

Oak Park Elementary School District 97



2018-2019 Section 504 of the Rehabilitation Act of 1973 Parent Information

The purpose of this memorandum is to provide parents an overview of what Section 504 is and of the process and services in Oak Park Elementary School District 97. While attempting to establish and ensure compliance with the law, this document cannot, of course, answer every question or address every situation. You are encouraged to contact your child's Section 504 Coordinator at your school or Dr. Felicia Starks Turner (District Section 504 Administrator) if you have any questions or concerns.

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Section 504 Section Overview

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

No otherwise qualifies 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 U.S.C. § 794

Section 504 is based on the principle that students with disabilities shall not be denied access to educational facilities, programs and opportunities on the basis of their disability. Section 504 guarantees the right to full participation and access to a free and appropriate public education (FAPE). FAPE is documented on a Section 504 Plan identifying the services and/or accommodations that are necessary for the student to access instruction and participation in educational and school-sponsored extracurricular activities. A diagnosis of a physical or mental impairment does not, in and of itself, determine edibility under Section 504.

The purpose of a Section 504 Plan is to level the playing field between disabled and non-disabled students. A student may be found eligible under Section 504 to be regarded as having a disability but not be eligible for 504 services and/or accommodations because no services or accommodations are necessary for the student to receive FAPE. Therefore, if a student qualifies for services and/or accommodations, the accommodations and services should be provided to allow the student to access the educational programs in a similar manner to his/her non-disabled peers.

Section 504 covers individuals with a *disability** that *substantially limits a major life activity****. A student may be eligible under Section 504 even if the students' disability or condition is controlled or mitigated by medication, cochlear implants or hearing aids, prosthetic devices, wheelchairs, etc. (does not include eyeglasses or contacts).

**Disability:* Under Section 504, an individual with a disability is defined as a person who: (1) has a physical or mental impairment that substantially limits a major life activity; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. The determination of whether a student has a physical or mental impairment that substantially limits a major life activity (and therefore has a disability) must be made on a case by case basis.

***Substantial Limitation:* This determination is made on a case by case basis

****Major Life Activity:* A major life activity includes: walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks; standing, lifting, bending, reading, concentrating, thinking, communicating and working.

504 vs. IDEA

Because of the different requirements between Section 504 and IDEA, some individuals who are not eligible for special education under IDEA may qualify under Section 504 as having a disability and require accommodations and/or services (a Section 504 Plan). There may also be students who have a disability according to both definitions but do not require special education accommodations or services.

In order for children with disabilities to receive services, they must be identified and then determined to be eligible for these services. IDEA requires school districts to actively identify and evaluate all students suspected of having a disability, and to develop, according to specific standards, an individualized education program ("IEP") for each eligible student with disabilities. Section 504 likewise requires school districts to provide a free, appropriate public education but does not contain detailed requirements regarding development and contents of Accommodation Plans under Section 504 as IDEA does for IEP's.

The Section 504 Process

The 504 process consists of four steps: (1) Referral; (2) Evaluation; (3) Eligibility Determination; and (4) the Section 504 Plan.

The referral to the school can be made from a parent or staff member by contacting the building's Section 504 Coordinator. Referral forms can be found online at Section 504 Handbook or from the building Section 504 Coordinator. The referral should be considered by the building level support team. If the team determines that an evaluation is not necessary, the parent will be advised and given the reasons for the decision not to conduct an evaluation within 14 school days of the

parent's request for an evaluation. If the team determines that an evaluation is appropriate, the authorized administrator will complete the Parent/Guardian Consent for Section 504 Assessment and Procedural Safeguards and will provide it to the parents. Upon receipt of the Parent/Guardian Consent Form for Assessment by the Section 504 Coordinator, the School will complete an assessment to determine if the student is eligible under Section 504 and, if necessary, the development of a Section 504 Plan pursuant to Section 504 within 60 school days. As part of the evaluation, appropriate staff will be given the Teacher Input Form to complete. The Section 504 Team will review the students' existing school records, classroom observations, prior testing, grades, standardized test scores, medical reports, information provided by the parent/guardian, and other data. The student should have a diagnosis or opinion from some expert in the field indicating that he/she has a physical or mental impairment. Parents will then be sent the Parental Notice of Section 504 Conference Form.

Documentation

The specification of physical or mental impairment requires an individual assessment using test(s) that are validated for the specific purpose for which they are used and the diagnosis must be made by a qualified professional with credentials appropriate to the disability. Assessments and diagnosis must ordinarily be current within a one year period of a referral for Section 504. The results of an outside independent evaluation may be one of many sources used to determine eligibility and/or establish an educational plan but does not, by itself, necessarily establish eligibility for a Section 504 Plan.

The 504 committee will use a variety of sources in the evaluation process. All significant factors related to the student's impairment and its impact on a major life activity must be considered. These sources and factors include aptitude and achievement tests, teacher input/recommendations, physical condition, social and cultural background, parent input/recommendations, student input, and adaptive behavior, among others. Information from all sources must be documented and considered by knowledgeable committee members. The weight of the information is determined by the committee given the student's individual circumstances. No single document or medical diagnosis is determinative of eligibility or any particular type or level of service.

The 504 team must fully and accurately complete the attached Section 504 Committee Report Form.

504 Committee

The 504 committee, which determines consists of the following:

- Section 504 Coordinator *(School Nurse, Assistant Principal, or Student Support Specialist)
- Classroom teacher (s)
- Parent(s)/Guardian(s)
- Principal (as necessary)
- School Nurse *(as necessary)
- Assistant Principal *(as necessary)
- Student Support Specialist *(as necessary)
 - Other school personnel (including Occupational Therapists, Speech Therapists, and Social Workers as necessary)
 - Non-school Professionals (evaluators, physicians, therapists, etc.) as requested by parents (if the parents plan to have their legal counsel attend any school meeting, sufficient notice should be given to the 504 Administrator in order to arrange for the attendance of the school's legal counsel. No meeting will occur with only the parent's legal counsel present.)

Eligibility Determination Meeting

The mere fact that a student has a "record of" or is "regarded as" disabled is insufficient, in itself, to trigger protection under Section 504. The central and most controlling consideration is whether the specified impairment substantially limits the specified major life activity within the school environment.

To be protected under Section 504, a student must be determined to 1) have a physical or mental impairment that substantially limits one or more major life activities, 2) have a record of such an impairment, or 3) be regarded as having such an impairment.

Access NOT Advantage: Section 504 is not designed to improve grades, raise test scores, or reduce homework responsibilities. A student can be eligible under Section 504 as having a disability but not be eligible for 504 services and/or accommodations because no services or accommodations are necessary for the student to receive FAPE. The student would still be entitled to the procedural protections arising from eligibility (i.e., manifestation determination, procedural safeguards, and periodic reevaluation). Additionally, should the need for a 504 to be developed, the team would need to

reconvene and develop an appropriate 504 Plan.

If the student is found eligible under Section 504 and requires services and/or accommodations, a Section 504 Plan will be developed. The purpose of the services and/or accommodations is to level the playing field between disabled and non-disabled students and, therefore, the accommodations and services should be provided to allow the student to access the educational program in a similar manner to his/her non-disabled peers.

Section 504 Plan

Once a student is declared eligible by the Section 504 team and the team determines that accommodations and/or services are necessary, the 504 team will then decide what r e a s o n a b l e services and/or accommodations the school will provide the student. Accommodations address areas where the disability substantially limits the student's ability to function in the school setting. Possible accommodations may include but are not limited to:

- Extended time for classroom and/or standardized tests and quizzes
- Preferential seating in classroom, standardized testing situations, or school assemblies
- "Stop the Clock" during testing
- Breaks during testing or class
- Limited extension of due dates of homework and other assignments
- Modified homework assignments when possible
- Long-term assignments divided into smaller segments with staggered deadlines
- Snacks available during testing or class (diabetic students)
- Visual organizer
- Check for student understanding
- Alternative testing locations for classroom and/or standardized tests and quizzes

If a parent, student, or teacher thinks that the 504 Plan needs to be subsequently reviewed or modified, the Section 504 Coordinator should be contacted in order to request a 504 review meeting. This review may be requested at any time. The 504 Coordinator will then consider the request and determine whether to honor or deny the request. If the request is denied, reasons will be provided, in writing.

Annual meetings will be held every school year beginning with student's initial eligibility meeting to review the student's 504 plan, accommodations, modifications and services. Follow-up on whether such accommodations and/or services are successful, unsuccessful, or no longer necessary will be reviewed and necessary changes will be made to the Section 504 Plan. If you have any questions about when this will be, please contact the 504 Coordinator.

Parent's and Student's Rights

Parents/Guardians are entitled to the Procedural Safeguards set forth in the attached Procedural Safeguards Form.

Case Manager Responsibilities - Each student on a Section 504 Plan shall have a Case Manager assigned who has the following responsibilities:

- Inform teachers, and others as determined at the 504 meeting, of the contents of the 504 Plan
- Assist the student and teachers with implementation of the accommodations
- Distribute 504 Plan to all teachers as determined at the 504 meeting
- Notify 504 Coordinator if assistance is needed in implementation of 504 accommodations
- Notify 504 Coordinator if changes need to be made to 504 Plan

Teacher Responsibilities

- General education teachers implement the provisions of Section 504 educational plans when those plans govern the teachers' treatment of students for whom they are responsible.
- Provide input by completing Teacher Input forms as provided by the school or outside evaluators as requested by the parents.
- Keep student, parents, principal and staff informed of the student's classroom performance. The teacher should contact the Case Manager when he/she feels the educational plan needs to be reviewed and/or revised.

Parent Responsibilities

- Play an active role in your child's Section 504 Plan and understand the plan. Communicate any questions or concerns you may have about your child's progress or 504 Plan.
- Keep careful records. This should include any written documentation you have obtained, private evaluation

reports, communication between home and school, progress reports, etc. Keep these records well organized and in one place, they may be very useful.

- Provide acceptable documentation (as described in the **Documentation** section) for eligibility determination process.
- Inform case manager and nurse of any changes to the health of your child- including a change of medication.
- Understand your child's diagnosis of a medical condition, how it impacts her/his education and what can be done at home.
- Encourage your child every day and devise a system to help with homework and other school projects.
- Speak with your child's teachers. Teachers often have similar concerns as parents and welcome the opportunity to discuss them.

Student Responsibilities

- Inform the case manager and parents if the educational plan is not meeting his/her needs.
- Develop self-advocacy skills important for school success.
- Be familiar with 504 plan accommodations and his/her responsibilities as related to the plan.

Section 504 / ADA Grievance Procedure

Oak Park Elementary School District 97 does not discriminate on the basis of disability with regard to admission, access to services, treatment, or employment in its programs or activities. Any qualified individual who wishes to complain about alleged discriminatory treatment falling under Section 504 shall be addressed by the following grievance procedure.

This grievance procedure is established to meet the requirements of Section 504 of the *Rehabilitation Act* of 1973 and the *Americans with Disabilities Act* of 1990. The District prohibits retaliation on the basis of any grievance filed under this policy.

A "grievance" is any complaint under ADA/Section 504 by an individual with a disability who:

1. Meets the essential eligibility requirements for participation in or receipt of the benefits of a program, activity or service by the District, and
2. Believes he or she has been excluded from participation in or denied the benefits of any program, service or activity of the District or has been subject to discrimination by the District on the basis of his or her disability or handicap.

The District will endeavor to respond to and resolve grievances without the need to resort to the formal grievances procedure established by the District's Uniform Grievance Procedure. A person who wishes to avail himself or herself of the formal Uniform Grievance Procedure, however, may do so only by filing a written grievance within three hundred sixty-five (365) calendar days of the alleged discrimination.

Persons seeking to file a Grievance should also use the attached form and follow the procedures in the District's Uniform Grievance Procedure which is attached.

Grievances should be addressed to Dr. Felicia Starks Turner, Senior Director of Student and Administrative Services.

Points to Remember

1. Students must be evaluated for 504 eligibility without regard to mitigating measures (i.e. without consideration of the effects of medications, assistive technology devices, health care plans, Rti, and prosthetics).
2. Schools can take into account mitigating measure in determining which accommodations are appropriate for a particular student based on that student's needs and whether any accommodations are needed.
3. If a student has a physical or mental impairment that substantially limits a major life activity, but does not require reasonable accommodations, there may not be a need for a Section 504 Plan, but the student is still entitled to Section 504 protections.
4. An accommodation is unreasonable if it "fundamentally alters" the nature of the service or places an "undue burden" on the school district.
5. The district is not obligated to provide students with "optimal" accommodations or accommodations of the student or parent's choosing, but rather the district must provide the student with meaningful access to its programs and services.

Oak Park Elementary School District 97
Referral for Section 504 Evaluation

Section 504 of the *Rehabilitation Act of 1973* is designed to eliminate discrimination on the basis of disability in any program or activity receiving Federal financial assistance. If you feel the student identified may require a Section 504 Plan to address a disability, please complete the following information.

Date: _____

Student: _____ **Date of Birth:** _____

Grade _____ Gender: _____

Parent/Guardian(s): _____

Home Phone: _____ Work Phone: _____

Name of Person Submitting Referral _____

Position/Relationship to Student _____

Describe the student's need or area of concern:

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the following major life activities when compared to the average student:

A review of the referral has determined that an evaluation is *not* appropriate at this time.

Explain reason: _____

A review of the referral has determined that an evaluation *is* appropriate at this time. Evaluation assignments:

Referring Party's Signature

Date

Building 504 Coordinator Signature

Date

SECTION 504 – DENIAL OF REFERRAL FOR EVALUATION

Student's Name: _____ **Grade:** _____ **DOB:** _____

School: _____ **Date:** _____ **Parent(s):** _____

School Contact Person: _____ **Position:** _____

Dear _____ :

On _____ , you made a written request to the School District for the Section 504 team to conduct an evaluation for your student _____ , due to a suspected mental or physical impairment and its impact on your student. On _____ , the Section 504 team reviewed your referral request, along with the information you provided regarding _____ and relevant school student record information to determine whether Section 504 evaluation is appropriate.

At this time, the Section 504 team has determined that a case study evaluation for _____ is **not appropriate** at this time for the following reasons:

You have the right to legal representation, to review your child's records, and to request an impartial hearing if you disagree with the District's identification, evaluation, provision of services, educational placement, or change or termination of services under Section 504 as summarized in your procedural rights statement enclosed with this Notice. If you desire a review of your child's records, have questions concerning your legal rights, or wish to initiate a hearing, please contact: Felicia Starks-Turner, Section 504/ADA Coordinator at (708)524-3031.

Signature of Section 504 Coordinator

Date

Oak Park Elementary School District 97
PARENT/GUARDIAN CONSENT FOR SECTION 504 ASSESSMENT

Student's Name: _____ Grade: _____ DOB: _____

Age: _____ School: _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Consent for Initial Evaluation:

Consent for Re-Evaluation:

A referral for a Section 504 evaluation or re-evaluation for your student has been initiated by _____ in order to determine eligibility and possible accommodation(s)/services for a suspected physical or mental impairment that substantially limits a major life activity. The reasons for the referral are:

The Section 504 evaluation will consist of District staff reviewing and interpreting your student's existing school records, classroom observations, prior testing, grades, standardized test scores, and other data in order to determine if your student qualifies for educational accommodations. In addition to reviewing the student data described above, the District will conduct the following additional assessments as part of your student's Section 504 evaluation.

The evaluation will be conducted within 60 school days after the District receives parent/guardian consent. After the evaluation is completed, a Section 504 conference will be held to discuss the evaluation, eligibility and educational program recommendations for your student.

As Parent/Guardian, I acknowledge the following:

I understand that I will receive notice of a Section 504 conference where my student's 504 team will discuss my student's need for an evaluation *or* eligibility for services under Section 504 or contents of a Section 504 Plan. I understand that I will receive a copy of records generated at the meeting at which the evaluation will be discussed and a written notice of the team's determination of eligibility and, if eligibility is determined, any Section 504 Plan. A written copy of any evaluation or test results will be provided to me, as well.

I understand the reasons for my student's referral and the description of the evaluation process and have checked the appropriate box below:

I consent to an evaluation of my student, as described above. I **do not** consent to an evaluation of my student.

I understand that I have the right to legal representation, to review my student's records and to request a hearing if I disagree with the District's identification, evaluation, provision of services, educational placement or termination of services under Section 504 as summarized in the Section 504 procedural rights statement. I acknowledge receipt of the procedural safeguards statement from the District.

If you desire a review of your student's records, have questions concerning your legal rights or wish to initiate a hearing, please contact **Felicia Starks Turner** at **708-524-3031**.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Student Printed Name

Date

Please return this completed form to the School Section 504 Coordinator within fourteen (14) days upon receipt.
Cc: Student's Temporary File

Oak Park Elementary School District 97

**PARENTAL NOTICE OF
SECTION 504 CONFERENCE**

Dear Parent(s)/Guardian(s):

You are cordially requested to attend a Section 504 conference regarding:

Student's Name: _____ Date of Birth _____

School Name: _____

Meeting location: _____ Meeting date/time: _____

The purpose of this conference will be:

- Consider your student's eligibility under Section 504 of the Rehabilitation Act of 1973
- Review your child's recent Section 504 evaluation results and recommendations
- Develop a Section 504 Plan for your student
- Review your student's eligibility under Section 504
- Review and revise your student's existing Section 504 Plan
- Conduct a manifestation determination review
- Other: _____

The following persons have been invited to attend this meeting:

	Name	Title
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Section 504 Coordinator

Date

Telephone Number

We strongly encourage you to attend and participate in this meeting. You have the right to bring other individuals at your discretion. Please notify me as soon as possible if you require an interpreter or translator, or if you intend to bring anyone else, including an attorney, or if you have any questions regarding the meeting. I also wish to remind you of your right to review your child's school records upon reasonable notice. You may request a records review by contacting me.

Enclosed with this notice is a copy of your procedural safeguards under Section 504. If you have any questions regarding your rights under Section 504, please contact our Section 504 Administrator, Felicia Starks Turner at **708-524-3031**.

Oak Park Elementary School District 97
SECTION 504 COMMITTEE REPORT

Student: _____ Date: _____

School: _____ Grade: _____

Teacher: _____

Student's Case Manager: _____

CONFERENCE PARTICIPANTS (TITLE/NAME):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notice of conference provided to parent(s)/guardian(s)

PURPOSE OF CONFERENCE:

The purpose of this conference will be:

- Consider your student's eligibility under Section 504 of the Rehabilitation Act of 1973
- Review your child's recent Section 504 evaluation results and recommendations
- Develop a Section 504 Plan for your student
- Review your student's eligibility under Section 504
- Review and revise your student's existing Section 504 Plan
- Conduct a manifestation determination review
- Other: _____

IDENTIFY REFERRING CONCERNS:

SUMMARY OF EVALUATIVE DATA:

ELIGIBILITY CRITERIA AND DETERMINATION

1. a. Documentation regarding impairment: (Provide all data supporting the presence of a physical or mental impairment which substantially interferes with learning or another major life activity.)

b. Does the student have a physical or mental impairment?

Yes No

If yes, specify impairment

2. Is a major life activity substantially limited by the impairment?

Major Life Activity	Source(s) of Information Describe and Attach	Severity Mild/Moderate/Severe	Duration Short/Medium/Long	*Substantial Limitation? Yes? No?

*In order to meet this standard the student must be unable to perform a major life activity that the average person in the general population can perform. Alternatively, the student must be substantially limited as to the condition, manner or duration under which an individual in the general population can perform the same major life activity.

3. Has the team determined that the impairment “substantially limits” a major life activity?

Yes No

NOTE: If learning is the major life activity which is substantially limited, it should be looked at globally. Problems must be pervasive and have been present for a substantial period of time. In addition, the team must document whether eligibility for special education services under the *Individuals with Disabilities Education Act* has been considered. If the student has not been so considered, the team must consider and document why not; and if so, the team must document why the student was not eligible under IDEA but is eligible under Section 504.

4. Student meets Section 504 eligibility criteria? Yes No

NOTE: The team must respond YES to the first three questions and attach all required evidence in order to respond YES to question #4.

5. Has the district considered whether the student is eligible for services under the *Individuals with Disabilities Education Act*?

Action Taken:

- Student found eligible, no services and/or accommodations
- Student found eligible, Section 504 Plan developed
- Student found NOT eligible under Section 504
- Other (specify): _____
- None at this time

Does the student require accommodations for Illinois Assessment for Readiness (formerly PARCC)/Local Assessments?

Yes No

If yes, complete the Assessment Accommodation Forms

Projected Review/Reevaluation Date: _____

You have the right to legal representation, to review your child’s records and to request a hearing if you disagree with the district’s identification, evaluation, provision of services, educational placement or change or termination of services under Section 504 as summarized in your procedural rights statement sent with the notice of this meeting. If you desire a review of your child’s records, have questions concerning your legal rights or wish to initiate a hearing, please contact: _____ Felicia Starks Turner _____, Section 504 Administrator at 708-524-3031.

I have received a copy of the Section 504 Conference Summary

I have received a copy of the Section 504 Procedural Safeguards

Signature of Parent/Guardian

Date

SECTION 504 ACCOMMODATION FORM

	Accommodation	Implementer(s)	Review Date	Outcome

SECTION 504 ACCOMMODATION FORM

	Accommodation	Implementer(s)	Review Date	Outcome

SECTION 504 ACCOMMODATION FORM

	Accommodation	Implementer(s)	Review Date	Outcome

SUPPLEMENTARY AIDES AND SERVICES



Section 504 TEACHER INPUT FORM Oak Park Elementary School District 97

The information requested will help determine appropriate services and/or accommodations for this student in a 504 plan. This information will be shared with parents during the 504 eligibility meeting.

Please return the completed form to _____ before _____ Subject: _____

Date: _____ Student: _____ Teacher: _____

ID#: _____ DOB: _____ Grade: _____ School: _____

Please check all responses that apply.

- Energy Level**
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Appropriate |
| <input type="checkbox"/> Very Enthusiastic | <input type="checkbox"/> Lethargic |

Comments: _____

- Class Participation**
- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Dominant | <input type="checkbox"/> Adequate |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Passive |

Comments: _____

- Classroom Behavior**
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Immature |
| <input type="checkbox"/> Normal Give & Take | <input type="checkbox"/> Belligerent |

Comments: _____

- Attention Span**
- | | |
|--|--|
| <input type="checkbox"/> Appropriate and sustained | <input type="checkbox"/> Easily distracted |
|--|--|

Comments: _____

- School Work Habits**
- | | |
|---|---|
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Requires supervision |
| <input type="checkbox"/> Brings materials to class | <input type="checkbox"/> Does not bring materials to class |
| <input type="checkbox"/> Prepares for tests and quizzes | <input type="checkbox"/> Does not prepare for tests and quizzes |
| <input type="checkbox"/> Shows good organizational skills | <input type="checkbox"/> Is disorganized |
| <input type="checkbox"/> Turns in quality work | <input type="checkbox"/> Turns in sloppy and hurriedly work |
| <input type="checkbox"/> Asks and uses help appropriately | <input type="checkbox"/> Does not ask for help |

Comments: _____

- How often does the student complete in-class assignments? 100-85% 85-50% Less than 50%
- How often does the student complete homework on time? 100-85% 85-50% Less than 50%
- How often does the student need extra time on a test or quiz? 100-85% 85-50% Less than 50%
- What is the student's current test and quiz average? EX PR AP NP
- What is the student's current overall grade? EX PR AP NP

- Processing Skills**
- | | |
|---|--|
| <input type="checkbox"/> Is an auditory learner | <input type="checkbox"/> Is a visual learner |
|---|--|

Comments: _____

- Writing Skills**
- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Appropriate for Grade | <input type="checkbox"/> Needs improvement | <input type="checkbox"/> Expressive |
|--|--|-------------------------------------|

Comments: _____

- Reading Skills**
- | | |
|--|--|
| <input type="checkbox"/> Appropriate for Grade | <input type="checkbox"/> Has difficulty comprehending material |
| | <input type="checkbox"/> Has difficulty summarizing material |

Comments: _____

- Relationship w/ Peers**
- | | |
|--|---|
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Does not relate to others very well |
| <input type="checkbox"/> Seems to choose appropriate friends | <input type="checkbox"/> Seems to be isolated |
| <input type="checkbox"/> A leader | <input type="checkbox"/> A follower |
| <input type="checkbox"/> Handles negative peer pressure well | <input type="checkbox"/> Succumbs to negative peer pressure often |

Comments: _____

- Relationship w/ Adults**
- | | |
|--|--|
| <input type="checkbox"/> Relates appropriately | <input type="checkbox"/> Seeks attention inappropriately |
| <input type="checkbox"/> Takes correction & direction well | <input type="checkbox"/> Takes correction & direction poorly |
| <input type="checkbox"/> Seems comfortable around adults | <input type="checkbox"/> Has difficulty with authority figures |
| <input type="checkbox"/> Seems trustworthy | <input type="checkbox"/> Seems untrustworthy |

Comments: _____

Oak Park Elementary School District 97

Section 504 Manifestation Determination

For Section 504 Team meeting when student with a disability faces discipline of more than ten (10) days out of school cumulatively which constitutes a change in placement.

Date: _____

Student: _____ Date of Birth: _____

Description of Incident:

[Empty box for description of incident]

Has this student had previous discipline referrals? (If yes, attach discipline records) YES NO

Review and consider all relevant student information:

Information from Parents: _____

Information from Evaluations: _____

Information from Observations: _____

Based on the above information, the Section 504 Team has determined that:

- The conduct was caused by or had a direct and substantial relationship to the student's disability.
 The conduct was the direct result of the school district's failure to implement the 504 Plan.

If "Yes" to either of the above; the behavior must be considered a manifestation of the student's disability.

Decision

- The student's behavior was not a manifestation of his/her disability. The relevant disciplinary procedures applicable to students without disabilities may be applied to this student.
 The student's behavior was a manifestation of his/her disability. The team must review the student's 504 Plan and revise the plan to address the behavior.
 I have received a copy of the Section 504 Parent's Rights.

**Oak Park Elementary School District 97
DISCRIMINATION BASED ON DISABILITY**

GRIEVANCE FORM

It is the policy of Oak Park School District No. 97 to provide assistance in filling out this form. If assistance is needed, please ask Dr. Felicia Starks Turner, Senior Director of Student and Administrative Services.

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone No.: _____

Program, Service, or Activity to which Access was Denied or in which Alleged Discrimination occurred:

Date of Alleged Discrimination: _____

Nature of Alleged Discrimination: _____

(Attach additional sheets if necessary. If the grievance is based on a denial of requested reasonable modification or accommodation, please fill out the second page of this form.)

I certify that I am qualified or otherwise eligible to participate in the program, service or activity, and the above statements are true to the best of my knowledge and belief.

The right of a person to a prompt and equitable resolution of this complaint shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA or Section 504 complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies and use of this grievance procedure does not extend any filing deadlines related to the pursuit of other remedies.

Signature

Date

Please give to the Senior Director of Student and Administrative Services at the address listed above.

For Office Use Only

Date Received: _____

By: _____

Please fill out this page only if this grievance is based upon the denial of a requested reasonable modification. A reasonable modification will be made to make programs, services, and activities accessible. Reasonable modifications could include such things as providing auxiliary aids and devices or changing some policies, requirements or program locations to allow an individual with a disability to participate. This portion of the form should be filled in to the extent you know the answers. The form may be submitted even if this portion is incomplete.

Reasonable modification requested:

The person to whom the request was made:

The reason for denial:

Why is the requested modification necessary to use or participate in the program, service or activity?

Any other information you believe will aid in a fair resolution of this grievance:

Oak Park Elementary School District 97

PARENTS RIGHTS IN BRIEF

Section 504 of the Rehabilitation Act of 1973

It is the policy of the Board of Education to provide a free and appropriate public education to each student with a disability. It is the intent of the District to ensure that students who are eligible under Section 504 of the Rehabilitation Act of 1973 are identified, evaluated and provided with appropriate educational accommodations, if needed. Below is a description of the rights granted by federal law to students with disabilities. The intent of the law is to keep parents fully informed concerning decisions about their child and to inform parents of their rights if they disagree with any of these decisions.

Parent/Student Rights under 504:

- 1) The right for your child to take part in and receive a free and appropriate public education without discrimination because of his/her disability.
- 2) The right for your child to receive a free appropriate public education which includes the right to be educated among non-disabled peers to the maximum extent appropriate and in the student's least restrictive environment.
- 3) The right to have the school district inform you of your rights and procedural safeguards under Section 504 in understandable language.
- 4) The right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement. Evaluation, education and placement decisions will be made based upon a variety of sources and by persons who know the student, the evaluation data and placement options.
- 5) The right to receive reasonable accommodations, if required, to access educational program in a manner similar to his/her non-disabled peers.
- 6) The right to an equal opportunity to participate in nonacademic and extracurricular activities offered by the District.
- 7) The right to facilities, services and activities comparable to those provided for non-disabled students.
- 8) The right to receive notice a reasonable time before the District identifies, evaluates or changes your child's placement.
- 9) The right to a manifestation determination review before any disciplinary removal of your child that constitutes a significant change in placement, in order to determine if your child's misconduct was related to his/her disability.
- 10) The right to inspect and review your child's educational records, including the right to obtain copies of educational records, as required under the Family Educational Rights and Privacy Act (FERPA) and the Illinois School Student Records Act (ISSRA).
- 11) The right to file a complaint with the District's 504 coordinator or a grievance under the District's Uniform Grievance Procedure with the District's 504 Coordinator for any alleged violations of Section 504 of the Rehabilitation Act.
- 12) The right to request an impartial hearing regarding the student's identification, evaluation or educational placement including an opportunity for parental participation in the hearing, and representation by an attorney at parent expense. The hearing officer will be selected by the District. Hearing requests must be addressed to Dr. Felicia Starks Turner, Senior Director of Administrative Services.
- 13) The right to file a complaint with the Office of Civil Rights of the United State Department of Education, which is located at 500 West Madison St., Suite 1475, Chicago, IL 60661.



Oak Park District 97
Section 504 Accommodations Checklist
Student with Diabetes

Student _____ Birthdate _____

School _____ Grade _____ Date _____

Information Used To Determine Eligibility: Check all that apply ✓

<input type="checkbox"/> Parent Information <input type="checkbox"/> Physician's Information
--

- 1. Nurse will check blood sugar _____ times each day. (**Unless the student can self-monitor**).
- 2. Sugar levels and/or food eaten will be recorded in a medical log with dates and times obtained.
- 3. School staff will monitor student for signs of low or high blood sugar and will be in-serviced on what these signs are in children.
- 4. Check blood sugar level prior to lunch and at any time student appears ill.
- 5. Adjust insulin output required for carbohydrates intake, after consultation with _____.
- 6. Allow student to use the bathroom, drink water and eat snacks in the classroom when needed.
- 7. If blood sugar drops below _____ milligram call _____ immediately.
- 8. Administer _____ medication when needed provided we have a current prescription and proper supply of medication.
- 9. If student becomes unconscious or is unable to ingest anything orally, administer _____, call 911 and parents immediately.
- 10. If blood sugar rises above _____ provide 2 or 3 eight ounce glasses of water and call parents.
- 11. Always have students escorted to office by a responsible student or an adult if diabetic symptoms are present.
- 12. A diabetic kit will remain in classroom and with student at all times.
- 13. Student will report signs/symptoms of feeling ill to teacher or another student.
- 14. Parents will provide all necessary supplies/equipment for diabetes management at school.
- 15. Parents will immediately update the school of any changes to student's medical needs.

- 16. Parents will contact school within 2 weeks of beginning of school year in September to schedule a meeting with nurse and student's teacher(s).
- 17. Student should only eat food and snacks provided or approved by parents.
- 18. Child will check-in with nurse before participating in after school activities.
- 19. Extracurricular supervisors should be aware of child's diabetic condition.
- 20. School personnel must follow attached physician's medical plan.
- 21. A District 97 certified school nurse will train staff to recognize symptoms of hypoglycemia and hyperglycemia

OTHER MEDICAL OR FOOD ACCOMMODATIONS:

Parent's signature: _____

Signature of 504 Coordinator: _____

Date: _____

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