based on collected data, the student’s writing skills are
   ☐ adequate to handle the material/work that is expected in this class; or
   ☐ inadequate to handle the material/work that is expected in this class; or
   ☐ unknown at this time due to the short time student has been in class; or
   ☐ unknown at this time due to lack of work output upon which to base an assessment

6. Based on collected data, the student’s math skills are
   ☐ adequate to handle the material/work that is expected in this class; or
   ☐ inadequate to handle the material/work that is expected in this class; or
   ☐ unknown at this time due to the short time student has been in class; or
   ☐ unknown at this time due to lack of work output upon which to base an assessment

7. The student’s grade to date in this class is: ______

8. In order for the student to earn this grade, have you provided accommodations/interventions which are outside the range of what you would expect to provide for a typical student in this age/grade range?  ☐ No  ☐ Yes, explain: ______

9. The student’s behavior
   ☐ is manageable within the general education classroom setting; or
   ☐ is not manageable within the general education classroom setting

   If you checked “is not”, describe the types of behaviors you see that are problematic within the classroom: ______

   If you checked “is not,” describe how you have attempted to deal with the problematic behaviors, and how the student has responded to the interventions: ______

   ______
10. Based on your observations, interactions, and evaluation(s), does the student’s mental or physical condition significantly limit his/her ability to participate in or benefit from the educational experience? Explain: ________
    _______
    _______

Date: ________

Teacher’s Signature

Please return BEST by [Insert Date].
Form J: EVALUATION TEAM MEETING INVITATION

Student Name: _______  Student No.: _______  Grade: _______
School: _______  
Date: _______  

[Insert Date]

Via First Class Mail

[Insert Parent/Legal Guardian Name]
(Address Line 1)
(Address Line 2)

Re: Section 504 Meeting Invitation

You are invited to attend a Section 504 Evaluation Meeting to discuss the results of your child’s evaluation. The purpose of this meeting is to determine if your child is eligible to receive or continues to need special accommodations/services under Section 504 in order that he/she can have access to and receive an appropriate education. If it is determined that your child is or continues to be eligible, a Section 504 Accommodation Plan will be developed (or reviewed and revised) immediately following the evaluation Team meeting. You are encouraged to attend this meeting.

The meeting will be held: Date: _______  Time: _______
Location: _______

The following persons have been invited to attend the 504 Evaluation Team meeting:

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Student’s Teacher</td>
</tr>
<tr>
<td>Additional School Staff</td>
<td>Additional School Staff</td>
</tr>
<tr>
<td>Additional School Staff</td>
<td>Additional School Staff</td>
</tr>
<tr>
<td>Administrator/Designee</td>
<td>Other</td>
</tr>
</tbody>
</table>

Contact Name: _______  Phone: _______
Date Invitation Sent: _______

PLEASE TEAR OFF AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE

☐ I will attend the schedule Section 504 Evaluation Team Meeting
☐ I am unable to attend the scheduled meeting, and am requesting that the meeting be rescheduled.
☐ I am unable to attend the scheduled meeting, but am requesting that the process continue and that the paperwork be sent to my home address.
☐ I would like my child at attend the Section 504 Evaluation Team Meeting.
☐ I do not want my child to attend the Section 504 Evaluation Team Meeting.
Huron Valley Schools

Form K: SECTION 504 ELIGIBILITY DETERMINATION REPORT

Student Name: ______
School: ______ 
Grade: ______
Date: ______

☐ Initial Section 504 Evaluation
☐ Section 504 Reevaluation

ELIGIBILITY: Based on the evaluation data gathered from a variety of sources, the Section 504 Team is to answer the following questions to determine Section 504 eligibility:

1. Does the student have a physical or mental impairment? ............................
   ☐ Yes ☐ No
   If the answer is “Yes”, check the nature of the impairment. The Section 504 regulations define a “physical or mental impairment” as:
   1) 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, ☐ speech organs, ☐ cardiovascular, ☐ reproductive, ☐ digestive, ☐ genito-urinary, ☐ hemic and lymphatic, ☐ skin or endocrine; or 2) any mental or psychological disorder such as: ☐ mental retardation, ☐ organic brain syndrome, ☐ emotional illness, ☐ mental illness, ☐ specific learning disability, or ☐ other. If “other,” please state: ______

2. Does the physical or mental impairment affect one or more major life activities?  ☐ Yes ☐ No
   If so, which major life activity or activities are affected?
   ☐ caring for oneself, ☐ performing manual tasks, ☐ seeing, ☐ hearing, ☐ eating, ☐ sleeping,
   ☐ walking, ☐ standing, ☐ lifting, ☐ bending, ☐ speaking, ☐ breathing, ☐ learning, ☐ working,
   ☐ reading, ☐ concentrating, ☐ thinking, ☐ communicating, ☐ the operation of a major bodily function (includes, but is not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions), ☐ other.

3. Does the physical or mental impairment SUBSTANTIALLY limit a major life activity?. ☐ Yes ☐ No
   That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner or duration under which another student of the same age/grade level in the general population can perform that same major life activity?

If, and only if, all three questions are answered “Yes”, the student is eligible for a free appropriate public education under Section 504, and an Accommodation Plan should be developed. If any answer is “No,” the student is not eligible.

SOURCES OF DATA: (Check the data obtained for the evaluation. All data obtained must be carefully considered.)

☐ Grades
☐ School records
☐ Work samples
☐ Other: ______
☐ Parent report
☐ Medical reports
☐ Classroom teacher(s) report
☐ Individual achievement tests
☐ Group achievements tests
☐ Psycho-education evaluation
Date: ______

TEAM OF EVALUATORS:

Name | Title
-----|------

Send a hard copy of this completed form to the HVS District Section 504 Coordinator, Student Support Services Administration

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Huron Valley Schools

Form 1: PARENT NOTICE – SECTION 504
ELIGIBILITY OR NON-ELIGIBILITY DETERMINATION

Student Name: _____
School: _____
Grade: _____

[Insert Date]

Via First Class Mail

[Insert Parent/Legal Guardian Name]
[Address Line 1]
[Address Line 2]

Re: Eligibility Determination Under Section 504

Dear [Insert Parent/Legal Guardian Name]:

On [Insert Date], an evaluation team met to determine whether child has a qualifying
disability under Section 504 of the Rehabilitation Act. Based on the team’s review of all of the
Information collected, the evaluation team determined that:

☐ Your child has a qualifying disability under Section 504 of the Rehabilitation Act
and may require an Accommodation Plan to ensure that he/she receives an
appropriate education.

☐ Your child does not have a disability or condition that meets the definition of a
qualifying disability under Section 504. Therefore, your child is not entitled to
accommodations under Section 504.

Enclosed is a copy of the Notice of Procedural Safeguards – Section 504 form. This document
summarizes your rights and the rights of your child under Section 504.

If you have any questions or would like to schedule a meeting to discuss this determination, please do
not hesitate to contact me.

Sincerely,

[Insert Name], Building Principal
Enclosure

Cc: School District Section 504 Coordinator
Huron Valley Schools

Form M: PARENT INVITATION – SECTION 504
ACCOMMODATION PLAN MEETING

Student Name: ____
School: ____
Date: ____
Grade: ____

[Insert Date]

Via First Class Mail

[Insert Parent/Legal Guardian Name]
[Address Line 1]
[Address Line 2]

Re: Section 504 Meeting Invitation

Dear [Insert Parent/Legal Guardian Name]:

You are invited to attend a meeting to develop a Section 504 Accommodation Plan for your child. You are encouraged to attend this meeting. The meeting will be held at:

Date: ____
Time: ____
Location: ____

The school staff members listed below have been involved in the education of your child. Each person will attend the meeting or be represented by someone else who is knowledgeable about your child and the information that will be reviewed in the meeting.

If you have any questions, please feel free to contact me.

Sincerely,

[Insert Name], Section 504 Team Leader

Section 504 Team:

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Huron Valley Schools

Form N: SECTION 504 ACCOMMODATION PLAN

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Meeting Date:</th>
<th>Previous Plan Date:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (circle one): M F</td>
<td>Building:</td>
<td></td>
</tr>
</tbody>
</table>

Name (Last, First, Initial): 
Address: 
Student No: 
SSN (if available): 
Home Phone No: 

PARENT/GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, First):</th>
<th>Cell No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Work No.</td>
</tr>
</tbody>
</table>

Native Language-Parent: 
Native Language-Student: 

MEETING PURPOSE

[ ] Initial [ ] Review [ ] Redetermination

PARENT CONTACT

Written invitation, including purpose of meeting, role of participants and procedural safeguards was sent to the 

Parent(s)/guardian(s) on: Date: 
By: 
Additional efforts to arrange a mutually agreeable time and place: Date: 
By: Method: 

MEETING PARTICIPANTS IN ATTENDANCE

<table>
<thead>
<tr>
<th>Parent(s)/Guardian(s)</th>
<th>Administrator/Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Student’s Teacher</td>
</tr>
<tr>
<td>Additional School Staff</td>
<td>Additional School Staff</td>
</tr>
<tr>
<td>Additional School Staff</td>
<td></td>
</tr>
</tbody>
</table>

ALL INFORMATION USED MUST BE DOCUMENTED AND ATTACHED TO THIS REPORT

Describe how the identified disability significantly limits a major life activity:

Evaluation Summary Information:

ELIGIBILITY

[ ] Student qualifies under Section 504 criteria [ ] Student does not qualify under Section 504 criteria

ACCOMMODATIONS

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Accommodations</th>
<th>Person(s) Responsible (ex. Parent, Student, Teacher)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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Huron Valley Schools
NOTICE OF INTENT TO IMPLEMENT SECTION 504 ACCOMMODATION PLAN

Date Section 504 Accommodation Plan will be implemented
Location: Building: ☐ Regular classroom ☐ Other
Person responsible for implementation
Anticipated duration of Section 504 Accommodation Plan ☐ One school year ☐ Other

SCHOOL DISTRICT COMMITMENT
Signature of Building Principal will indicate intent to implement Section 504 Accommodation Plan as written:
Dated: Signature:

ANNUAL REVIEW
Name of person who will periodically monitor the student’s progress and the effectiveness of this Plan.

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

Name of person who will meet with the parents at least annually while this Plan remains in effect to determine whether it continues to be appropriate or whether any changes are thought to be necessary.

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

If changes are to be considered, the Section 504 Team will be convened.

PARENT NOTICE
A complete copy of the Section 504 Accommodation Plan, together with Notice of Procedural Safeguards—Section 504 (Form C), was provided to the parent(s)/guardian(s) on:

Date: Contact:

By: ☐ U.S. Mail to home address ☐ Personal delivery to parent(s)/guardian(s)
☐ Other, Specify method:

PARENT AGREEMENT / DISAGREEMENT

☐ I have received notice of the procedural safeguards.

☐ I agree with the determination above.

☐ I disagree with the determination above and request mediation.

☐ I disagree with the determination above and request a due process hearing.

Date: Parent/Guardian Signature:
HURON VALLEY SCHOOLS
Student Support Services

NOTIFICATION OF RE-EVALUATION 504 REPORT
With no changes from previous plan

Student Name: _____
Birth Date: _____
Building: _____

Attached to this document you will find:

- 504 Plan that is being continued (no changes were made).
- Parent was notified and agreed with continuation.
  Notified by _____ date _____
- Form C (Procedural Safeguards) sent to parent via
  Date _____

_____ Case Coordinator's Signature  Date
Huron Valley Schools

Form O: SECTION 504 DUE PROCESS HEARING REQUEST FORM

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School District of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School District Student is Attending (if different than School District Residence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent(s)/Guardian(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
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<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROBLEM AND FACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the nature of the problem and what are the facts that relate to the problem? (You may list more than one problem. Use additional pages if necessary.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROPOSED SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the actions or services that you believe will resolve the issues based on the information available to you. (Use additional pages if necessary.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUESTOR INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (print/type)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
</tbody>
</table>

RETURN THIS FORM TO THE SCHOOL DISTRICT'S SECTION 504 COORDINATOR

<table>
<thead>
<tr>
<th>Student Support Services Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Located at Milford High School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Huron Valley Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>2380 S. Milford Road</td>
</tr>
<tr>
<td>Highland, MI 48357</td>
</tr>
<tr>
<td>(248) 684-8238</td>
</tr>
</tbody>
</table>
Huron Valley Schools

Form P: SECTION 504 MANIFESTATION DETERMINATION REVIEW

<table>
<thead>
<tr>
<th>Date of Review</th>
<th>Date of Current Section 504 Plan</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student's Name:

PARENT CONTACT

Written invitation, including purpose of meeting, role of participants and procedural safeguards, were sent to the parent(s)/guardian(s):

Date: By:

Additional efforts to arrange a mutually agreeable time and place: Date:

By: Method:

MEETING PARTICIPANTS IN ATTENDANCE

<table>
<thead>
<tr>
<th>Parent(s)/Guardian(s)</th>
<th>Public Agency Rep.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Gen’l Ed. Teacher/Provider</td>
</tr>
<tr>
<td>Other</td>
<td>Section 504 Evaluation Committee Rep.</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

CONSIDERATION FOR REVIEW

Describe the behavior or incident that is subject to disciplinary action:

In carrying out a manifestation determination review,

[ ] All relevant information in the student’s file. Describe:

[ ] The student’s Section 504 Plan.

[ ] Any teacher observations of the student.

[ ] Relevant information provided by the parent.

MANIFESTATION DETERMINATION

In relationship to the conduct in question:

Was the conduct caused by the student’s disability or did it have a direct and substantial relationship to the student’s disability? [ ] No [ ] Yes

Was the conduct a direct result of the School District’s failure to implement the Section 504 Accommodation Plan? [ ] No [ ] Yes

If the determination of the Section 504 Committee is “Yes” to either of the statements above, the behavior must be considered a manifestation of the student’s disability.

The determination of the Section 504 Committee is that the behavior subject to discipline:

[ ] Is not a manifestation of the disability [pertinent records are to be transferred to general education for disciplinary procedures]

[ ] Is a manifestation of the disability

Date: Signature-Section 504 Coordinator or Designee:

PARENT/GUARDIAN NOTICE AND AGREEMENT

[ ] I have received Notice of Procedural Safeguards – Section 504 (Form C).

[ ] I agree with the determination above

[ ] I disagree with the determination above and request mediation.

[ ] I disagree with the determination above and request a due process hearing.

Date: Parent/Guardian Signature:

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Huron Valley Schools

Form Q: GRIEVANCE / COMPLAINT PROCEDURE

ADMINISTRATIVE PROCEDURE
SECTION 504 COMPLAINTS
(Discrimination on the Basis of Disability)

Section 1:

If any student/parent that Huron Valley Schools or any part of the school organization has inadequately applied the principles and/or regulations of Section 504, Subparts C or D, or is in some way discriminating on the basis of disability, he/she may bring forward a complaint to the person noted below:

Director of Support Services
HURON VALLEY SCHOOLS
2390 S. Milford Road
Highland, MI 48357
(248) 684-8238

Section 2:

The student/parent who believes he/she has a valid basis for grievance may discuss the grievance informally and on a verbal basis with the Director of Student Support Services (the Local Section 504 Coordinator), who shall in turn investigate the complaint and reply with an answer to the complaint within five (5) business days. If this reply is not acceptable to the complainant, he/she may initiate formal procedures according to the following steps.

STEP 1: A written statement of the grievance signed by the complainant, shall be submitted to the Local Section 504 Coordinator within five (5) business days of receipt of answers to the informal complaint. The Coordinator shall further investigate the matters of grievance and reply in writing to the complainant within five (5) business days.

STEP 2: If the complainant wishes to appeal the decision of the Local Section 504 Coordinator, he/she may submit a signed statement of appeal to the Superintendent of Schools within five (5) business days after receipt of the Local Coordinator’s response. The Superintendent or Board, at the Superintendent’s option, shall meet with all parties involved, formulate a conclusion, and respond in writing to the complainant within ten (10) business days. In the event the Board hears the appeal, the Board will reply within twenty (20) business days of the appeal.

STEP 3: If, at this point, the grievance has not been satisfactorily resolved, further appeal may be made to the Office of Civil Rights, Department of Education, Washington D.C. 20024.
Huron Valley Schools

Form R: SECTION 504 GRIEVANCE/COMPLAINT FORM

Huron Valley Schools pledges that the School District complies with Section 504 of the Rehabilitation Act Of 1973, 29 USC & 794, and its implementing regulations, and that no discrimination on the basis of disability is permitted in the programs or activities that the School District operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to your school’s principal or the School District Section 504 Coordinator, located at _____.

<table>
<thead>
<tr>
<th>Date</th>
<th>On behalf of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Student:</td>
</tr>
<tr>
<td></td>
<td>☐ Student’s parent(s):</td>
</tr>
<tr>
<td></td>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

Complainant’s Address:

Complainant’s Phone  Home  Cell

1. Describe the alleged violation of Section 504 in specific terms. 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).

2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.

3. Please describe how you propose to resolve this issue.

4. Do you wish this complaint to be mediated by the School District 504 Coordinator or designee?  ☐ No  ☐ Yes

PLEASE RETURN THIS FORM TO YOUR SCHOOL’S PRINCIPAL OR TO THE HURON VALLEY SCHOOL DISTRICT SECTION 504 COORDINATOR, Student Support Services Administration