

**The Americans with Disabilities Act,
Section 504 Accommodation Plans,
and Public Schools**



A Handbook for Educators

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA
2011-2012**

In compliance with federal law, Union County Public Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of gender, race color, religion, national origin, age, or disability.

MESSAGE FROM THE DISTRICT SECTION 504 COORDINATOR

The Union County Public School System adheres to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) as amended. These major federal legislative acts are designed to protect the civil rights of individuals with disabilities. Their intent is to prevent any form of discrimination based on disabilities. Section 504 Accommodation Plans do not guarantee success for students with disabilities; it guarantees an equal opportunity for success.

The purpose of this handbook is to provide parents and school personnel with an overview of Section 504 and the ADA, and specific, practical guidelines for schools to use when working with children who are eligible for protections and services under Section 504 and the ADA.

Dr. Debbie J. Taylor
District Section 504 Coordinator

*For Section 504 and/or ADA issues related to employment within UCPS, please contact Dr. David Clarke, Deputy Superintendent for Human Resources.

OVERVIEW OF SECTION 504

Section 504 of the Rehabilitation Act is major federal legislation that impacts entities that receive federal funding. It is civil rights legislation for persons with disabilities, designed to prevent any form of discrimination based on disabilities, who are otherwise qualified or protected.

Definition of Disability under Section 504

Under Section 504, a person is considered to have a disability if that person (29 U.S.C. Sec. 706 (8)):

- (1) has physical or mental impairment which substantially limits one or more such person's major life activities or bodily functions
- (2) has a record of such impairment, or
- (3) is regarded as having such an impairment.

The Act defines a physical or mental impairment as:

- (A) 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; genitor-urinary; hemic and lymphatic; skin and endocrine; or
- (B) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities

Major life activities include: Caring for one's self, performing manual tasks, walking, breathing, seeing, hearing, speaking, learning, working, reading, concentrating, thinking, sleeping, eating, lifting, bending and communicating.

Bodily functions include: the immune system, normal cell growth, digestive, bowel, and bladder functions, respiratory function, circulatory function, endocrine function, reproductive function, brain and neurological function.

According to the 4th Circuit, the threshold for substantially limits is when compared to "most people". (*Betty v. Rector and Visitors of University of Virginia*, 1999 U.S. App LEXIS 23105 (4th Cir. 1999) (unpublished).

Record of or Regarded as

- Requires discrimination as a result of having a record of such a disability
- Requires discrimination as a result of being regarded as having such an impairment

Episodic conditions or those that are in remission would be considered disability if the condition would substantially limit a major life activity or bodily function when active.

Section 504 does not cover students with learning problems which are attributable to economic, environment and/or cultural disadvantages.

Mitigating measures cannot be used to find a child ineligible for services under Section 504 with the exception of ordinary corrective and contact lenses.

Temporary or transitory impairments are not covered unless the impairment is substantial when considering factors such as the anticipated duration (i.e. generally should last in excess of six (6) months) and extent to which there is a limitation on a major life activity.

Some disabling conditions identified in court decisions include: impulse control disorder, school phobia, intermittent explosive disorder, anxiety disorder, AIDS, HIV, Hepatitis B, chronic fatigue syndrome, oppositional defiant disorder, post-traumatic stress disorder and obsessive compulsive disorder.

Under Section 504:

“Section 504 does not require a public school to provide students with disabilities with potential-maximizing education, only reasonable accommodations that give those students the same access to the benefit of a public education as all other students.” J.D. by J.D. v. Pawlet School Dist., 33 IDELR 24 (2nd Cir. 2000). A Section 504 Plan does not guarantee success but instead guarantees an equal opportunity for success.

What Schools Must Do to Meet the Requirements of Section 504

Kane (2008) states the following requirements:

- Provide written assurance of nondiscrimination whenever the district receives federal money (e.g., on the LEA application.) 34CFR & 104.5 (a)
- Designate an employee to coordinate compliance with Section 504 (if more than 15 employees). 34 CFR & 104.7 (a)
- Provide grievance procedures to resolve complaints of discrimination (if more than 15 employees); this does not apply to denial of employment. 34 CFR & 104.7 (b) Note: Students, parents or employees are entitled to file grievances.
- Provide notice to students, parents, employees, unions, and professional organization of nondiscrimination in admission or access to, or treatment or employment in, its programs or activities (if more than 15 employees). Notice must also specify the district 504 responsible employee (504 coordinator), and must be included in student/parent handbook. 34 CFR & 104.7 (a)
- Annually identify and locate all Section 504 qualified disabled children in the district’s geographic area who are not receiving a public education. 34 CFR & 104.7 (a)
- Annually notify persons with disabilities and their parents or guardians of the district’s responsibilities under Section 504. 34 CFR & 104.7 (a)
- Provide parents or guardians with the following procedural safeguards:
 - Notice of their rights.
 - An opportunity to review relevant records.
 - An impartial hearing. It is important that parents or guardians be notified of their rights to request a hearing regarding the identification, evaluation, or educational placement of persons with a disability.

NOTICE OF PARENT AND STUDENT RIGHTS

UNDER SECTION 504

REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act of 1973 is a non-discrimination statute barring discrimination on the basis of one's disability. Section 504 states: *No otherwise qualified individual with a disability shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination any program or activity receiving Federal financial assistance.* Under Section 504, a person is considered disabled if s/he suffers from a physical or mental impairment that substantially limits one or more major life activities, including but not limited to learning, walking, breathing, eating, working, and seeing.

The purpose of this notice is to inform parents and students of their entitlement to the following rights under Section 504:

1. You have a right to be informed by the school district of your rights under Section 504. (The purpose of this document is to advise you of those rights.)
2. Your child has the right to a free appropriate public education designed to meet his/her individual educational needs as adequately as the needs of non-disabled students are met.
3. Your child has the right to free educational services except for those fees that are imposed on non-disabled students or their parents.
4. Your child has a right to be educated with children who are not disabled, to the maximum extent appropriate.
5. Your child has a right to facilities, services and activities that are comparable to those provided for non-disabled students.
6. Your child has a right to an evaluation prior to an Initial Section 504 placement and any subsequent significant change in placement. You also have the right to request such an evaluation.
7. You have the right to receive notice and offer consent with respect to decisions regarding formal identification, evaluation and placement of your child.
8. Evaluation and placement decisions must be made by a group of persons (i.e., the Section 504 Committee), including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities.
9. If eligible under Section 504, your child has a right to periodic formal or informal re-evaluations, generally every three years.

10. You have the right to notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
11. You have the right to examine relevant records and documents regarding your child.
12. You have the right to file a grievance if you believe that your child is being discriminated against on the basis of a disability. You may file a grievance of complaint with the district's Section 504 Coordinator (or designee), who will investigate the allegations to the extent warranted by the nature of the complaint in an effort to reach a prompt and equitable resolution. Please also see Policy 4 – 7.

The Section 504 Coordinator for the Union County Public Schools is:

Dr. Debbie J. Taylor
Union County Public Schools
400 North Church Street
Monroe, NC 28112
Phone: 704.296.1005

13. You have the right to an impartial due process hearing with the Superintendent's designee in regard to your child's identification, evaluation, or educational placement under Section 504. You and your child may take part in the hearing and be represented by counsel, if you choose to hire one. To do so, you should file a written Notice of Appeal with the Superintendent's designee after you receive written notice of the Section 504 Committee's action (s).

The Superintendent's designee is:
Dr. Denise Patterson
Union County Public Schools
400 North Church Street
Monroe, NC 28112
Phone: 704.290.1557

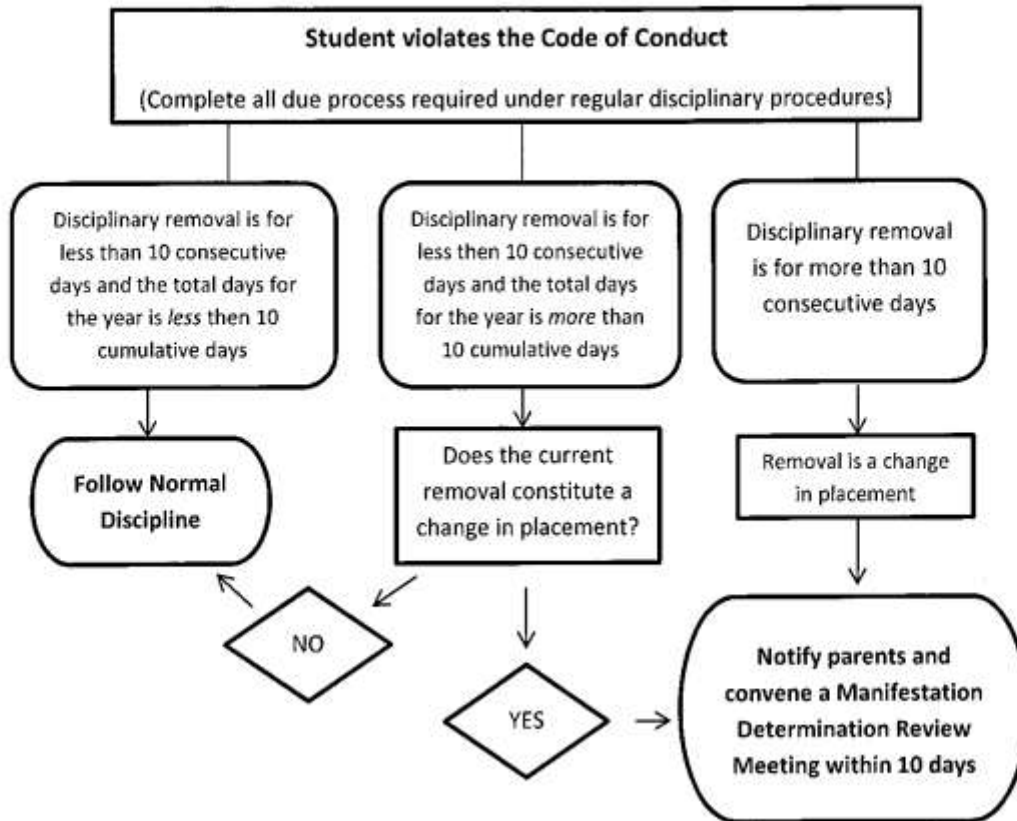
14. You have a right to file an appeal in accordance with the following Union County Public Schools Policy 4 – 18.

15. You also have a right to file a complaint with the Office for Civil Rights.

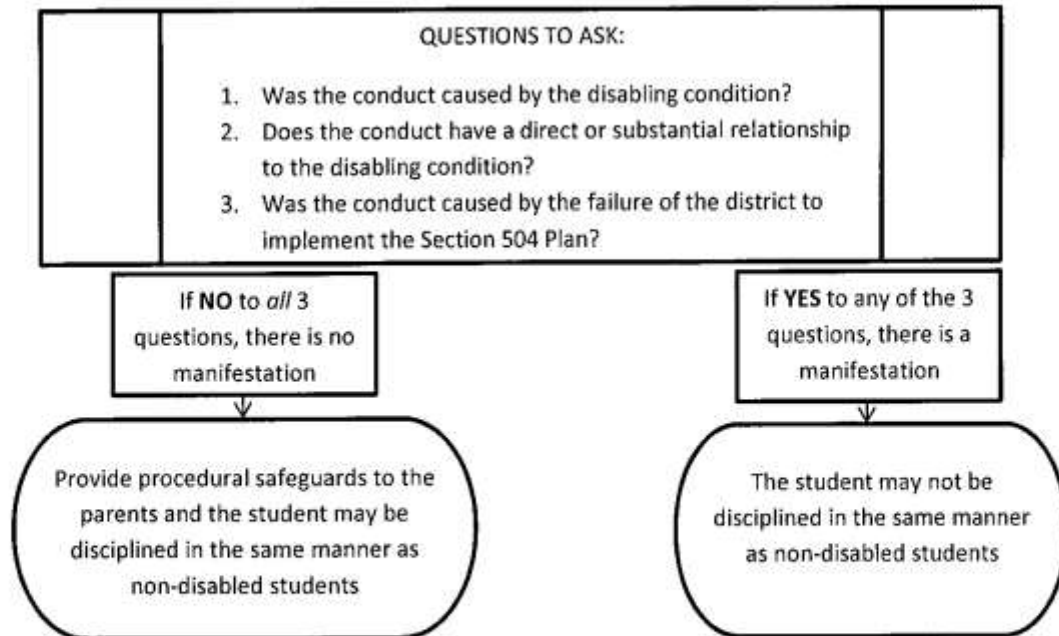
Office for Civil Rights, U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-1475
Telephone: 202-453-6020
FAX: 202-453-6021; TDD: 877-521-2172
Email: OCR.DC@ed.gov

In compliance with federal law, Union County Public School system administers all educational programs, employment activities, and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

Discipline of Students with Section 504 Plans



Manifestation Determination Review Meeting*



*Under Section 504, the student *is not* entitled to a manifestation determination if the student is currently engaging in the illegal use of drugs including alcohol. SECTION 504 PROVIDES THAT "LOCAL EDUCATION AGENCIES MAY TAKE DISCIPLINARY ACTION PERTAINING TO THE USE OR POSSESSION OF ILLEGAL DRUGS OR ALCOHOL AGAINST ANY STUDENT WITH A DISABILITY WHO IS CURRENTLY ENGAGING IN THE USE OF DRUGS OR ALCOHOL TO THE SAME EXTENT THAT SUCH DISCIPLINARY ACTION IS TAKEN AGAINST STUDENTS WHO ARE NOT DISABLED."

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA
504 CHECKLIST**

Student _____

Grade _____

School _____

Date _____

Referral Received Date _____

Prior Notice and Parental/Guardian Consent for
Consideration, copy of referral form and Parent/Student
Rights handbook sent home Date _____

Signed Consent Received Date _____

Student presented to 504 Team (parent invited to attend)
(Meeting scheduled within 10 school days of receiving referral) Date _____

Copy of Determination of Eligibility (parent invited to attend)
Review information regarding impairment, observations, etc.

**Observe student for at least 3-6 weeks (if academic), unless
child has already been through an intervention period.**

Invitation to Meeting Date _____ (1st contact)
 o Phone Date _____ (2nd contact)
 o Letter
 o In person

504 Committee Meeting (parent invited to attend) Date _____
Then, determine the following:

1. Student is not eligible. Are other supports needed (i.e. IHP or PEP)?
2. Student is eligible and a Section 504 Plan is developed.

If a 504 Plan is developed, record on school modifications sheet. Date _____

Forward the following information to District 504 Coordinator: Date _____
 o 504 Checklist (Page 8)
 o 504 Plan (Page 13)
 o Updated Modifications Sheet (Spreadsheet)

A copy of the 504 Checklist should be maintained in the student's 504 folder. Also, a copy should be sent to the central office.

Section 504 accommodations plans should be reviewed at least annually with the parents/guardians and all those who work with the student. Reevaluation should occur at least every 3 years. At reevaluation, the Determination of Eligibility form should be completed again, and parents/guardians should again receive copies. The team should consist of a group of people knowledgeable about the needs of the student, including the parents/guardians and student (if age appropriate) and about the evaluations.

C: District 504 Coordinator and Student's 504 Folder

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA
REFERRAL FORM**

STUDENT NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

PARENT(S)/GUARDIAN(S): _____

ADDRESS: _____ PHONE: _____

NATURE OF THE CONCERN:

Please attach information that is available for the evaluation (doctor's note, educational records, etc.).

Is the suspected handicap/impairment mental or physical? _____

Please describe the nature of concern: _____

STATEMENT OF SUSPECTED SECTION 504 HANDICAP/IMPAIRMENT:

I have reason to suspect the following about the student:

___ physical or mental impairment which substantially limits one or more major life activities or major bodily functions

___ may have a record of physical or mental impairment

___ may be regarded as having such impairment

SIGNATURE:

Signature of Person Making the Referral: _____

Relationship to the Student: _____ Date: _____

C: District 504 Coordinator, Student's 504 Folder and Parent/Guardian

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA**

PRIOR NOTICE AND PARENT/GUARDIAN CONSENT FOR CONSIDERATION FOR SECTION 504

Date Sent ___/___/___

Date Returned ___/___/___

Student: _____

Date of Birth: _____

School: _____

Grade: _____

Dear _____:

School personnel have recognized the need to gather additional information on your child regarding eligibility for Section 504. Please review the attached information regarding parent/student rights for Section 504 identification. The following information may be collected to further determine the eligibility for Section 504:

Grades, attendance, disciplinary reports

Behavioral Checklists

End of Grade/Course Test Scores

Teacher Observations

Possible medical records

Other _____

PARENTAL CONSENT

Your consent is required prior to consideration for Section 504 eligibility. Please check line A or B.

_____ A. **YES**, I GIVE PERMISSION FOR MY CHILD TO BE CONSIDERED FOR SECTION 504 ELIGIBILITY. I HAVE RECEIVED A COPY OF THE SECTION 504 PARENT/STUDENT RIGHTS IDENTIFICATION, EVALUATION, AND PLACEMENT PROCEDURES (DUE PROCESS).

_____ B. **NO**, I DO NOT GIVE PERMISSION FOR MY CHILD TO BE CONSIDERED FOR SECTION 504 ELIGIBILITY. I HAVE RECEIVED A COPY OF THE SECTION 504 PARENT/STUDENT RIGHTS IDENTIFICATION, EVALUATION, AND PLACEMENT PROCEDURES (DUE PROCESS).

Parent/Guardian Signature _____ Date ___/___/___/_____
Relationship

We would like to share a summary of our findings with you. If you have additional information that you feel should be considered for the Section 504 or any questions, please contact the following person and return this form to him/her:

_____ at _____
Name Phone Number

C: District 504 Coordinator, Student's 504 Folder and Parent / Guardian

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA
SECTION 504/ADA STUDENT DETERMINATION OF ELIGIBILITY**

Student _____ Grade _____ DOB ____/____/____
School _____ Race _____ Sex _____ Date _____

Does the student have a handicap/impairment that substantially limits a major life activity?
____ YES or ____ NO

Is the handicap/impairment mental or physical? MENTAL or PHYSICAL

What is the nature of the handicap/impairment?

A. Is the impairment temporary ____ No ____ Yes (if yes, describe frequency, intensity or expected duration)

B. Is the impairment episodic, intermittent or in remission? ____ No ____ Yes (if yes, describe frequency, intensity or expected duration)

When in an active state, does the impairment substantially limit a MLA/MBF when compared to how the average, non-disabled student performs the same major life activity? ____ Yes (if yes, go to the Eligibility Determination Section)
____ No (if no, respond to the following)

A. Is the student using any measures or other modifications to reduce or control the effect of the impairment?
____ No ____ Yes

B. What is the mitigation measures (s)? _____

C. Describe the extent to which a MLA/MBF is limited if the student was not using a mitigating measure.

Taking into account the evaluation information, check the best descriptor of the MLA/MBF limitation.

1. ____ Negligible 2. ____ Mild 3. ____ Moderate 4. ____ Substantial 5. ____ Severe

D. Summarize supporting evaluation information _____

What information was used to document the impairment?

____ *Diagnosis from medical doctor ____ Grades and Attendance ____ EOG/EOC Tests
____ *Psychological Evaluation (*either required)
____ Teacher Observation ____ Parent Observation ____ Other
____ Health Information ____ Disciplinary Referrals ____ Language Survey

Specify other: _____

What is the major life activity impacted?

____ Seeing ____ Working ____ Breathing ____ Hearing ____ Speaking ____ Standing
____ Caring for one's self ____ Walking ____ Learning ____ Performing Manual Tasks
____ Lifting ____ Bending ____ Reading ____ Concentrating ____ Thinking ____ Communicating
____ Eating ____ Sleeping ____ Bowel Functions ____ Bladder Functions ____ Digestive Functions

If the team determines that the impact may be substantial, the team should meet to develop strategies that should be implemented in the regular classroom. Strategies should be implemented for three to six weeks. List the strategies implemented.

Determine if the strategies were: ____ successful ____ moderately successful ____ not successful

Explain: _____

Eligibility Determination

Based on an analysis of the evaluation data, does the student have a disability that substantially limits a major life activity?

_____ **No**, the student is not eligible.

_____ **Yes**, the student is Section 504 eligible but does not require a Section 504 Plan because (1) of the corrective effects of mitigating measures or (2) the impairment is episodic or in remission. The Section 504 Team will re-convene at least annually or more frequently if requested by school personnel or parents.

_____ **Yes**, the student is Section 504 eligible and requires a Section 504 Plan.



504 Team Members (Signature, Position, and Date are required for each person who attends the meeting).

Name _____	Position _____	Date ___/___/___
Name _____	Position _____	Date ___/___/___
Name _____	Position _____	Date ___/___/___
Name _____	Position _____	Date ___/___/___
Name _____	Position _____	Date ___/___/___
Name _____	Position _____	Date ___/___/___
Name _____	Position _____	Date ___/___/___

TO THE PARENT: Please sign and return this form to _____. I have reviewed this eligibility determination. I am in agreement with the decision.

I have received a copy of the PARENT/STUDENT RIGHTS UNDER SECTION 504.

Parent/Guardian Signature _____ Date ___/___/___
Relationship _____

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA**

**INVITATION TO SECTION 504
COMMITTEE MEETING**

Date: _____ School: _____

Dear Parent or Guardian of _____:
(Student's Name)

The school has referred your child for consideration of his/her eligibility under Section 504. We would like to share information about your child's academic performance and receive any relevant information that you can provide. We would like to meet with you on the following date/time:

The meeting will be held at:

Date: _____ Time: _____

Location: _____

If you have any questions or concerns or need to reschedule the meeting, please contact

_____ at _____
(504 Coordinator) (Phone Number)

****Attached you will find a copy of the PARENTAL/STUDENT RIGHTS HANDBOOK****

PURPOSE OF THE MEETING:

- ___ Evaluation
- ___ Reevaluation
- ___ Annual Review
- ___ Disciplinary Review
- ___ Other _____

C: District 504 Coordinator, Student's 504 Folder and Parent / Guardian

**UNION COUNTY PUBLIC SCHOOLS
504/ADA REEVALUATION**

Student: _____
School: _____

Date of Birth: _____
Grade: _____

504 Coordinator sends 504 Reevaluation Notice with Parent/Student Rights Handbook to parents.
Date Sent: _____

Questions to address during the 504 reevaluation with the 504 committee: Does the student have a handicap/impairment that substantially limits a major life activity or major bodily function? Yes or No

If yes, please specify the major life activity or major bodily function: _____

Is the impairment physical or mental? _____

What is the nature of the handicap/impairment?

What information was used to document the handicap/impairment?

Recommendations of the 504 review team (administrators, parents, current teachers, and 504 coordinators):

_____The team has determined that the student ***should*** continue with 504 accommodations. The team will develop a new plan.

_____The team needs additional information to determine continued eligibility. The following information will be gathered and a meeting reconvened within 30 days. The current Section 504 Plan will remain in place during that time frame. Specify information needed: _____

_____The team has determined that the student ***should not*** continue with 504 accommodations. The team will complete the Exit Report form.

504 Committee Signatures:

Name	Position	Date
_____	Administrator	_____
_____	504 Coordinator	_____
_____	Parent/Guardian	_____
_____	Current Teacher	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C: District 504 Coordinator, Student's 504 Folder and Parent / Guardian

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA**

Section 504/ADA Exit Report Form

Date of the Exit Meeting: _____

Student: _____

Date of Birth: _____

School: _____

Grade: _____

Date of Initial Eligibility: _____

Impairment / Disability: _____

Reason for Exit:

Evaluation Data Used:

504 Committee Signatures:

Name	Position	Date
_____	Administrator	_____
_____	504 Coordinator	_____
_____	Parent/Guardian	_____
_____	Current Teacher	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

C: District 504 Coordinator, Student's 504 Folder and Parent / Guardian

504 Team Review for Long Term Suspension

- 1. Due process procedures for discipline are followed (i.e. investigation, student opportunity to be heard, written notice of the charges, etc.).**
- 2. Notify the office of the appropriate Assistant/Associate Superintendent.**
- 3. Call the District 504 Coordinator and parent to schedule a Manifestation Determination Meeting within 10 days of the suspension.**
- 4. Send home the Invitation to Conference for a Manifestation Determination Meeting.**

UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA
Invitation to Conference for Manifestation Determination Review

Date ___/___/_____

Parents/Guardians: _____

Address: _____

Re: 504 Team Manifestation Determination Review

Student: _____ DOB: _____

Dear _____:

The Administration at your child's school has recommended that your child be assigned a long-term suspension or your child has received multiple suspensions which result in a change in placement. Since he/she is identified as a student with a Section 504 Plan, the 504 Team will meet to determine whether the conduct leading to the suspension is a manifestation of your child's disabling condition. The 504 Team will meet and review your child's Section 504 Plan, any current evaluations, anecdotal records, and programming to make this determination. **When reviewing the appropriateness of educational program, the multidisciplinary/504 team may decide to make changes in the Section 504 Plan.**

The 504 team meeting has been scheduled at _____ for _____ on
(School) (Student)

_____. School personnel attending will include:

(Date / Time)

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

As parents/guardians, you are also members of the 504 Team and are invited and encouraged to participate in this meeting.

If you are unable to attend, please contact us immediately and provide dates when you are available. If you fail to attend, you will be informed, in writing, of the findings of the multidisciplinary/504 team. Should you disagree with the decisions made, you may choose to exercise the due process rights afforded to parents of students with disabilities as provided in the Handbook. If you do not have a copy, please contact the 504 Coordinator at your child's school.

If you have any questions, you may contact the District 504 Coordinator or the Special Needs Administrator (Assistant Principal) at _____.
(School) (Phone Number)

2nd contact notice: _____

Sincerely,

District 504 Coordinator

C: District 504 Coordinator, Student's 504 Folder and Parent / Guardian

**Union County Public Schools
North Carolina**

MANIFESTATION DETERMINATION WORKSHEET

Student: _____ DOB: ____/____/____

School: _____ Grade: _____ Area of Disability: _____

*Under the Rehabilitation Act of 1973, students with disabilities/504 accommodations are entitled to a meeting called **Manifestation Determination**. In other words, when a student with a Section 504 Plan is recommended for long term suspension, or has a series of short term suspensions which result in a change in placement, we have a meeting (Manifestation Determination) to determine if the conduct resulting in the suspension is a manifestation of their disabling condition. *Under Section 504, the student is not entitled to a manifestation determination if: (1) the student's misconduct involves the use or possession of illegal drugs or alcohol; and (2) the student is currently engaging in the illegal use of drugs or the use of alcohol. In such instances, the student may be disciplined in the same manner as a non-disabled student would be disciplined for the use or possession of illegal drugs or alcohol.*

A. Sources of Information (check all that apply):

- _____ Assessment/evaluations (attach assessments and summaries)
- _____ Medical information, including diagnosis and medication (attach results)
- _____ Interviews conducted (attach summaries)
- _____ Direct observations (attach summaries)
- _____ Discipline reports for the current school year (attach)
- _____ Functional Behavioral Assessment (attach)

B. Does the student have a history of disciplinary actions? (see attachment)

C. Does the student have a behavior support plan (BIP) based on functional behavioral assessment? If no, explain.

() Yes () No

a. What is the history of behavioral interventions and what has proven effective?

b. What modifications have proven effective?

Is the student "in process" of being identified for exceptional children's services?

() Yes () No

Has there been a change in behavior patterns over time (i.e., increase in frequency or intensity)?

() Yes () No

Explain:

D. Describe the conduct that led to recommended suspension.

E. Has the conduct being considered been exhibited in the past and if so, is there a pattern of behavior? If yes, explain.

() Yes () No

F. Was the student told about and explained the consequences of the school policy regarding the conduct being considered?

() Yes () No

Explain:

- G. Is the conduct being considered caused by or does it have a direct and substantial relationship to the disability?
() Yes () No

Was the conduct a direct result of the LEA's failure to implement the 504 plan? If yes, explain.
() Yes () No

If you answered yes to either part of question G, the team must determine that the conduct was a manifestation of the disability.

OTHER INFORMATION FROM PARENT THAT WILL BE CONSIDERED BY THE TEAM:

Based on the above factors, is the conduct being considered a manifestation (or related to) the child's disability?

_____ **NO.** The student may be disciplined using procedures applicable to non-disabled students.

_____ **YES.** Reevaluate the student's Section 504 plan for appropriateness. The student may not be removed.

504 Committee Signatures	Position	Date
	504 Coordinator	
	Regular Education Teacher	
	Parent	
	Administrator	
	LEA 504 Coordinator	

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA**

DISCIPLINARY RESULTS

Student: _____
School: _____

Date of Birth: _____
Grade: _____

Please check one of the following:

- Conduct is a manifestation of _____'s disability.
(Student's Name)

- Conduct is **not** a manifestation of _____'s disability.
(Student's Name)

EXPLANATION OF ACTION(S) PROPOSED OR REFUSED:

(Each action must be specifically addressed below).

I. The 504 Committee and other appropriate individuals decided the action(s) stated above because:

II. The 504 Committee and other appropriate individuals considered the following option(s):

III. The 504 Committee and other appropriate individuals considered but rejected the option(s) because:

IV. Describe any other factors that are relevant.

C: District 504 Coordinator, Student's 504 Folder and Parent / Guardian

**UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA**

DISCIPLINARY RESULTS (Signature Page)

Student _____ **School** _____ **Grade** _____

The following individuals were present during the development of the disciplinary action meeting:

Name	Position	Date
_____	Parent/Guardian	___/___/___
_____	Classroom Teacher	___/___/___
_____	504 Coordinator	___/___/___
_____	Administrator	___/___/___
_____	LEA 504 Coordinator	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

This is the final action (decision) of the local education agency. If you disagree, you, as the parent/guardian, are entitled to the due process rights that are described in your 504 Parent/Student Handbook.

If you do not have a copy of the Parent/Student Rights Handbook or would like another one, please contact your child's school _____ at _____.
(School) (Phone Number)

Prior written notice was given to the parent by _____ on _____
in the following way: (504 Coordinator) (Date)

- _____ mailed to parent/guardian
- _____ hand delivered to parent/guardian
- _____ other _____

Prior verbal notice was given to the parent by _____ on _____
(504 Coordinator) (Date)

C: District 504 Coordinator, Student's 504 Folder and Parent / Guardian



Dr. Ed Davis – Superintendent

Board of Education

- L. Dean Arp, Jr. – Chairman
- John Collins - Vice Chairman
- John Crowder
- Sherry Hodges
- Carolyn J. Lowder
- Laura Minsk
- Rick Pigg
- Marce Savage
- David Scholl

400 North Church Street
 Monroe, NC 28112
 Phone 704.296.9898 Fax 704.289.9182
 www.ucps.k12.nc.us

TO: Principals, Assistant Principals, 504 Coordinators, and Counselors
FROM: Dr. Debbie Taylor, District Section 504 Coordinator
SUBJECT: 504 Student Folders – Transfer to Schools

Transfer of 504 Plans

From (School)	To (School)	Number of Files	Date
---------------	-------------	-----------------	------

Attached is a list of the names of students whose 504 folders have been transferred from _____ School to _____ School.

Names of Students

- | | |
|-----|-----|
| 1. | 11. |
| 2. | 12. |
| 3. | 13. |
| 4. | 14. |
| 5. | 15. |
| 6. | 16. |
| 7. | 17. |
| 8. | 18. |
| 9. | 19. |
| 10. | 20. |

Person Delivering the Folders _____	_____	_____
	Signature	Title
Person Receiving the Folders _____	_____	_____
	Signature	Title
		Date

Sending school should complete the transfer forms.

Return a copy of this form to the District Section 504 Coordinator each time you deliver 504 folders to a school.



Dr. Ed Davis – Superintendent

Board of Education

- L. Dean Arp, Jr. – Chairman
- John Collins - Vice Chairman
- John Crowder
- Sherry Hodges
- Carolyn J. Lowder
- Laura Minsk
- Rick Pigg
- Marce Savage
- David Scholl

400 North Church Street
 Monroe, NC 28112
 Phone 704.296.9898 Fax 704.289.9182
 www.ucps.k12.nc.us

TO: Principals, Assistant Principals, 504 Coordinators, and Counselors
FROM: Dr. Debbie Taylor, District Section 504 Coordinator
SUBJECT: 504 Student Folders – Transfer to School

Transfer of 504 Plans

From (School)	To (School)	Number of Files	Date
---------------	-------------	-----------------	------

Attached is a list of the names of students whose 504 folders have been transferred from _____ School to _____ School.

Names of Students

- | | |
|-----|-----|
| 21. | 31. |
| 22. | 32. |
| 23. | 33. |
| 24. | 34. |
| 25. | 35. |
| 26. | 36. |
| 27. | 37. |
| 28. | 38. |
| 29. | 39. |
| 30. | 40. |

Person Delivering the Folders _____	_____	_____
Signature	Title	Date
Person Receiving the Folders _____	_____	_____
Signature	Title	Date

Sending school should complete the transfer forms.

Return a copy of this form to the District Section 504 Coordinator each time you deliver 504 folders to a school.



Dr. Ed Davis – Superintendent

Board of Education

- L. Dean Arp, Jr. – Chairman
- John Collins - Vice Chairman
- John Crowder
- Sherry Hodges
- Carolyn J. Lowder
- Laura Minsk
- Rick Pigg
- Marce Savage
- David Scholl

400 North Church Street
 Monroe, NC 28112
 Phone 704.296.9898 Fax 704.289.9182
 www.ucps.k12.nc.us

TO: Principals, Assistant Principals, 504 Coordinators, and Counselors
FROM: Dr. Debbie Taylor, District Section 504 Coordinator
SUBJECT: 504 Student Folders – Transfer to School

Transfer of 504 Plans

From (School)	To (School)	Number of Files	Date
---------------	-------------	-----------------	------

Attached is a list of the names of students whose 504 folders have been transferred from _____ School to _____ School.

Names of Students

- | | |
|-----|-----|
| 41. | 51. |
| 42. | 52. |
| 43. | 53. |
| 44. | 54. |
| 45. | 55. |
| 46. | 56. |
| 47. | 57. |
| 48. | 58. |
| 49. | 59. |
| 50. | 60. |

Person **Delivering** the Folders _____
 Signature Title Date

Person **Receiving** the Folders _____
 Signature Title Date

Sending school should complete the transfer forms.

Return a copy of this form to the District Section 504 Coordinator each time you deliver 504 folders to a school.

*UNION COUNTY PUBLIC SCHOOLS
NORTH CAROLINA*

504 REMINDERS (2011 – 2012)

- **Goal:** To collaborate as a school district to ensure that we are providing 504 Accommodations for eligible students. Also, our goal is to collaborate with parents/guardians to inform them of Section 504 and make decisions in the best interest of students.

- **Questions?** If you have a question about a 504 Plan, discuss it with your principal/assistant principal and 504 Committee before calling the District 504 Coordinator.

- **Training:** The District Section 504 Director and General Legal Counsel will train 504 Coordinators and Administrators on Section 504 Compliance and Updates on July 22, 2010 and on August 18, 2010. Section 504 Coordinators and/or Administrators shall train staff on Section 504 compliance and updates. When training staff, help them understand the basics of Section 504, including the purpose of the law, child find obligations and the FAPE obligation. Inform them about behavioral and learning styles typically associated with certain disabilities, such as ADHD. Make sure they know that a 504 team must come together before a student can receive Section 504 accommodations. Finally, help teachers understand the types of events or conditions that trigger an initial evaluation. Each licensed staff member shall be trained in Section 504 during staff meetings or small group meetings. I would also encourage training teacher assistants and nurses. **Keep a sign-in sheet from this training.**

- **504 Committee consists of at least the following people: Parents/Guardians, Administrator(s), 504 Coordinator, and all Current/Regular Classroom Teacher(s). Other appropriate personnel may also be invited to attend.** At the elementary level, the classroom teacher and other special area teachers (Music, Art, PE, Media, etc.) may also need to attend. At the middle and high school levels, **all current teachers should attend. If all current teachers cannot attend, please ensure that you have documentation from the teacher regarding the implementation of the 504 Plan and the student's progress in class.**

- **Review Meetings:** At the middle and high school levels, review meetings should take place once each semester. **This is not an annual review of the 504 Plan; it is a staff meeting to ensure that all teachers are aware of their obligations under the 504 Plan.**

- **Yearly Reviews:** A 504 Plan should be reviewed each year with the 504 Team which consists of the Parent/Guardian, 504 Coordinator, Current/Regular Classroom Teacher(s), and Administrator(s). Other appropriate people should be invited to the meeting.

- **Modification Sheet Due Dates:** Modification sheets should be submitted no later than September 27, 2010 (year round calendar) and October 15, 2010 (traditional school calendar) and ALL schools (traditional calendar and year round calendar) should submit an updated modification sheet on March 31, 2011. **Please add the sex and race of the student to the modification sheet being submitted. This information will assist us in completing the form for OCR.** Any questions regarding due dates should be directed to Dr. Debbie Taylor, Director of Support Services at 704-296-1005.

- **3rd Year Reevaluations:** A 504 Plan should be reevaluated every **three years**. The 504 committee should determine if the child needs to continue with the plan.

- **Student/Parent Handbook:** At the meeting, please review the *Handbook for Students and Parents with Parents/Guardians* and inform staff of new changes to Section 504. **ALWAYS, ALWAYS, ALWAYS** offer and provide a handbook to parents/guardians. Document receipt or refusal of handbook.

- **Paperwork:** Make sure all student information is accurate (date of birth, full legal name, school, etc.). Please SPELL CHECK your work.

- **Accommodations:** There are two types of accommodations: Instructional and Testing. In order for a student with disabilities to be eligible to receive a testing accommodation, it must be documented in the student's current Section 504 Plan. Accommodations must be routinely used during instruction and on similar classroom assessments that measure the same content. **Be specific when writing accommodations. For example, one modification might be double the regular time limit to complete work.** TEACH the way you TEST: TEST the way you TEACH. In order to allow sufficient time for the testing accommodations to be considered routinely used, there should be no additions/changes made to the testing accommodations in the Section 504 Plan just prior to testing, unless the student's eligibility status has changed (i.e. the student exits the EC identification). This ensures that students have experience using the accommodations during instruction and similar classroom assessments prior to testing.

- **Testing Modifications Sheet:** Under the 3rd Year Reevaluation Column, place the exact date. For example, list the month, day, and the year.

- **30-Day State Implementation Rule:** If a student does not have at least 30 calendar days prior to the test date to use the accommodation, then the use of the accommodation cannot be considered "routinely used" during instruction or similar classroom assessments. **If a student is newly identified as having a disability and it is just prior to testing, any testing accommodations that are documented and implemented should have been used as intervention prior to identification.** The use of testing accommodations that are not routinely used during instruction or similar classroom assessments is a misadministration and results in invalid test scores. Instructional accommodations can and should be used/changed as appropriate. Please ensure that parents are aware that for any 504 Plans written within the 30-day testing window that the accommodations will not be implemented for the upcoming testing cycle. Questions regarding these dates should be directed to Dr. Debbie Taylor, Director of Support Services at 707-296-1005.

- **504 Accommodation Plan and Testing Modification Sheets:** Testing modifications sheet and the 504 Accommodation should have matching dates (Yearly Reviews, Initial Plan, 3rd Year Reevaluation, etc.). During testing, test administrators must monitor accommodation usage by completing the *Review of Accommodations Used During Testing* monitoring forms. The completed forms will provide valuable information during annual meetings to determine the instructional and testing accommodations students need to receive. Therefore, completed forms must be kept on file with the student's cumulative folder, the Section 504 Plan, and a copy to the District 504 Coordinator.

- **Manifestation Determination Meetings:** Under the Rehabilitation Act of 1973, students with disabilities/504 accommodations are entitled to a meeting called Manifestation Determination. In other words, when a student with a 504 is recommended for long term suspension, we have a suspension review meeting (Manifestation Determination) to ascertain if the conduct being considered is related to their disability.

Please call the District 504 Director at 704.296.1005 before scheduling manifestation determination meetings to confirm her schedule.

- EC Exit:** If a student has been reevaluated in the EC program and it is in the month of April and/or May, please call the EC department if you feel the child needs modifications for the EOG/EOC.
- Cum Folder Notice:** If a student has a 504 plan, please place a note (copied on cherry colored paper) in the cumulative folder. The note should read as follows: Please see student's Section 504 folder. Also place a copy of the completed *Review of Accommodations Used During Testing* monitoring form in the cumulative folder
- Folder Location:** Please have a designated location where 504 information/folders will be contained in the building. I would like to be informed of each school's process. (Folders, staff training, providing information to teachers, etc.) ALL folders (active and inactive) should be kept at your school site.
- Out-of-State and Out-of-County 504 Plans:** Please meet with the parents/guardians within 10 days of receiving the 504 Plan/Folder. Please record information on the UCPS 504 Accommodation Plan form.
- Transfer of Folders from Elementary to Middle and Middle to High Schools** We will notify you when to transfer 504 folders at the end of the school year for the upcoming school year. Please complete the *Transfer Form* included in the Handbook for Educators which indicates the name and number of folders to be transferred. Signature of person receiving and signature of person delivering folders are required. **If the student never arrives at your school, please contact Dr. Debbie Taylor, Director of Support Services at 704-296-1005 to determine where the folder should be forwarded.**
- Transfer of Folders to New School –** **If a student transfers to another school out of the district, please make a copy of the folder and send it to the receiving school.** If the school is in the district, please complete the *Transfer Form*.
- List of Graduating Seniors – High Schools should provide a list of 504 students who graduate to Ms. Debbie Taylor on a designated due date at the end of the school year.**
- Parent Referral:** If it is a parent referral, please remind the parent that the child must be determined to meet the disability definition in Section 504 and the ADA, including whether or not the child has a disability that results in a substantial limitation of a major life activity. Although the determination of whether or not a disability substantially limits a major life activity is subjective, school personnel must use their professional judgment, collectively, to make this determination. **The Section 504 Team determines eligibility, not physicians, psychologists, or other professionals who may diagnose a disability or condition.**
- Initiate Section 504 referral under these conditions:** Section 504 states that a district must conduct an evaluation of students "who, because of handicap, need or are believed to need special education and related services." 34 CFR 104.35(a). Here are some specific circumstances that could trigger your duty to refer a student for an evaluation:
 - Student has an impairment of any kind.
 - Parent requests an evaluation or a 504 plan.
 - Student transfers from another district with a plan.

- Student was found ineligible because of mitigating measures prior to the enactment of the ADA Amendments Act on Jan 1, 2009.
- Administrators are considering suspension or expulsion.
- Academic performance is lower than expected.
- Student is evaluated under the IDEA and found ineligible.
- Student exhibits a chronic medical problem
- Student is chronically absent because of medical or health issues.
- Student receives medication on school grounds

Adapted from: *Student Access, A Resource Guide for Educators*; CASE (2006)

Source: James McKethan, education consultant.

- **Alternative Parent Contacts:** If the parent refuses to meet with the 504 team or you are unable to contact the parent, then meet with your principal to determine an alternative contact. For example:
 - Send a certified letter to the parent inviting them to a conference.
 - Make a home visit. You may want the school's social worker, attendance counselor, teacher, administrator, or other pertinent school personnel to visit the home.
 - If the home visit is unsuccessful, meet with the 504 team, determine that the student needs to continue with services, and mail the parent a copy of the plan (certified letter).
 - You may also want to consider a phone conference. Please **DOCUMENT** the conference with the 504 Team (administrator, teachers, and counselors) present.
 - **DOCUMENT** all conversations, mail attempts, etc.
 - **NEVER** consider making the 504 Plan inactive because you are unable to contact parents.

**INFORMATION AND RIGHTS REGARDING SECTION 504
OF THE REHABILITATION ACT OF 1973**

Section 504 is an Act which prohibits discrimination against persons with a handicap in any program receiving Federal financial assistance. The Act defines a person with a disability as anyone who:

1. has a mental or physical impairment, which substantially limits one or more major life activities (major life activities include activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
2. has a record of such impairment; or
3. is regarded as having such an impairment

In order to fulfill its obligation under Section 504, the Union County Public Schools recognizes a responsibility to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability will knowingly be permitted in any of the programs and practices in the school system.

The school district has specific responsibilities under the Act, which include the responsibility to identify, evaluate, and if the child is determined to be eligible under Section 504, to provide appropriate educational services.

If the parent or guardian disagrees with the determination made by the professional staff of the school district, he/she has a right to a hearing with an impartial hearing officer.

The Family Educational Rights and Privacy Act (FERPA) also specifies rights related to educational records. This Act gives the parent or guardian the right to:

- 1) inspect and review his/her child's educational records;
- 2) make copies of these records;
- 3) receive a list of all individuals having access to those records;
- 4) ask for an explanation of any item in the records;
- 5) ask for an amendment to any report on the grounds that it is inaccurate, misleading, or violates the child's rights; and
- 6) a hearing on the issue if the school refuses to make the amendment.

If there are questions, please feel free to contact the District Section 504 Coordinator, Dr. Debbie J. Taylor, Union County Public Schools Central Services at 704.296.1005.