# URBANDALE COMMUNITY SCHOOL DISTRICT

Dr. Doug Stilwell, Superintendent of Schools



Mission: "Teaching All - Reaching All"

Vision: "Urbandale will be a school district that brings learning to life for everyone"

# Section 504 of the Rehabilitation act of 1973 and Americans with Disabilities Act

# Procedure Manual Updated March 2014

#### **Committee Members**

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No student enrolled in the Urbandale Community School District shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in the District's programs on the basis of race, color, creed, sex, religion, marital status (for program), ethnic background, national origin, disability, sexual orientation, gender identity, age (for employment) or socio-economic background (for program). The policy of the District shall be to provide educational programs and opportunities for students as needed on the basis of individual interests, values, abilities and potential. If you have questions please contact the district office at 11152 Aurora Ave, Urbandale, IA or call 515.457.5000. The district's Equity Coordinators are Brenda Auxier-Mailey, Director of Student Services and Mark Lane, Director of Human Resources.

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# **Purpose of Section 504 Procedure Manual**

The purpose of the Urbandale Community School District Section 504 Procedure Manual is to provide community members, parents, students and school staff with information regarding Section 504. The content of the procedure manual is intended to inform the reader of procedures and services.

# **Section 504 District Contacts**

To determine Section 504 eligibility, a team of qualified adults will be formed to facilitate the process and ensure procedural integrity. Section 504 is a district responsibility; however Heartland Area Education Agency staff may participate at the request of the district if the AEA possesses expertise that is needed by the team.

The Urbandale Community School District has identified Section 504 Coordinators in each building. The Section 504 Coordinators are responsible for the coordination of 504 activities at the building level including the maintenance and accuracy of records, staff communication/education at the building level, plan implementation, transition within and between buildings, and coordination of annual reviews. The Director of Student Services is the contact person responsible for overseeing the district 504 program and ensuring that the district is appropriately identifying and serving students who are eligible for Section 504 services. Parents inquiring about Section 504 should first contact the building at the numbers below.

| Building                            | <b>Coordinator of Section 504</b> | <b>Phone Number</b> |
|-------------------------------------|-----------------------------------|---------------------|
| Jensen Elementary                   | Building Counselor                | 457-5100            |
| Karen Acres Elementary              | Building Counselor                | 457-5700            |
| Olmsted Elementary                  | Building Counselor                | 457-5800            |
| Rolling Green Elementary            | Building Counselor                | 457-5900            |
| Valerius Elementary                 | Building Counselor                | 457-6500            |
| Webster Elementary                  | Building Counselor                | 331-8600            |
| Urbandale Middle School             | Building Counselors               | 457-6600            |
| Urbandale High School               | Outreach Coordinator              | 457-6800            |
| Metro West Learning Academy         | Program Counselor                 | 727-6301            |
| District Coordinator of Section 504 | Director of Student Services      | 457-5000            |

# What is Section 504?

Section 504 is a federal civil rights law passed in 1973 that protects the rights of persons with qualifying disabilities. This law directs that recipients of federal funds are to make programs and activities accessible to all persons with disabilities. Section 504 has three areas of emphasis; employment; facility accessibility; and requirements for preschool, elementary, secondary, and post secondary education programs/activities. This document focuses on the requirements associated with preschool through secondary education programs and activities.

# **Section 504 Definition of Disability**

Section 504 of the Rehabilitation Act of 1973 protects persons from discrimination based on their disability status. A person is considered to have a disability, within the definition of Section 504, if he or she:

- Has a **mental or physical impairment** which substantially limits one or more of the individual's **major life activities**;
- Has a record of such impairments; or
- Is regarded as having such an impairment

# <u>Definition of Mental and Physical Impairment</u>

A mental or physical impairment is defined 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, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine.
- 2. Any mental or physical disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Examples provided in this list are not exhaustive. The final determination as to whether or not a condition is considered an impairment is left to the discretion of the student's 504 team. A medical diagnosis is not required.

# Definition of Major Life Activity

Major life activities include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The ADA Amendments Act of 2008 expanded these functions and includes a *non-exhaustive* list of major activities such as caring for one's self, preforming manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions such as immunity, normal cell growth, elimination, digestion, and endocrine functions. School staff should consider possible 504 evaluations for any health condition that substantially impacts even one major life activity or major bodily function.

#### Students Who Have a Disability But Do Not Need Accommodations

The Urbandale Community School District may conduct a 504 evaluation and determine that while a student meets the Section 504 disability definition they do not need accommodations nor an accommodation plan. At this point, the student is eligible for 504 protections but, at this time, is not in need of a 504 plan. Annually, the building Section 504 Coordinator will monitor the need for a plan.

#### Mitigating Measures

The 2008 Amendments to the ADA made clear that mitigating measures, with the exception of corrective lenses, could not be considered during the evaluation process. Examples of mitigating measures include, but are not limited to, medication, medical equipment and devices, prosthetic limbs, low vision devices, accommodations and behavioral modifications. The corrective effect of mitigating measures may not be used to rule out Section 504 eligibility. To determine eligibility for a student who is successfully using mitigating measures, an evaluation should focus on how the student performed major life activities/major bodily functions *without* the use of mitigating measures.

#### Episodic Conditions or Conditions that are in Remission

A disability is considered an impairment that is episodic or in remission. Examples may include depression and bi-polar disorders; juvenile rheumatoid arthritis; inflammatory bowel disease; and cancer.

## Substantially Limits and ADA Amendments Act of 2008

The ADA Amendment Act of 2008 broadened 504 eligibility and lowered the bar for showing the impairment substantially limits either a major life activity or major bodily function. The 2008 changes specified the impairment does not need to prevent nor severely or significantly restrict a major activity to be considered substantially limiting. A substantial limitation is the inability to perform a major life activity or major bodily function when compared to how the person in the general population performs the same major life activity or major bodily function. The determination of a substantial limitation is made on a student-by-student basis.

# **Section 504 Definition of Appropriate Education**

A free appropriate education is one provided by a public school that

- 1. is designed to meet the individual educational needs of person with a disability as adequately as the needs are met of persons without disabilities,
- 2. is based upon adherence to evaluation, placement and procedural safeguard requirements of the Act.

# **Section 504 Eligibility**

A student qualifies for and is entitled to receive a free appropriate public education under Section 504 when a student has a physical or mental impairment that substantially limits one or more major life activities. The definition of impairment under Section 504 is wide open; any physical or mental impairment can qualify a student, as long as it substantially limits one or more of their major life activities in a way that requires the provision of accommodations or services in the school setting so that a student's needs can be met as adequately as those of his or her peers.

Generally the Section 504 child-find and eligibility process identify students who have a disability that impacts their functioning in the school setting to the point of needing an individualized and systematic plan of accommodation and services. The law provides no guarantee of achievement or performance, but rather the law ensures provision of accommodations and services that will enable the student to have an equal opportunity, and which will be developed in accordance with certain procedural steps and safeguards.

It must be understood that a medical concern or disability, in and of itself does not qualify a student for an accommodation plan or service; the condition must substantially limit one or more major life activities. A physician's diagnosis does not automatically make a student eligible for Section 504.

For additional information see:

Section 504 Referral Process Flow Chart (Appendix A)

Section 504 Building Coordinator Procedures Checklist (Appendix B)

# **Section 504 Protocol**

Upon parental request or teacher/staff concern, the Section 504 team will convene and begin the process defined below.

# Step 1 – Defining the Disability

• The Section 504 Building Coordinator obtains written parental consent to begin the 504 evaluation process using the Parent Consent form (see Appendix C).

- When available, obtain copies of psychological evaluation, physician's report or other documentation from the parents.
- For medical or mental health conditions, consult with the school nurse, prior to meeting with the parent, to determine what information may already be available in the nurse's office and what additional information may be needed. Provide the parent the Consent to Obtain and Release Information form (Appendix D) to talk with identified medical or mental health providers who could provide the team with the necessary information.
- Consideration should be given to having the school nurse conduct a health screening on all students evaluated for Section 504 eligibility.
- Once filled out all original and supporting documents should be filed in the student's Section 504 folder. Section 504 folders will be located in an area designated by the Section 504 representative in each school building.

# Step 2 – Collection of Information to Document Section 504 Eligibility

• School personnel will begin gathering evidence/data to determine the impact of the child's disability on his/hers school functioning. This could include information not only on how the student is functioning during the school day but also on the bus and during extracurricular activities outside of the traditional school day.

See optional forms:

Parent Questionnaire (Appendix E)

Section 504 Teacher Input Form (Appendix F)

Sample Classroom and Facility Accommodations (Appendix G)

- The Section 504 Building Coordinator will set up a Section 504 meeting and send the Section 504 Notification Letter (Appendix H) to the parent.
- The 504 team will use the Section 504 Eligibility Determination form (Appendix I) as a guide during this process. All sections of this document must be thoroughly completed.

# Step 3 – Eligibility Determination

- Based on a comprehensive review of the student's data, the team will meet to determine if the student qualifies for protections under Section 504. Eligibility is discussed in greater detail on page 6 under Section 504 Eligibility. This should be documented on the Section 504 Eligibility Determination form (Appendix I).
- The evaluation must include multiple sources of information and be completed within 60 days from the time signed consent is obtained.
- Section 504 teams are to make eligibility decisions based upon information collected and not on unsubstantiated statements. For example if a parent indicates their child has been diagnosed with ADHD, ODD, and OCD but the medical record only notes ADHD, the team cannot consider the other reported diagnoses as a basis for determining Section 504 eligibility.
- Section 504 teams must ensure that the Section 504 Eligibility Determination form is thoroughly completed and indicates data reviewed, decision made concerning eligibility, and lists appropriate signatures.
- It is not required that a copy of the eligibility worksheet be provided to parents but it may be provided.

# <u>Step 4 – Determining Need for an Accommodation Plan</u>

• If the student is found eligible and will not require an accommodation plan then the parent must be informed of this decision and the eligibility is noted in PowerSchool. Each following year information must be reviewed to determine if an accommodation plan is now required.

- If the student is found eligible and will require accommodations to compensate for the disability, the team will write a Section 504 Accommodation Plan (Appendix J).
- All accommodations listed in the accommodation plan must be consistent with and result from the impaired major life activity.
- Accommodations should be stated in concrete terms and identify person responsible for the accommodation.
- A staff member must be designated to oversee implementation of the accommodation plan, serve as contact person, and communicate with the parent.
- Building contact person must ensure that appropriate school staff members are made aware of contents of the accommodation plan.
- The 504 team must ensure that implementation is monitored and if accommodations are not providing access, ensure that the Section 504 team is reconvened.
- The District must ensure accurate accounting to DE for all Section 504 Eligible students. Building Coordinators will send a copy of the Student 504 Accommodation Plan to the Student Services Administrative Assistant.
- Student Services will mark 504 in PowerSchool.
- All original and supporting documents will be filed in the student's cumulative folder.

# Step 5 -- Annual Review and Three Year Reevaluation

- All accommodation plans for students who are Section 504 eligible will be reviewed and updated on an annual basis. Parents/guardians will be notified when the annual review is due and the Section 504 Building Coordinator will schedule a meeting to include the parent either in person, by phone or email. If after repeated documented attempts to identify an agreeable meeting date and when within 5 days of the annual meeting due date, the meeting can be held without the parent and the parent then notified in writing of any decisions made.
- Every three years a Section 504 Eligibility Determination form will be filled out on all students with an Accommodation Plan to ensure continued eligibility for accommodations. Note on this form that a three-year reevaluation is being conducted and the decision made as a result of the reevaluation pertaining to the students continued eligibility under Section 504.
- Each Section 504 Building Coordinator will ensure that accommodation plan reviews occur on an annual basis as well as ensure that three-year reevaluations are conducted.
- At the end of each school year, the Section 504 Building Coordinator will insure that information on students who will be transitioning to a different school building is provided to the student's new Section 504 Building Coordinator.

# Step 6—Reporting To Director of Student Services

• Upon completion of writing the Section 504 Plan, Building Coordinators should submit a copy of the plan to Student Services Administrator's Assistant. Students who are identified as qualifying under Section 504 are reported annually to the Iowa Department of Education.

# **Section 504 or Special Education?**

Some students will qualify for special education services under the Individuals With Disabilities Education Act and are also protected from discrimination by Section 504. In this case there is no need to write two separate plans, the IEP can be written to cover everything. In addition, some students may be protected by Section 504, but do not qualify for special education. These children are eligible for accommodations to give them a comparable opportunity to access education and are also protected by procedural safeguards.

**Comparison of Section 504 and Special Education** 

|                            | Section 504   | Special Education  |
|----------------------------|---|--|
| Type                       | A Civil Rights Act  | An Education Act   |
| Funding                    | Local Funding   | State – Federal – Local<br>Funding   |
| Administration             | Section 504 Coordinator   | Special Education Director   |
| Provides                   | Accommodations Services   | Specialized Instruction Accommodations and Services Program modifications                              |
| Disabilities               | Physical or Mental Impairment   | 13 Federal Disabilities  |
| Parents                    | Should be involved in all team meetings but may proceed if absent   | Must be involved in all team meetings  |
| Procedural Safeguards      | Notice to parents is required   | Parent consent and notice required for initial evaluation and placement                                |
| Evaluation and Eligibility | Parental consent for evaluation is necessary before it can be determined if a child is eligible for Section 504 | Disability suspect may precede evaluation and parents must sign consent for placement and evaluations. |

# Section 504 and Individual Health Plans (IHP)

The federal Office of Civil Rights has made clear that a district may not forego evaluating a student with asthma, food allergies, diabetes, or other health issues for Section 504 based on the fact that the student has an Individual Health Plan at school. If a district has reason to suspect that any student has a disability and may need special education or related services it must determine eligibility under Section 504 and provide procedural safeguards.

**Comparison of Section 504 and Individual Health Plans** 

| Section 504                                     | Individual Health Plan                           |
|---|--|
| Provides services, learning modifications or    | Provides health services to reach "desired"      |
| accommodations to students determined to be     | medical outcomes                                 |
| eligible  |  |
| Under the umbrella of federal civil rights law  | Under the umbrella of Iowa law                   |
| A whole school process                          | A school nursing process                         |
| Eligibility is determined by the presence of a  | Eligibility is determined by the presence of a   |
| disability that substantial impacts school      | condition that requires routine nursing services |
| success.  |  |
| Serves general education student with mental or | Serves both general education and special        |
| physical disabilities not included in special   | education student                                |
| education                                       |  |
| Services are derived from a plan that is of     | Services are derived from a written plan         |
| contractual status                              |  |

#### **Section 504 Evaluations**

Section 504 requires that eligibility determinations be made based upon a careful review of information from a variety of sources. Information provided by parents must be considered in the evaluation process along with other information supplied by the school district. Examples may include (*This is not an exhaustive list.*):

Medical records
Report cards
Assessment results
Norm-referenced assessments
Academic & behavioral interventions
Information provided by parent
Behavioral assessment
School health office records

Scholastic record
Work samples
Psychological evaluation
Curriculum-based assessments
Social and health history
Teacher anecdotal note
Student/teacher/parent interview data
Attendance records

# **Section 504 Decision Makers**

Standardized testing results

Section 504 guidelines indicate decisions should be made by a team composed of individuals who are:

- 1. knowledgeable of the student;
- 2. knowledgeable about the meaning of assessment data and;
- 3. knowledgeable of placement options and able to commit district resources.

Parents should be invited to participate in this process. The Office of Civil Rights has ruled that parents have a special knowledge of their child's impairment and are uniquely positioned to provide information about the student. If a parent is scheduled to attend and does not appear at the meeting the team may proceed and notify the parent in writing regarding any decisions made. The student may also choose to be involved in the process, depending upon the age of the child, the nature of the disability, and the surrounding circumstances. Other individuals may participate on the team as necessary.

#### **Parent Information**

A Guide to Section 504 of the Rehabilitation Act is available through Heartland AEA at: <a href="http://www.heartlandaea.org/media/cms/AEA504prnt\_D1B76A44B43A8.pdf">http://www.heartlandaea.org/media/cms/AEA504prnt\_D1B76A44B43A8.pdf</a>.

#### Support for Accommodation Request (SAR) Form

Students who receive Section 504 services, graduate from high school, and go on to an institution of higher learning may need accommodations at that setting. The Support for Accommodation Request (SAR) form (Appendix K) has been developed as a tool for summarizing documentation from a student's secondary school experience. School staff can use this form to summarize relevant and useful information from a variety of sources (accommodation plans, assessments, reevaluations, high school records). The SAR can be used as the basis for verifying eligibility and supporting requests for accommodations, academic adjustments, and/or auxiliary aids at the post-secondary level. Completing this form can be very helpful to students as they transition to post-secondary educational setting.

# Section 504 Parental and Student Rights

Parents of students with disabilities have specific rights (see Section 504 Student and Parent Rights, Appendix L). They have the right to receive notice prior to the evaluation and placement of their child.

They have the right to examine, copy and request amendments to the student's educational record. If a parent is dissatisfied with the evaluation or placement of their child, they have a right to appeal the school district's decision through the grievance process or with a more formal, impartial hearing.

# Grievance Procedures (Appendix M)

Grievance procedures are outlined in board policy 602 and 229. Links to the policies and appropriate forms are below:

Board Policy 602 <a href="http://www.urbandaleschools.com/policy.php?policySubID=13&policyID=361">http://www.urbandaleschools.com/policy.php?policySubID=13&policyID=361</a>
Board Policy 229 <a href="http://www.urbandaleschools.com/policy.php?policySubID=2&policyID=167">http://www.urbandaleschools.com/policy.php?policySubID=2&policyID=167</a>

## Complaint Forms Board Policy 545A &B

http://www.urbandaleschools.com/policy.php?policySubID=12&policyID=354 http://www.urbandaleschools.com/uploads/board/545-ExhB.pdf

### Summary of Disposition Board Policy 545C

http://www.urbandaleschools.com/uploads/board/545 ex. c revised urbandale csd.pdf

# **Extracurricular Sports & Activities**

A school district that offers extracurricular activities and sports must do so in such manner as is necessary to afford qualified students with disabilities an equal opportunity for participation. This means districts must make reasonable modifications and provide accommodations that are necessary to ensure an equal opportunity to participate, unless the school district can show that doing so would be a fundamental alteration to its program. A school district may adopt bona fide safety standards needed to implement its extracurricular athletic program or activity. A school district, however, must consider whether safe participation by any particular student with a disability can be assured through reasonable modifications or the provision of accommodations.

# Discipline

Students who are eligible for Section 504 accommodations and services are held to a similar standard, with regard to discipline, as students eligible under IDEA. A student who is currently receiving Section 504 accommodations must undergo a process similar to a manifestation determination before disciplinary consequences are assigned. In disciplining a student:

- The administrator will determine whether the student committed the infraction of which the student is accused:
- For suspensions beyond 10 days the student's 504 team will determine whether the behavior was caused by the disability (manifestation determination).

# Suspension/Placement

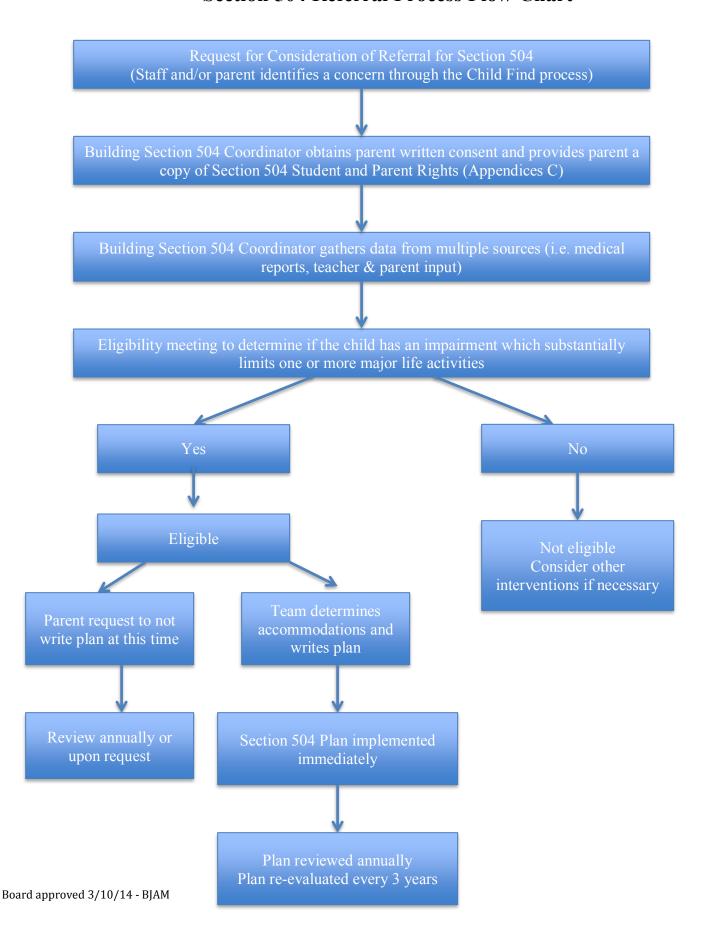
A disabled student may not be suspended for more than ten days without a manifestation determination. The student's 504 team must make the determination of the relationship between the misconduct and the disability. If the team determines the behavior was not caused by the disability, the student may be disciplined in the same manner as students who do not qualify under Section 504.

The student's team may modify the current educational placement when the misconduct is directly caused by the disability. If appropriate, an alternative educational placement may be considered.

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# **Section 504 Referral Process Flow Chart**





# Section 504 Building Coordinator Procedures Checklist Initial Referral/Eligibility/Accommodation Development Procedures

| Student Name:Date:  |
|---|
| Referred by:  |
|   |
| Step 1—Defining the Disability  |
| Section 504 Building Coordinator (and others if determined appropriate) may meet with parents/guardians to discuss referral and determine need for evaluation.  |
| Date:   |
| ☐ If it is determined that an evaluation is needed, the parent will be asked to give signed consent.  |
| Ask parent to sign "Parental Consent to Initial Section 504 Evaluation and Notice of Procedural Safeguards" Form <b>Date Signed:</b>  |
| Provide parent with "Parent Questionnaire" and "Consent to Obtain and Release Information" forms (when applicable)  |
|   |
| □ Determine additional information necessary to complete Section 504 Evaluation. Insure that necessary staff members are informed of their responsibility to collect data needed to complete the evaluation.  □ Provide teachers with "Teacher Input" forms □ Consult the School Nurse regarding health records and screening |
| Step 2—Collection of Information to Document Section 504 Eligibility  |
| ☐ Complete evaluation. Collect data from appropriate sources (within 60 days from date of consent)  ☐ Parent Interview ☐ Teacher Input ☐ School Nurse ☐ School Records ☐ Outside Sources (Physician, Counselor, Psychologist) ☐ Other:  |
| Step 3—Eligibility Determination  |
| <ul> <li>□ When the evaluation is complete, notify parents/guardians and schedule a Section 504 team meeting to determine 504 Eligibility.</li> <li>□ Notify parents and other participants of Determination Meeting</li> <li>□ Date: □ Letter □ E-mail □ Phone Call □ Meeting</li> </ul>                                     |
| Meeting Date: Time:Location:  |
| Board approved 3/10/14 - BJAM   |

| Continuation   |
|--|
| Hold meeting to determine eligibility  |
| ☐ Provide parents/guardians with "Section 504 Notice of Rights"  |
| Complete "Section 504 Eligibility Determination" Form  |
| ☐ Provide copy of eligibility form to parents/guardians (if requested)   |
| Step 4-Determining Need for an Accommodation Plan  |
| ☐ Not Eligible: If the student is determined to not be eligible under Section 504, the parent will be provided a copy of their parental rights.  |
|  |
| ☐ Eligible: If the student is eligible for 504 protections and needs accommodations, a Section 504  Accommodations Plan must be developed. Implementation of the accommodation plan typically begins immediately. Insure that all individuals responsible for implementation of plan are notified of their specific responsibilities.  ☐ Write 504 Accommodation Plan and parents/guardians and team members sign  |
| Provide copy of finalized plan to parent   |
| ☐ Provide copies to individuals responsible for plan implementation ☐ Place 504 plan in student's cumulative   |
|  |
| Eligible, No Accommodations: If the student is eligible for 504 protections, but is not in need of accommodations or parents/guardians decline services, review student's case annually.   |
| Step 5—Annual Review and Three-Year Reevaluation  Review student 504 plans annually  |
| Review data for the 3-year reevaluation  |
| Step 6—Reporting to Director of Student Services   |
| ☐ Provide a copy of the Accommodation Plan to the Student Services Administrative Assistant  |
| Annual and Three-Year Revaluation Procedures   |
| The 504 Accommodation Plan is to be reviewed annually. An annual meeting with the parents must be held via phone or in person. At this meeting any revisions, if needed, to the 504 Accommodation Plan will be made. It may also be determined that a plan is no longer needed and the student may be determined ineligible or eligible, but not in need of a plan. A copy of the parent rights titled, "Section 504 Student and Parental Rights" is given to the parents/guardians. |
| <ul> <li>Notify parents/guardians and other participants of the Annual Section 504 Meeting</li> <li>Review 504 Accommodation Plan and edit if needed</li> <li>Provide parents/guardians with copy of parental rights</li> <li>Board approved 3/10/14 - BJAM</li> </ul>   |

| <b>1</b> |  | APPENDIX B |
|----------|--|------------|
|          | ☐ Provide parents/guardians and Student Services Administrative Assistant of wit | h copy of  |
| A.       | current plan   |            |
| ☐ For th | e 3-year evaluation, review data and determine continued eligibility             |            |



# Parental Consent to Initial Section 504 Evaluation and Notice of Procedural Safeguards

| 10:  | Parents/Guardians of  |   |  |  |
|--|---|---|--|--|
| RE:  | Parental Consent to Section 504 I   | Evaluation and Notice of Procedural Safeguards                          |  |  |
| The purpose of this memorandum is to advise you that the school would like to evaluate your child in order to better serve his/her educational needs. In accordance with Section 504 of the Rehabilitation Act, your consent is required for an initial evaluation that may consist of observations, assessments, interviews etc.  Following completion of the evaluation process, the district will meet with you to plan accordingly for your child. |   |   |  |  |
|  |   |   |  |  |
| -  | ovide your consent for us to accomp<br>your signature (below) and returning | olish this evaluation, by indicating your decision and ng this form to: |  |  |
|  |   | Section 504 Coordinato  |  |  |
|  |   | Phone Number/Emai   |  |  |
|  | Parent Conse  | ent to 504 Evaluation   |  |  |
| Student's  | Name  | Birthdate   |  |  |
|  | Yes, I consent to the proposed  | d screening/evaluation.   |  |  |
|  | No, I do not consent to the pro   | oposed screening/evaluation   |  |  |
| Comment  | ts:   |   |  |  |
| Parent Sig   | gnature   | Date  |  |  |
|  | J -   |   |  |  |





# **Section 504 Student and Parental Rights**

# As a parent you have the right to the following:

- Participation of your child in school district programs and activities, including extracurricular programs and activities, to the maximum extent appropriate, free of discrimination based upon the student's disability and at the same level as students without disabilities;
- Receipt of free educational services to the extent they are provided students without disabilities;
- Receipt of information about your child and your child's educational programs and activities in your native language;
- Notice of identification of your child as having a qualifying disability for which accommodations
  may need to be made and notice prior to evaluation and placement of your child and right to
  periodically request a re-evaluation of your child;
- Inspect and review your child's educational records including a right to copy those records for a reasonable fee; you also have a right to ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate; should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate;
- A hearing before an impartial hearing officer if you disagree with your child's evaluation or placement; you have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed.



# **Consent to Obtain and Release Information**

| Child's Name:                  | Birth date:                | Gende                | r:                               |             |                                  |
|--------------------------------|----------------------------|----------------------|----------------------------------|-------------|----------------------------------|
| Address:                       |                            |                      |                                  |             |                                  |
| Parent/Guardian:               |                            |                      |                                  |             |                                  |
| Relationship to Child          | :                          |                      |                                  |             |                                  |
| Child's School Distric         | ct/Building:               |                      |                                  |             |                                  |
|                                |                            |                      |                                  |             | e Community School District      |
| Name/Agency:                   | is child's and family's pa | irticipation in educ | cational programming and se      | rvices.     |                                  |
| Individual/Position:           |                            |                      |                                  |             |                                  |
| Address:                       |                            |                      |                                  |             |                                  |
| Phone:                         |                            |                      |                                  |             |                                  |
| Local School Conta             | ct: Phone:                 |                      |                                  |             |                                  |
| Local School Conta             | ct. Thone.                 |                      |                                  |             |                                  |
|                                | listed individual/agency   | to share both wri    | ten and oral information reg     | arding the  | e child's needs and provision of |
| services. This may include inf | ormation about             |                      |                                  |             |                                  |
| •                              |                            | aring); communic     | ation skills, cognitive skills,  | social and  | l emotional behavior, self-help  |
| skills, and heal               | th status (medical, dental | , nutrition)         | , ,                              |             | , 1                              |
|                                | sessment, programming a    |                      |                                  |             |                                  |
|                                | functioning and family is  |                      |                                  |             |                                  |
|                                | nd progress with agency    | intervention         |                                  |             |                                  |
| • X-Rays, charts,              | , photographs              |                      |                                  |             |                                  |
| Other                          | ation shall be kent confic | dential and shall be | e used only for purposes of p    | lanning     | nd apardinating advantional      |
|                                |                            |                      |                                  |             | ency receiving it. I have read   |
|                                | me the safeguards listed   |                      |                                  | ing the age | oney receiving it. I have read   |
| •                              | _                          |                      | below by the authorizing par     | tr. This    | angent is valid for              |
|                                |                            |                      | future service involvement       |             |                                  |
|                                |                            |                      | e by providing written notific   |             |                                  |
| thorizing signature            | <u> </u>                   | Date                 | Relationship to child            |             | Expiration date                  |
|                                | SPE                        | <br>CIFIC AUTHOR     | L<br>IZATION FOR RELEASE         | Ε           |                                  |
| horize the release of          | the following information  | n protected by fed   | eral/state law: (If release is a | uthorized   | , signature required.)           |
| tal health evaluation/         | treatment* Signature       |                      |                                  | Date        |                                  |
|                                | υ                          | (Self/Pa             | rent/Guardian)                   |             |                                  |
| stance abuse* Signat           | ure                        |                      |                                  | Date        |                                  |
| _                              |                            | (Self/Pa             | rent/Guardian)                   |             |                                  |
| -related information*          | Signature                  |                      |                                  | Date        |                                  |
|                                | -                          | (Self/Pa             | rent/Guardian)                   |             |                                  |
| information request            | ed above to the Case/Ser   | vice Coordinator a   | t the address listed below:      |             |                                  |
| Service Coordinato             | r Phone                    |                      |                                  |             |                                  |
|                                | 1 110116                   |                      |                                  |             |                                  |
| lress                          |                            |                      |                                  |             |                                  |



\*Only a person 18 years of age or his/her legal representative may authorize release of mental health information.

\*\*Only the subject may authorize release of substance abuse information unless the subject is under legal age or incompetent as defined by statute.

#### Distribution of this form:

It is the Case/Service Coordinator's responsibility to forward copies of this form to the identified agency or individual. A copy must be provided to the person signing the authorization for exchange of information.

# Sharing information:

It will be the responsibility of all agencies listed to provide requested information. Each recipient agency is responsible for maintaining the confidentiality of the information.

#### NOTICE TO RECIPIENTS OF MENTAL HEALTH INFORMATION

In accordance with the Iowa Mental Health Information Disclosure Act (Iowa Code, Chapter 228), a recipient of mental health information may redisclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapter 228 and 229. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

NOTICE TO RECIPIENTS OF SUBSTANCE ABUSE INFORMATION
This information has been disclosed from records whose confidentiality is
protected by Federal law. Iowa Code, Chapter 125 and Federal regulations (42
CFR, Part 2) prohibit any further disclosure without the specific written consent of
the person to whom the information pertains, or as otherwise permitted by such
statute and regulations. A general authorization for the release of medical or other
information is not sufficient for this purpose. Federal rules restrict any use of the
information to criminally investigate or prosecute any alcohol or drug abuse
patient.

NOTICE TO RECIPIENTS OF HIV-RELATED TESTING INFORMATION This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code Ch. 141.23) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



# **Optional Parent Questionnaire**

| Student  | t Date of Birth   |
|----------|---|
| Address  | Grade   |
| Parent/C | Guardian Phone  |
| School _ |   |
|          | Please share your thoughts on any specific disability/problems/concerns that you have regarding your shild.   |
|          | Describe the symptoms and where they occur and under what circumstances? (i.e., at home, relatives, neighborhood, school, when asked to complete a task, when trying something new, etc.) |
|          | Explain how the disability/concern limits your student's ability to access the educational program or a najor life activity.  |
|          | What accommodations have been tried with success or lack thereof by you, by other child providers, other schools, etc.  |
|          | Optional: Provide available medical information including a written diagnostic statement and copies of any/all reports you would like the District to consider.                           |
|          | Has medication been recommended?  |
| 7. V     | What are your recommendations for consideration at an upcoming conference?  |
|          | Parent's Signature  |
|          | cument may be shared with appropriate school personnel such as Principal, School nurse, or, teachers, and building Coordinator of Section 504.  |
| Return t | to, Building Coordinator of Section 504.  |



# **Section 504 Teacher Input Form**

| Studen | t Teacher's Name  |
|--------|---|
| Subjec | t Grade   |
| DATE   | DUE   |
|        | This student is being evaluated (re-evaluated) for eligibility for Section 504. The information you provide will be used as part of this process and will be shared with the parent.  |
| 1.     | What is the student's current grade in your class (HS/MS) or in each subject (Elem.)?   |
| 2.     | Please check all the factors that may account for the student's current grade and write in numbers where applicable:  |
|        | ☐ Missing assignments ☐ Late assignments ☐ Incomplete or illegible assignments ☐ Failure to participate in class ☐ Other ( <i>Please describe.</i> )  |
| 3.     | What strengths does this student display in your classroom?   |
| 4.     | What challenges does this student present in your classroom?  |
| 5.     | Have you made any informal accommodations or modifications for this student such as extending timelines, preferential seating, or adjusting expectations? (If yes, please list below and tell whether or not it was effective.) |
| 6.     | Have you been in contact with this parent/guardian during the current school year? How often and what has been your primary means of communication (e-mail, phone, conference)?   |
| 7.     | Any additional information or comments? (Please use additional pages as necessary.)   |
| Ret    | curn to Building Coordinator of Section 504.  |



# **Sample Classroom and Facility Accommodations**

The following classroom/facility accommodations are examples of ways in which Section 504 disabilities may be successfully accommodated within the regular classroom.

| Pacing                                      | <u>Assignments</u>                         |
|---|--|
| Adjust for completion of assignments        | ☐ Give directions in small, distinct steps |
| Allow frequent breaks, vary activity often  | Allow copying from paper/book              |
| Omit assignments requiring copying in a     | Use written back-up for oral directions    |
| timed situation                             | Lower reading level of assignment          |
| timed situation                             |  |
|   | Adjust length of assignment                |
| Environment                                 |  |
| Leave class for Content Master/Resource     | ☐ Break assignment into a series of        |
| assistance                                  | smaller assignments                        |
| ☐ Preferential seating                      | Reduce paper and pencil tasks              |
| Alter physical room arrangement             | Read directions/worksheets to students     |
| Define limits (physical/behavior)           | Give oral/visual cues or prompts           |
| Reduce/minimize distractions:               | Record or type assignment                  |
|   |  |
| ☐ Visual ☐ Auditory ☐ Both                  | Adapt worksheets, packets                  |
| Cooling off period                          | Maintain assignment notebook               |
| Sign language interpreter                   | Avoid penalizing for spelling errors       |
| D   | D 1 C                                      |
| Presentation of Subject Matter              | Reinforcement and Follow Through           |
| Emphasize teaching approach                 | Use positive reinforcement                 |
| ☐Auditory ☐Visual ☐Tactile                  | Use concrete reinforcement                 |
| ☐ Multi                                     | ☐ Check often for understanding/review     |
| ☐ Individual/small group instruction        | ☐ Peer tutoring                            |
| Tape lectures for replay                    | Request parent reinforcement               |
| Present demonstration                       | Have student repeat directions             |
| Utilize manipulatives/"hands on" activities | Make/use vocabulary files                  |
| Emphasize critical information              | <u> </u>                                   |
| <u> </u>                                    | Teach study skills                         |
| Pre-teach vocabulary                        | Use study sheets to organize material      |
| Advance organizers                          | Reinforce long-term assignment             |
| Provide visual on key points                | Repeated review/drill                      |
|   | ☐ Use behavioral contracts/check cards     |
| Materials                                   | ☐ Weekly progress reports                  |
| Taped texts                                 | ☐ Before or after school tutoring          |
| Highlighted text/study guides               | Conference with student                    |
| Use supplementary materials                 |  |
| Note taking assistance: carbon copy         | Testing Adaptation                         |
|   |  |
| notes of regular students                   | Oral                                       |
| Type handwritten teacher material           | ☐ Taped                                    |
| Special equipment                           | Modify format                              |
| Use of laminated materials                  | Read test to student                       |
| Use of adapted or simplified texts          | ☐ Reduce reading level                     |
| Use of calculator/computer                  | ☐ Write test item response for student     |
| Braille texts                               | Adjust time for test completion            |
| Large print books                           | Short answer/multiple choice               |
| Credit for projects                         | ☐ Modify weights of examinations           |
| create for projects                         | Shorten length                             |
|   |  |
|   | Leave class for resource/content mastery   |



# **Section 504 Notification Letter to Parents**

| Date   |
|--|
| Dear:  |
| We will be meeting to consider information from a variety of sources in an effort to help determine whether is eligible for a Section 504 Accommodation Plan or if a review and update is needed. The purpose of this meeting is to discuss the educational needs, goals, and possible programs and services in order to provide an appropriate educational program. |
| This is a notification to:   |
| ☐ Determine eligibility for Section 504 ☐ Conduct the annual Section 504 review and update the accommodation plan as needed ☐ Re-evaluate eligibility during the Section 504 Three-Year Review ☐ Other   |
| Meeting Information:   |
| Date: Time: Location:  |
| Persons we anticipate will be present at meeting:  |
| ☐ 504 Building Coordinator ☐ Administrator ☐ Parent/Guardian   |
| ☐ Teacher(s) ☐ District Staff ☐ Other  |
| If you have any questions, please call me at   |
| Sincerely,   |
| Section 504 Building Coordinator   |

# **Urbandale Community School District-Section 504 Student Accommodation Plan**

| Annual Review _   | 3 Year Reevaluation         | Date of Original (1st) Plan |  |
|---|-----------------------------|-----------------------------|--|
| Date To Be Reviewed:  |                             | Date Written :              |  |
| Student name:   |                             | DOB:                        |  |
| Building:   |                             | Grade:                      |  |
| Parent's (Guardian) Name: Coor. of Section 504/ Plan Facilitator: |                             |                             |  |
| Areas of Strength:  |                             |                             |  |
|   |                             |                             |  |
| Describe Areas of Concern Bas                                     | sed on Eligibility Determin | ation:                      |  |
|   |                             |                             |  |
| Domont  |                             | Classes are Tanahar         |  |
| Parent  |                             | _Classroom Teacher          |  |
| Admininstrator/Designee   |                             | Member/Position             |  |
| Member/Position   |                             | _Member/Position            |  |
| Member/Position   |                             | Member/Position             |  |

Continuation

# Urbandale Community School District-Section 504 Student Accommodation Plan

| Areas of Difficulty | Accommodations | Person Responsible | Progress Monitored/<br>Date of Review |
|---------------------|----------------|--------------------|---------------------------------------|
|                     |                |                    |                                       |
|                     |                |                    |                                       |
|                     |                |                    |                                       |
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|                     |                |                    |                                       |
|                     |                |                    |                                       |
|                     |                |                    |                                       |
|                     |                |                    |                                       |

# Urbandale Community School District-Section 504 Student Accommodation Plan

| Areas of Difficulty | Accommodations | Person Responsible | Progress Monitored/<br>Date of Review |
|---------------------|----------------|--------------------|---------------------------------------|
|                     |                |                    |                                       |
|                     |                |                    |                                       |
|                     |                |                    |                                       |
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|                     |                |                    |                                       |
|                     |                |                    |                                       |
|                     |                |                    |                                       |



# SUPPORT FOR ACCOMMODATION REQUEST

To be used in consideration of post-secondary academic accommodation requests.

Form is provided to graduate and a copy is retained in student cumulative file.

| Studen   | dent's Name:  |  |                         |  |
|--|---|--|-------------------------|--|
| 1.   | 1. ELIGIBILITY/DIAGNOSTIC STATEMENT:  |  |                         |  |
|  | Date of original eligibility:   |  |                         |  |
|  | Most recent reevaluation date:  |  |                         |  |
|  | • Current goal area(s) of concern:  |  |                         |  |
| 2.   | 2. FORMAL DIAGNOSIS and DATE (when available):  |  |                         |  |
| <ul><li>3.</li><li>4.</li></ul>  | assessment information and recent evaluation results; include performance levels with/w   | vithout accommodati                                  | •                       |  |
| 5.   | 5. RESPONSE TO specially designed INSTRUCTIONAL INTER   | RVENTION:  |                         |  |
| 6.   | 6. Expected PROGRESSION or STABILITY of the disability: _   |  |                         |  |
| 7.   | HISTORY of ACCOMMODATIONS: 9th Grade:   |  |                         |  |
|  | 10 <sup>th</sup> Grade:   |  |                         |  |
|  | 11 <sup>th</sup> Grade:   |  |                         |  |
|  | 12 <sup>th</sup> Grade:   |  |                         |  |
| 8.   | 8. SUGGESTED ACCOMMODATIONS for post-secondary exp  | ESTED ACCOMMODATIONS for post-secondary experiences: | <u>-</u>                |  |
| 9. RECOMMENDATIONS (include accommodations, linkages to adult services, other support) for |   |  |                         |  |
| Living:  |   |  |                         |  |
|  | Working:  |  |                         |  |
| 10.  | 10. ADULT/COMMUNITY Contacts:   |  |                         |  |
|  | Agency: Status: Name/Position: Teleph   | none:  |                         |  |
| SIGN   | GNATURE of Credentialed Professional  |  |                         |  |
| Name o   | me of Person completing this form (Print)   | Title/Role   | Agency/Organization     |  |
| Signatur   | nature  | Telephone  | Date                    |  |
| AUTH   | ITHORIZATION for RELEASE OF INFORMATION  I hereby authorize the release of information summarized in this the purpose of evaluating eligibility and accommodation request |  | commodation Request for |  |
| Name o   | me of Student (Printed) Student   | t's Signature  | Date                    |  |
|  | UDENT WRITTEN RESPONSE—Statement of Goals (Please writences describing what you hope to accomplish in the next year.) _   | te your statem                                       | ent of at least 3-5     |  |



# **Section 504 Student and Parental Rights**

# As a parent you have the right to the following:

- Participation of your child in school district programs and activities, including
  extracurricular programs and activities, to the maximum extent appropriate, free of
  discrimination based upon the student's disability and at the same level as students
  without disabilities;
- Receipt of free educational services to the extent they are provided students without disabilities:
- Receipt of information about your child and your child's educational programs and activities in your native language;
- Notice of identification of your child as having a qualifying disability for which accommodations may need to be made and notice prior to evaluation and placement of your child and right to periodically request a re-evaluation of your child;
- Inspect and review your child's educational records including a right to copy those records for a reasonable fee; you also have a right to ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate; should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate;
- A hearing before an impartial hearing officer if you disagree with your child's evaluation or placement; you have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed.



# Grievance Procedures for Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act

The Urbandale Community School District has established the following complaint/grievance procedures for the Section 504 Plan processes or placements:

- 1. Any person with a complaint or concern regarding a Section 504 Plan is encouraged to first talk with the Section 504 Building Coordinator and the building administrator.
- 2. If the matter is not satisfactorily resolved, the grievant shall file a written complaint and meet with the Director of Student Services/District Coordinator of Section 504 to attempt to resolve the complaint. Director of Student Services/District Coordinator of Section 504 will act as a mediator, and help the parents and the school consider and/or develop alternatives to the dispute. The Director of Student Services/District Coordinator of 504 shall meet with the complainant within ten working days of receipt of the complaint and shall indicate the disposition in writing within ten working days of the meeting, or shall indicate that additional time is necessary to dispose of the complaint.
- 3. If impasse continues following meeting with the Director of Student Services/District Coordinator of Section 504, the parent may then request a meeting with the Superintendent of the Urbandale Community School District. The Superintendent or his/her designee shall meet with the grievant within ten working days of receipt of the complaint and shall indicate the disposition in writing within ten working days of the meeting, or shall indicate that additional time is necessary to dispose of the complaint.
- 4. If the complainant feels that the matter is not satisfactorily resolved, the parent or district may contact the Office of Civil rights (OCR). An external grievance procedure is always available. At no time shall the internal grievance procedure prevent a grievant form contacting the:

U.S. Office of Civil Rights U.S. Department of Education 111 N. Canal Street, Suite 1053 Chicago, IL 60606-7204 312.886.8434 Iowa Civil Right Commission 400 E. 14<sup>th</sup> Street Des Moines, Iowa 50319-1004 515.281.4121

For Urbandale Community School District Board Policy see: Board Policy 602

http://www.urbandaleschools.com/policy.php?policySubID=13&policyID=361



# **Additional Section 504 Resources**

#### **Heartland AEA:**

http://www.aea11.k12.ia.us/504/forms.html

# **Iowa Association of School Boards:**

Section 504 Manual: <a href="http://www.ia-sb.org/policylegal.aspx?id=10532">http://www.ia-sb.org/policylegal.aspx?id=10532</a>

# OCR Section 504 Q & A:

http://www2.ed.gov/about/offices/list/ocr/504faq.html

# OCR Section 504 January 2012 (Q & A for IHP)

http://www2.ed.gov/about/offices/list/ocr/docs/dcl-504faq-201109.html

# **Examples of Accommodations and Adjustments**

http://www.aea11.k12.ia.us/504/SevierSection504.pdf

# OCR Guidelines for Educators and Administrators for Implementing Section 504 of the Rehabilitation Act of 1973—Subpart D

http://www.aea11.k12.ia.us/504/USD504Guidelines.pdf