 **SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**i. SECTION 504 EVALUATION REFERRAL FORM**

Student name:       School: Gallego Primary

Date of Birth:      /     /      Student #:       Grade:

1. Please state the nature of your concern(s):
2. Academic concern(s):
3. Behavioral concern(s):
4. Major life activity that may be limited (e.g., walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself and/or performing manual tasks):
5. Please describe any supporting observations (including academic, behavioral or other concerns):
6. Please describe any interventions that have been tried at home or at

school:

1. Please attach a copy of the student’s most recent grades and/or

test scores if available (Benchmark assessments, AIMS, etc.). Also attach

any medical documentation that supports the student’s physical or mental

disability.

Name of Person Making Referral Title Date

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

Signature of Person Making Referral

Action:

A. Decision to evaluate

Notice sent to parent/guardian to conduct a 504 evaluation on       (date)

B. Decision made NOT to evaluate student. Reason:

Copy: Parent/Guardian, Student Cumulative file, 504 Coordinator



 **ii. PARENT NOTICE**

**SECTION 504 EVALUATION**

School: Gallego Primary Grade:      Date:

To the Parent/Guardian of:       Student #

 (student name)

As part of our efforts to help improve your child’s classroom performance, an evaluation team has been formed to determine if your child has a qualifying disability under Section 504 of the Rehabilitation Act. Members of the evaluation team will collect and review information on your child’s learning and behavior.

Your child’s teacher(s) and the school’s counselor, school psychologist, school nurse and other staff members may be involved in observations, assessments, and other data collection activities. If you have a report or information that would be helpful in this process, please submit it to the school before the meeting.

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

Section 504 provides you with specific rights concerning this evaluation process, and they are designed to keep you fully informed concerning decisions about your child.

These rights are summarized in the Section 504 Parent/Student Educational Rights enclosed with this notice.

Please contact me if you have any questions.

Katherine Weyker 545-3048

504 Coordinator Telephone Number

Copy: Parent/Guardian, Student Cumulative File, 504 Coordinator

# SUSD_Logo_EC_Color_Black_Stacked

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#  NOTIFICACIÓN PARA LOS PADRES

# DE UNA EVALUaCIÓN BAJO LA SECCIÓN 504

Nombre del estudiante:      Número de identificación

Escuela: Gallego Primary Fecha:       Grado:

Para los padres/tutores de:

 (Nombre del estudiante)

Como parte de nuestros esfuerzos para mejorar el rendimiento de su hijo en la sala de clase, se ha formado un equipo de evaluación para determinar si su niño tiene una discapacidad calificativa bajo la sección 504 del Acto de Rehabilitación. Los miembros del equipo de evaluación colectarán y revisarán la información sobre el aprendizaje y el comportamiento de su niño. El maestro(s) de su niño, el consejero de la escuela, el psicólogo de la escuela, la enfermera de la escuela, y otros miembros del personal pueden estar involucrados en observaciones, gravámenes y otras actividades para la colección de datos: . Si usted tiene un informe o información que serían provechosos en este proceso, sométalo por favor a la escuela antes de la reunión.

En cuanto colectemos la información, programaremos una cita. Usted recibirá notificación de la cita y le invitamos a que asista y participe en la plática y el proceso de decisiones. Si tiene alguna pregunta, por favor comuníquese conmigo.

La Sección 504 le provee un documento de derechos específicos sobre el proceso de evaluación para mantenerlo al tanto de cualquier decisión sobre su hijo. Un resumen de estos derechos está en el documento, *Derechos Educativos para Padres/Estudiantes bajo la Sección 504,* incluido con esta notificación. Por favor comuníquese conmigo si tiene cualquier pregunta.

Katherine Weyker 545-3000

(Coordinador (Numero de Teléfono)

Copias: Padres, Expediente del estudiante, Coordinador 504



 **Section 504**

**iii. PARENT PERMISSION TO EVALUATE**

Student:      Student #:

School: Gallego Primary Grade:       Date:

Dear Parent/Guardian:

We are currently reviewing the information about your son/daughter to determine if he/she will qualify for accommodations under Section 504 of the Rehabilitation Act of 1973. We would like to conduct a 504 evaluation to help us determine the best methods to assist your son/daughter in the classroom. The evaluation will consist of the following:

Looking at grades, evidence of a medical situation that would warrant a 504, teacher and parent report, etc.

Before we can conduct this evaluation, we need your written consent. Please indicate whether or not you agree to this evaluation, and return this form to your son/daughter’s teacher. We will make a copy for your records.

If you have any questions concerning this form or the evaluation, please call me.

Katherine Weyker 545-3048

 (504 Coordinator or Designee) Telephone Number

Please mark one:

[ ]  I give my permission for a 504 evaluation

[ ]  I do NOT give my permission for a 504 evaluation

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Signature of Parent or Guardian Date

Copy: Parent/Guardian, Student Cumulative file, 504 Coordinator



 **iii. PERMISO PARA EVALUAR**

**BAJO SECCIÓN 504**

Estudiante:       # de identificación:

Escuela:       Fecha:       Grado:

Estimados Padres de Familia/Tutor:

Actualmente estamos revisando la información de su hijo/a para determinar si él/ella califica para servicios bajo la Sección 504 del Acta de Rehabilitación de 1973.

Quisiéramos conducir una evaluación psicológica educativa para ayudarnos a determinar el mejor método para ayudar a su hijo/a en el salón de clase.

Para conducir esta evaluación, necesitamos su consentimiento por escrito. Por favor indique si aprueba o no aprueba de dicha evaluación y regrese la copia de color blanco al maestro de su hijo/a. La copia de color amarillo es para sus archivos.

Si tiene alguna pregunta sobre esta evaluación, por favor llámeme al 545-3000.

Katherine Weyker
(Coordinador 504 o Designado)

Por favor firme con iniciales su opción:

 [ ]  **Doy** permiso para se haga una evaluación psicológica educativa

 [ ]  **NO** doy permiso para que se haga una evaluación psicológica educativa

 (Firma del Padre/Tutor) (Fecha)

Copias: Padre, Expediente del estudiante, Coordinador 504

**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**iv. NOTICE OF PARENT/STUDENT EDUCATIONAL RIGHTS**

**UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973**

If it is determined that your child has a physical or mental impairment that substantially limits a major life activity, your child is considered disabled under Section 504 of the Rehabilitation Act of 1973. When making this determination, the ameliorative effects of mitigating measures (such as medication, assistive technology, etc.) will not be considered, and the fact that an impairment is episodic or in remission will not preclude the existence of a disability, if the impairment would substantially limit a major life activity when active. However, the ameliorative effects of mitigating measures or remission

of a condition may be considered in determining whether your child needs instructional or other appropriate accommodations within the school environment in order to have equal access to the educational program. In addition, if your child does not have a disability but has a record of a disability or is considered disabled by school personnel, your child is protected from discrimination under Section 504 but may not be considered currently disabled or in need of accommodations. If your child is disabled, or you believe that your child is disabled or has been discriminated against, you are entitled to certain rights. This notice is designed to provide you with information about those rights.

Under Section 504, you have the right to -

1. Have your child participate in all school activities without discrimination solely on the basis of disability;

2. Have your child educated in facilities and receive services that are comparable to those provided to non-disabled students;

3. Have your child receive a free appropriate public education (F APE) which consists of regular or special education and related services designed to meet the educational needs of your child. If it is determined that your child is eligible for special education, those services will be provided under the Individuals with Disabilities Education Act (IDEA) through an Individualized Education Plan (lEP);

4. With respect to the provision of educational services:

a. Notice with respect to actions regarding the identification/eligibility, evaluation or educational placement to your child;

b. Access to all records relevant to decisions concerning identification/eligibility, evaluation or educational placement of your child;

c. The right to challenge any action regarding the identification/eligibility, evaluation or educational placement of your child by requesting mediation or an impartial hearing or, in the alternative, filing a grievance with the School District's Section 504 Coordinator listed below;

d. The right to attend any hearing requested;

e. The right to be represented by counsel if a hearing is requested; and

f. The right to have any decision made at a hearing reviewed.

The procedures and forms for the initiation of an impartial hearing regarding the identification, evaluation or educational placement of your child are generally the same as those for students with disabilities under the Individuals with Disabilities Education Act (IDEA) and may be obtained from the School District's Section 504 Coordinator listed below.

5. With respect to complaints of discrimination that do not relate to the identification/eligibility, evaluation or educational placement of your child, you have the right to file a local grievance with the school system in accordance with its grievance procedures. Procedures and forms for the initiation of an informal grievance may be obtained from the School District's Section 504 Coordinator listed below.

6. With respect to complaints of discrimination based upon a record of a disability or the fact that school personnel are treating your child as disabled, you have the right to file a local grievance with the school system in accordance with its grievance procedures. Procedures and forms for the initiation of an informal grievance may be obtained from the School District's Section 504 Coordinator listed below.

The Section 504 Coordinator for the Sunnyside Unified School District is the Assistant Superintendent for Student Services, at 520-545-2065.

If you have any questions or concerns, contact the school’s 504 coordinator at: 545-3048

**Distrito Escolar Unificado de Sunnyside**

**iv. Derechos Educativos de los Padres/Estudiantes**

**Bajo la Sección 504**

Si se determina que su hijo tiene una discapacidad física o mental que limita considerablemente una actividad principal de vida, su hijo es considerado discapacitado bajo la Sección 504 de la Ley de Rehabilitación de 1973. Al hacer esta determinación, no se considerará los efectos paliativos de mitigación las medidas (como medicamentos, ayuda tecnológica, etc.) y el hecho de que una deficiencia es episódica o en remisión no impedirá la existencia de una discapacidad si el deterioro limita sustancialmente una actividad importante de vida cuando está activo. Sin embargo los efectos de mitigar las medidas o remisión de una enfermedad pueden ser considerados para determinar si su hijo necesita adaptaciones apropiadas de instrucción o de otra índole en el ámbito escolar con el fin de tener igualdad de acceso al programa educación. Además, si su hijo no tiene una discapacidad, pero tiene un historial de una discapacidad o se considera discapacitado por el personal de la escuela, su niño está protegido de discriminación bajo la Sección 504 pero no es considerado discapacitado actualmente o en necesidad de modificaciones. Si su hijo está discapacitado o usted piensa que su hijo está discapacitado o lo han discriminado, usted tiene ciertos derechos. Este anuncio está diseñado para proporcionarle información acerca de esos derechos.

Bajo la Sección 504 usted tiene el derecho a:

1. Que su hijo participe en todas las actividades de la escuela sin discriminación alguna fundada en motivos de discapacidad.
2. Que su hijo sea educado en instalaciones escolares y recibir servicios comparables a los que se le proporcionan a un estudiante sin discapacidades;
3. Que su hijo reciba educación pública gratis (FAPE) (por sus siglas en inglés) que consisten de educación regular o especial y servicios relacionados designados a cumplir con las necesidades educativas de su hijo. Si es determinado que su hijo califica para educación especial, esos servicios serán proporcionados bajo la Ley de Educación para Personas con Discapacidades (IDEA) (por sus siglas en inglés) a través del Plan Educativo Individual (IEP)l
4. Con respecto a las provisiones de servicios educativos:
5. Notificación de las acciones sobre la identificación/elegibilidad, evaluación o colocación educativa de su hijo;
6. Acceso a todos los registros relativos a la decisiones sobre la identificación/elegibilidad, evaluación o colocación educativa de su hijo;
7. El derecho de impugnar cualquier acción con respecto a la identificación/elegibilidad, evaluación o colocación educativa de su hijo, solicitando una audiencia imparcial o mediación o como alternativa, presentar una queja con el coordinador de la Sección 504 del distrito que se anota a continuación:
8. El derecho de asistir a cualquier audiencia solicitada;
9. El derecho de ser representado por un abogado si una audiencia es solicitada; y
10. El derecho de repasar cualquier decisión tomada en la audiencia.

Los procedimientos y formularios para la iniciación de una audiencia imparcial con respecto a la identificación/elegibilidad, evaluación o colocación educativa de su hijo generalmente son los mismos que para los estudiantes con discapacidades bajo la Ley de Educación para Personas con Discapacidades (IDEA) y pueden obtenerse con el Coordinador de la Sección 504 del Distrito.

1. Con respecto a las denuncias de discriminación que no se refieren a la identificación/elegibilidad, evaluación o colocación educativa de su hijo, usted tiene el derecho a presentar una queja con el sistema escolar en conformidad con los

procedimientos. Los procedimientos y formularios para la iniciación de una queja informal se pueden obtener con la Coordinadora de la Sección 504 del distrito.

1. Con respecto a las denuncias de discriminación basadas en un registro de una discapacidad o el hecho de que el personal de la escuela está tratando a su hijo como deshabilitado, tiene el derecho a presentar una queja con el sistema escolar en conformidad con sus procedimientos de queja. Los procedimientos y formularios para la iniciación de una queja informal se pueden obtener con la Coordinadora de la Sección 504 del distrito.

El Coordinador de la Sección 504 para el Distrito Escolar Unificado de Sunnyside es el/la Superintendente Auxiliar de Servicios Escolares al número de teléfono 545-2065.

Si tiene alguna pregunta o preocupación, comuníquese con el/la coordinador (a) de su escuela al: 545-3000



 **v. Parent/Guardian Invitation to Attend**

**Section 504 Eligibility Meeting**

Student name:      Student #:

School: Gallego Primary Grade:      Date:

Dear Parent/Guardian:

You are invited to attend a Section 504 Eligibility meeting to discuss your child’s evaluation. The purpose of this meeting is to determine if your child’s disability makes him/her eligible to receive accommodations under Section 504, so that he/she can have access to and receive an appropriate education. If you have any questions, please contact me.

Katherine Weyker 545-3048

(504 Coordinator) Telephone Number

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

You are encouraged to attend this meeting. Please see below for meeting details:

Date:       Time:       Location:

Please mark the appropriate statement below and return this form to your son/daughter’s teacher.

[ ]  Yes, I will attend the 504 Eligibility Meeting

[ ]  No, I cannot attend the meeting at the time shown above. I would like to

 reschedule. I can be reached at the following number:

[ ]  No, I will NOT attend the meeting. I understand the meeting will be held without me, and the results will be shared with me at another time.

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

Signature of Parent/Guardian Date

Copy: Parent/Guardian, Student Cumulative file, 504 Coordinator



v. Invitación para los Padres para asistir una junta

para Elegibilidad bajo la Sección 504

Nombre del estudiante:      # de identificación:

Escuela:Gallego Primary Fecha:      Grado:

Estimados Padres de Familia/Tutores:

Están invitados a asistir a una junta para Elegibilidad bajo la Sección 504 para hablar sobre la evaluación de su hijo/a. El propósito para esta junta es para determinar si la discapacidad de su hijo/a lo hace elegible para recibir servicios bajo la Sección 504 para que él/ella se beneficie de dichos servicios y reciba la educación apropiada.

Les animamos a que asista ésta junta. La junta está programada para el:

Fecha:       Hora:       Lugar:
Por favor marque la declaración apropiada abajo y regrese la copia de color blanco al maestro de su hijo/a.

[ ]  Sí asistiré a la junta para Elegibilidad 504

[ ]  No puedo asistir en la fecha indicada. Quisiera cambiar la cita. Puede comunicarse conmigo al número siguiente:

[ ]  No puedo asistir a la cita. Entiendo que la junta se llevará a cabo sin mi presencia y los resultados me los darán en otra ocasión.

 (Firma del Padre/Tutor) (Fecha)

Si tiene alguna pregunta, por favor comuníquese conmigo al

Katherine Weyker 545-3000

 (Coordinador 504) (Fecha)

Copias: Padre, Expediente del estudiante, Coordinador 504

**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**vi. SECTION 504 ELIGIBILITY DETERMINATION FORM**

Student Name:       Student #:

School: Gallego Primary Grade:       Date:

**Eligibility**: Based on the evaluation data gathered from a variety of sources, the Section 504 Team answered the following questions to determine 504 Eligibility.

1. **Does the student have a physical or mental impairment?** **[ ]  Yes** **[ ]  No**

 **If Yes, check the impairment.**

The Section 504 regulations define a “physical or mental impairment” as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

[ ]  neurological [ ]  musculoskeletal [ ]  sensory processes [ ]  respiratory [ ]  speech organs [ ]  cardiovascular [ ]  reproductive [ ]  genital-urinary [ ]  digestive [ ]  hemic & lymphatic [ ]  skin or endocrine

OR any mental or psychological disorder such as:

[ ]  mental retardation [ ]  organic brain syndrome [ ]  emotional illness [ ]  mental illness

[ ]  specific learning disabilities or [ ]  other

**What is the evidence of the impairment?**

2. **Does the physical or mental impairment affect one or more major life activities?** **[ ]  Yes** **[ ]  No**

**If yes, which major activities are affected?**

To be eligible within protection of Section 504, a student’s physical or mental impairment must have substantial limitation (permanent or temporary) on one or more major life activities:

[ ]  caring for oneself [ ]  performing manual tasks [ ]  walking [ ]  seeing

[ ]  hearing [ ]  speaking [ ]  breathing [ ]  learning [ ]  working

**What is the evidence of the substantial limitation?**

3. Does the physical or mental impairment substantially limit a major life activity that is due to a physical or mental impairment? Or is 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 a student of the same age/grade level in the general population can perform that same major life activity?

 **[ ]  Yes** **[ ]  No**

Use the following questions only to support the 504 Team’s determination of a **substantial** limitation. Mark those that apply.

[ ]  On District outcome assessments, are the student’s skills markedly below average over

 a period of time?

[ ]  On grade reports, is there an overall pattern of poor grades significantly below
 average---D’s and F’s?

[ ]  Has the student received disciplinary action for inappropriate behaviors?

[ ]  Does the student have special health care needs (e.g., medication, allergies, etc.) during

 class activities, including lunch?

[ ]  Does the student have a pattern of excessive absences and/or tardies?

[ ]  Other

**If all three questions were answered with a “Yes,” the student is eligible for a free, appropriate, public education (FAPE) under Section 504, and the 504 Accommodation Plan should be developed. If any of the questions are answered with a “No,” the student is NOT eligible for 504.**

4.      **Other** (optional) The 504 Team has NOT identified this student as eligible for a 504 Accommodation Plan.

 However, the team recognizes that this student may be struggling and suggests the following interventions:

**Sources of data**: (Check the type of data obtained for the evaluation. All data obtained must be carefully considered)

[ ]  Grades [ ]  Parent report [ ]  Teacher(s) reports [ ]  School records
[ ]  Medical reports [ ]  Individual achievement tests [ ]  Work samples [ ]  Group achievement tests [ ]  Psycho-educational eval.

[ ]  Other

**Team of Evaluators:**

**Name** **Title** **Agree Disagree**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor/ 504 Coor. [x]  [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      [ ]  [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      [ ]  [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      [ ]  [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      [ ]  [ ]

Copy: Parent, Student’s Cumulative File, 504 Coordinator



 **vii. Parent/Guardian Notice**

**Section 504 Eligibility or Non-Eligibility Determination**

Student name:       Student #:

School: Gallego Primary Grade:       Date:

Dear

 (Parent/Guardian)

On       (date), an evaluation team met to determine whether your son/daughter has a qualifying disability under Section 504 of the Rehabilitation Act of 1973. Based on the team’s review of all the information collected, the evaluation team determined that -

[ ]  Your son/daughter has a qualifying disability under Section 504 and requires

 an accommodation plan to ensure he/she receives an appropriate education. If

 you were not able to attend the review meeting, a copy of the 504 Accommodation Plan is enclosed for your review.

[ ]  Your son/daughter does NOT have a disability or condition that meets the definition of a qualifying disability under Section 504. Therefore, the District cannot provide accommodations under Section 504.

Enclosed is a copy of the Section 504 Parent/Student Educational Rights. This document summarizes your rights and the rights of your son/daughter under Section 504.

If you have any questions or would like to schedule a meeting, please contact me.

Katherine Weyker

(504 Coordinator) Date

Copy: Parent, Student’s Cumulative File, 504 Coordinator



**vii. Notificación para los padres: Determinación para Elegibilidad o No Elegibilidad**

**bajo la Sección 504**

Nombre del estudiante:      Número de Identificación:

Escuela:Gallego Primary Fecha:       Grado:

Estimado:

 (Padre/Tutor)

El      (fecha), un equipo para evaluación se reunió para determinar si su hijo tiene una discapacidad calificativa bajo la Sección 504 del Acta de Rehabilitación 1973. De acuerdo con la revisión de información colectada, el equipo de revisión determinó que:

[ ]  Su hijo tiene una discapacidad calificativa bajo la Sección 504 del Acta de Rehabilitación 1973 y requiere un plan de servicio para asegurar que él/ella reciba la educación apropiada. Si no pudo asistir a la junta, una copia del plan de servicios esta incluida.

[ ]  Su hijo NO tiene una discapacidad o condición que satisface con la definición de una discapacidad calificativa bajo la Sección 504. Por lo tanto, el distrito no puede proveer servicios bajo la Sección 504.

Por favor comuníquese conmigo si tiene alguna pregunta. Adjunto está una copia de la Derechos Educativos para Padres/Estudiantes, bajo la Sección 504. Este documento resume sus derechos y los derechos de su hijo bajo la Sección 504. Si no encontró el documento sobre los derechos de los padres adjunto o necesita otra copia, por favor contácteme.

Si tiene alguna pregunta o quisiera programar una junta, por favor no resista en comunicarse conmigo.

Katherine Weyker

 545-3000

 (Coordinador 504) (Teléfono)

Copias: Padres, Expediente del estudiante, Coordinador 504

**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**viii. SECTION 504 ACCOMMODATION PLAN**

Student Name:       Student #:

Date:       Date of Birth:      School: Gallego Primary Grade:

Telephone #:

**1. PHYSICAL ARRANGEMENT OF THE ROOM**

 A. Seating student near the teacher

 B. Seating student near a positive role model

 C. Standing near the student when giving directions or presenting lessons

 D. Avoiding distracting stimuli (e.g. air conditioner, high traffic area, etc.)

 E. Increasing the distance between the desks

 F. Additional adaptations or modifications:

**2. LESSON PRESENTATION**

 A. Providing visual aids

 B. Making sure directions are understood

 C. Including a variety of activities during each lesson

 D. Breaking longer presentations into shorter segments

 E. Having student review key points orally

 F. Teaching through multi-sensory modalities

 G. Additional adaptations or modifications:

3. **ASSIGNMENT/WORKSHEETS**

 A. Giving extra time to complete tasks

 B. Simplifying complex directions

 C. Providing a structured routine in writing form

 D. Providing study skills training/learning strategies

 E. Giving frequent short quizzes and avoiding long tests

 F. Shortening assignments; breaking work into smaller segments

**504 Accommodation Plan, page 2**

 G. Reducing homework

 H. Additional adaptations or modifications:

**4. TEST TAKING**

 A. Giving take-home tests

 B. Giving frequent, short quizzes, not long exams

 C. Allowing extra time for exams

 D. Reading test item to student

 E. Additional adaptations or modifications:

**5. ORGANIZATION**

 A. Sending daily/weekly progress reports home

 B. Developing a reward system for in-school work and homework

 completion

 C. Additional adaptations or modifications:

**6. BEHAVIORS**

 A. Praising specific behaviors

 B. Teaching self-monitoring strategies

 C. Giving extra privileges and/or rewards

 D. Keeping classroom rules simple and clear

 E. Allowing for short breaks between assignments

 F. Non-verbal cueing to help student stay on task

 G. Implementing a classroom behavior management system

 H. Ignoring inappropriate behaviors not drastically outside classroom

 Limits

 I. Allowing legitimate movement

 J. Additional adaptations or modifications

**7. OTHER ACCOMMODATIONS:**

Copy: Parent, Student’s Cumulative file, 504 Coordinator

**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**504 ACCOMMODATION FORM SUMMARY (OPTIONAL)**

Student Name:       Student #:

Date:       Date of Birth:      School:       Grade:

Telephone #:

Copy: Parent, Student’s Cumulative file, 504 Coordinator

**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**ix. Acknowledgement of Receipt of Student’s Accommodation Plan**

Student:       School: Gallego Primary

Grade:       Date of Plan:

The following individuals acknowledge that they have received a copy of this student’s Section 504 Accommodation Plan and are familiar with its contents. These individuals further acknowledge that they understand their responsibilities for following the plan, pursuant to Section 504 of the Rehabilitation Act of 1973.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (print)** | **Signature** | **Title** | **Date** |
|  |  |  |  |
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 **x. Parent/Guardian Invitation**

**Section 504 Review Meeting**

Date:

Dear Parent/Guardian:

      currently has a 504 Accommodation

 (Student name)

Plan in place. We would like to review this plan with you. We want you to be a part of this process. We have scheduled a meeting; please see the details below:

Meeting date:       Time:       Location:

Please let us know if you will be able to attend the review meeting by marking next to one of the statements below. Please sign the form and return it to your son/daughter’s teacher. Thank you for your help and support.

[ ]  Yes, I will come to the 504 Review Meeting.

[ ]  No, I cannot attend the meeting at the designated time, but I would like to reschedule. Please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to arrange a time when I

 be present.

[ ]  No, I will NOT attend the meeting. I understand the meeting will be held without me, and that I will be contacted about the results.

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

Signature of Parent/Guardian Date

Copy: Parent, Student Cumulative file, 504 Coordinator



 **x. Invitación para los padres para asistir una junta**

**de Revisión bajo la Sección 504**

Fecha:

Estimado Padre/Tutor:

Su hijo(a)      actualmente tiene un plan de servicios bajo la Sección 504. Quisiéramos revisar el plan de su hijo/a con usted. Queremos que usted sea parte de este proceso. La junta será:

 Fecha:      Hora:

 Lugar:

Por favor déjenos saber si podrá asistir a la junta de revisión marcando la caja apropiada abajo y devuelva esta forma al profesor de su estudiante. Gracias por su ayuda.

[ ]  Si asistiré a la junta para revisión 504.

[ ]  No puedo asistir a la junta para revisión 504. Entiendo que la junta se llevará a cabo sin mi presencia y estarán en contacto conmigo para darme los resultados.

[ ]  No puedo asistir a la hora indicada pero me gustaría asistir a la junta. Por favor llámeme al número      para hacer arreglos para poder estar presente.

Firma del Padre/Tutor Fecha

Copias: Padre, Expediente del estudiante, Coordinador 504

**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**xi. SECTION 504 REVIEW MEETING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name | Sex | Date of Birth | School | Grade | Ethnicity |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
| Parent/Guardian Name | Parent/Guardian Address | Home Phone: |   |
|   |  | Work Phone: |
|   |
|
| Primary Language of Home: | Language of Instruction | Duration of 504 Plan |
|   |   | From:  | To: |
|  |   |
|   |   |
| Date of Meeting: | Reason for Meeting: ( ) Initial 504 Plan ( ) Annual 504 Review |
|   | ( ) 504 Addendum ( ) Manifestation Determination ( ) Other  |
|   |  |  |  |  |   |
| Summary of Conference Discussion (please attach additional page(s) if necessary) |
|  |
|
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|
|
|
| Attendance |
| The following persons, as indicated by their signatures, participated in this conference |
| and/or in the development of the 504 Accommodation Plan. |
|   |
| Signature | Title | Date (Month/Day/Year) |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
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A copy of the 504 Accommodation Plan and a copy of the 504 Parent/Student Educational Rights form were given to the parent/guardian by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name & title) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**xii. MANIFESTATION DETERMINATION REVIEW**

Page 1 of 3

This form should be used whenever a disciplinary violation has resulted in the possibility of a long-term suspension. The 504 Team must convene with the parent to complete this form, to determine if the student’s actions were a manifestation of his/her disability. If it is determined that the actions were not a manifestation of the disability, the 504 student may have the same disciplinary action as that of any other non-disabled student. A copy of this form is to be placed in the student’s cumulative file.

Si necesita recibir este aviso en otro idioma o que sea comunicado de otra manera, o si tiene preguntas acerca de este aviso, favor de comunicarse con       al      .

Student name       Student #      Date

1. **SUMMARY OF INFORMATION CONSIDERED**

A. Description of behavior subject to disciplinary action

B. In terms of the behavior described above, document consideration of the following:

1. Evaluation and diagnostic results, including the results or other relevant information supplied by the parent of the student.

1. Observations of the student

**MANIFESTATION DETERMINATION REVIEW**

Page 2 of 3

1. Review of the student’s 504 Plan

1. **DETERMINATION**

A. In terms of the behavior subject to disciplinary action, document the following:

1. Is the student’s 504 plan appropriate? [ ]  Yes [ ]  No

Discussion:

2. Have the accommodations in the 504 plan been consistently implemented by all staff involved with the student? [ ]  Yes [ ]  No—the plan must be revised

Discussion:

NOTE: If the answers to A1 or A2 above are “NO,” it will be necessary to review and revise the 504 plan.

B. Does the student’s disability impair the ability of the student to understand the impact and consequences of the behavior subject to the disciplinary action?

Discussion:

**MANIFESTATION DETERMINATION REVIEW**

Page 3 of 3

C. Does the student’s disability impair the ability of the student to control the behavior subject to the disciplinary action? [ ]  Yes [ ]  No

Discussion:

**III. SUMMARY**

Is the behavior subject to disciplinary action a manifestation of the student’s disability?

[ ]  Yes [ ]  No

If YES, the 504 plan MUST be reviewed and revised.

If NO, disciplinary action may be imposed, as with any non-disabled student.

**504 Team Signatures**

Name Title

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**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**xiii. STEPS IN THE PARENT COMPLAINT PROCESS**

The parent/guardian receives this information along with the Parent Complaint Letter form.

**Step 1:** The parent completes the Parent Complaint Letter form.

and gives it to the 504 Coordinator at the student’s school.

**Step 2:** The 504 Coordinator will submit the Parent Complaint Letter to the District 504 Coordinator, who is the Assistant Superintendent for Student Services.

**Step 3:** The District 504 Coordinator or designee will meet with the parent to hear the parent’s concerns.

**Step 4:** If mediation is not desired or is unsuccessful, the District 504 Coordinator will promptly refer the complaint for a due process hearing, conducted by an impartial hearing officer.

* The hearing officer selected by the District 504 Coordinator must have knowledge of Section 504, and must not be an employee of the District.
* The District-appointed hearing officer will schedule a due process hearing, to occur as soon as practical for the parent and the District.
* The hearing officer will render a written decision with findings of fact and conclusions of law, within five business days after the conclusion of the hearing. The parent may be represented by legal counsel at the hearing.
* The written decision of the hearing officer will advise the parent that he/she may file a complaint with the Office of Civil Rights (OCR) of the U.S. Department of Education.

**SUNNYSIDE UNIFIED SCHOOL DISTRICT**

**xiv. Section 504 Parent Complaint Letter**

**Please submit this letter to the school administrator or Section 504 Coordinator.**

This complaint is on behalf of

The complainant is [ ]  The student [ ]  The student’s parents [ ]  Other:

Address:

City:       State:       Zip Code:

Telephone: Home       Work       Cell

1. Describe the alleged violation of Section 504 in specific terms. Please include
* The specific incident or activity that is viewed as discrimination:
* The individual involved:
* The dates, times, and locations involved;
* The disability that forms the basis of the complaint (attach additional pages as needed)
1. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication and the names of the individuals with whom any communication has occurred.
2. Please describe how you propose the issue to be resolved.
3. Do you wish this complaint to be mediated by the District 504 Coordinator? [ ]  Yes [ ]  No
4. Do you wish this complaint to be referred for a due process hearing? A due process hearing is conducted by an impartial hearing officer appointed by the District. You may be represented by legal counsel. [ ]  Yes [ ]  No

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

Signature of Complainant Date

**DISTRITO ESCOLAR UNIFICADO DE SUNNYSIDE**

**Procedimientos para quejas o preocupaciones de los Padres**

1. La mayoría de las preocupaciones de los padres se pueden resolver directamente en la escuela. Por lo tanto, el primer paso para resolver una queja debe incluir al director escolar y al Coordinador 504; ellos deben trabajar con los padres para encontrar soluciones mutuamente aceptables.
2. Si lo problemas no se pueden resolver de manera informal, los padres pueden solicitar una resolución formal de acuerdo con el proceso de quejas del Distrito. El proceso de quejas se delinea en el formulario de notificación de los Derechos Educativos del Padre/Estudiante.
3. El director de la escuela o el coordinador 504 deben proporcionar a los padres una copia del proceso de resolución de quejas y el formulario de quejas 504 (consulte el apéndice).
4. Los siguientes pasos del proceso de quejas se llevarán a cabo:
* Los padres llenan y presentan la carta al Coordinador 504 del distrito.
* El Coordinador 504 del distrito o individuo designado se reunirá con los padres para hablar sobre las preocupaciones presentadas.
* Si los padres no desean acudir al proceso de mediación o no quedaron satisfechos, el Coordinador 504 del distrito inmediatamente remitirá la queja para una audiencia del proceso debido, realizada por un oficial de audiencia imparcial. El oficial de la audiencia seleccionado por el Coordinador 504 del distrito debe tener conocimiento de las leyes bajo la Sección 504, y no debe ser un empleado del Distrito.
* El oficial de la audiencia designado por el Distrito programará una audiencia del proceso debido tan pronto como sea posible para los padres y el distrito. El oficial de la audiencia rendirá una decisión por escrito con las conclusiones de los hechos y de derecho dentro de los cinco días hábiles después de la celebración de audiencia. Los padres pueden ser representados por un abogado en la audiencia.
* La decisión por escrita del oficial de la audiencia le aconsejará a los padres que ellos pueden presentar una queja ante la Oficina de Derechos Civiles (OCR) (por sus siglas en inglés) del Departamento de Educación de EE.UU.

**Distrito Escolar Unificado de Sunnyside**

Motivo de queja bajo Sección 504

xiv. Información para los padres de familia

**Por favor presente esta carta al administrador de la escuela o al Coordinador 504**

Esta queja está a nombre de

La queja es sobre:

[ ]  El estudiante [ ]  Los padres del estudiante [ ]  Otro

Domicilio:

Cuidad:       Estado       Código Postal

Teléfono: Casa       Trabajo

1. Describa la supuesta violación de la Sección 504 in términos específicos. Por favor incluya:
	* El incidente especifico o actividad que es visto como discriminación:
	* Los individuos involucrados
	* Fechas, horas, y local
	* La discapacidad que es la base de la queja (agregue hojas adicionales si es necesario)
2. Describa cualquier comunicación pertinente que ya ha ocurrido para arreglar este asunto. Por favor especifique el tipo de comunicación y los nombres de los individuos con quienes se haya comunicado.
3. Por favor describa cómo usted quisiera que este asunto se resuelva.
4. ¿Desea que el Coordinador 504 sea el mediador en esta queja? SI [ ]  NO [ ]
5. ¿Desea que esta queja sea enviada para una audiencia del proceso legal? Una audiencia del proceso legal es conducida por un oficial imparcial apuntando por el Distrito. Usted puede ser representado por un abogado. SI [ ]  NO [ ]

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

Firma del individuo poniendo la queja Fecha