



CHINO VALLEY  
UNIFIED SCHOOL DISTRICT

Student Achievement • Safe Schools • Positive School Climate  
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Chino Valley Unified School District  
Student Support Services

## Section 504 REFERRAL AND REQUEST FOR SECTION 504 EVALUATION

Date of 504 Plan Meeting \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
*City, State Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

### STUDENT NEED/AREA OF CONCERN

(It is MANDATORY that all questions below are answered)

What is the student's physical or mental impairment that substantially limits a major life activity?

What major life activity is substantially limited? (check all that apply)

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> caring for one's self   | <input type="checkbox"/> hearing   | <input type="checkbox"/> working          |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> speaking  | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> walking                 | <input type="checkbox"/> breathing |   |
| <input type="checkbox"/> seeing                  | <input type="checkbox"/> learning  |   |

Are there any current medical records, outside agency reports, prior school evaluations, etc., that would assist the team in evaluating the student? Please list and attach.

Has the student ever been evaluated for special education services?  Yes  No

If yes, indicate when \_\_\_\_\_

Person making the request \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENT ACKNOWLEDGEMENT** – to have the above-named student evaluated and data collected for possible eligibility under Section 504.

Acknowledgement (check one)  I consent  I do not consent

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the School Section 504 Coordinator. Attach any supportive documentation.**

#### FOR OFFICE USE ONLY

Received By \_\_\_\_\_ Date Received \_\_\_\_\_



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## Section 504 PARENT/GUARDIAN NOTICE OF SECTION 504 TEAM MEETING

Date of 504 Plan Meeting \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

Initial     Re-Evaluation

Dear Parent/Guardian:

We have received a request for referral for a Section 504 evaluation for your student. As part of our ongoing effort to assist your student to be a better learner, members of our Section 504 Evaluation Team would like to complete an evaluation. The results of the evaluation will be used to determine the best ways to meet your student's needs in his/her instructional setting and/or program.

School staff will be involved in observations, interviews, a review of cumulative records, work samples, and other data collection. If you have any current medical, psychological, or outside tutoring records you wish the team to consider, please provide copies of these records for the meeting.

Section 504 evaluation meeting will be held:

Date	Time	Place

Although your participation in this evaluation meeting is not required by law, your attendance at the meeting would be welcome. You may also provide any of the informational records (mentioned above) that you feel might assist the Section 504 Evaluation Team in making decisions about your student's instructional program.

Please check one:     I will attend the meeting     I am unable to attend this meeting

Please check the following, sign below, and return the signed copy of this form to the school as soon as possible before the date of the planned meeting:

I understand that a copy of the results of the meeting will be provided to me whether I am present or not.

I have received a copy of the Parent/Guardian Procedural Safeguards under Section 504.

If you have any questions or need additional information, you may address your question to:

School Section 504 Coordinator:		Phone:	
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Attachment: Procedural Safeguards (Form C)



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**Section 504**

**PARENT/GUARDIAN PROCEDURAL SAFEGUARDS**

Date of 504 Plan Meeting \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

Parents/guardians shall be notified in writing of all district decisions regarding the identification, evaluation, or educational placement of students with disabilities or suspected disabilities. Notifications shall include a statement of their right to examine relevant records, have an impartial hearing with an opportunity for participation by the parents/guardians and their counsel, and have a review procedure. (34 CFR 104.36)

Notifications shall also detail the parent/guardian's right to file a grievance with the district over an alleged violation of Section 504; have an evaluation that draws on information from a variety of sources; be informed of any proposed actions related to eligibility and plan for services; receive all information in the parent/guardian's native language and primary mode of communication; periodic reevaluations and an evaluation before any significant change in program/service modifications; an impartial hearing if there is a disagreement with the district's proposed action; be represented by counsel in the impartial hearing process; and appeal the impartial hearing officer's decision.

If a parent/guardian disagrees with the identification, evaluation, or educational placement of his/her child under Section 504, he/she may initiate the following procedures:

1. Within 30 days of receiving the accommodation plan, file a written complaint with the School Section 504 Coordinator detailing his/her disagreement and request that the Section 504 School Team review the plan in an attempt to resolve the disagreement. This review shall be held within 14 days of receiving the parent/guardian request and the parent/guardian shall be invited to attend the meeting at which the review is conducted.
2. If disagreement continues, request in writing that the Superintendent or designee review the plan. This review shall be held within 14 days of receiving the parent/guardian request, and the parent/guardian shall be invited to meet with the Superintendent or designee to discuss the review.
3. If disagreement continues, request in writing a Section 504 due process hearing. The request shall include:
  - a. The specific nature of the decision with which the parent/guardian disagrees
  - b. The specific relief the parent/guardian seeks
  - c. Any other information the parent/guardian believes pertinent

Within 30 work days of receiving the parent/guardian's request, the Superintendent or designee and District Section 504 Coordinator shall select an impartial hearing officer. This 30-day deadline may be extended for good cause or by mutual agreement of the parties.

The District Section 504 Coordinator shall maintain a list of impartial hearing officers who are qualified and willing to conduct Section 504 hearings. To ensure impartiality, such officers shall not be employed by or under contract with the district in any capacity other than that of hearing officer and shall not have any professional or personal involvement that would affect their impartiality or objectivity in the matter.

Within 45 work days of the selection of the hearing officer, the Section 504 due process hearing shall be conducted and a written decision mailed to all parties. This 45-day deadline may be extended for good cause or by mutual agreement of the parties.

Any party to the hearing shall be afforded the right to be accompanied and advised by counsel and by individuals with special knowledge or training related to the problems of students who are qualified as disabled under Section 504; present written and oral evidence; question and cross-examine witnesses; and receive written findings by the hearing officer.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Section 504 EVALUATION TEAM SIGNATURES

Date of 504 Plan Meeting \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

By signing below, the following Section 504 Evaluation Team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regards to student.

*Signatures of Section 504 Evaluation Team:*

Name _____	Title _____
Signature _____	Date _____
Knowledge of: <input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement	

Name _____	Title _____
Signature _____	Date _____
Knowledge of: <input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement	

Name _____	Title _____
Signature _____	Date _____
Knowledge of: <input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement	

Name _____	Title _____
Signature _____	Date _____
Knowledge of: <input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement	

Name _____	Title _____
Signature _____	Date _____
Knowledge of: <input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement	

Name _____	Title _____
Signature _____	Date _____
Knowledge of: <input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement	

For additional information or assistance please call:

Al Bennett, District Section 504 Coordinator Chino Valley  
Unified School District  
5130 Riverside Drive, Chino, CA 91710  
909-628-1201, Ext. 6745



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**Section 504  
TEACHER OBSERVATIONS**

Date of 504 Plan Meeting \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Perm ID # \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Initial     Re-Evaluation     Annual     Transition     Other \_\_\_\_\_

**Please complete the following teacher observation information  
and return this form to the School Section 504 Coordinator promptly.**

**STATE ASSESSMENTS**

ELA \_\_\_\_\_ MATH \_\_\_\_\_ SCIENCE \_\_\_\_\_

**TEACHER OBSERVATIONS**  
Based on your knowledge and observation, please rate this student's performance.

	UNSATISFACTORY → EXCELLENT				
Classroom Work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Homework	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Tests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Reading Performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Math performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Written Performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Spelling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Following Oral Directions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Attendance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Attention Span	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Organization Skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<b>ACTIONS TAKEN</b> (Check all that apply)	<b>RESULTS</b> (Describe the effects of the actions taken)
<input type="checkbox"/> Parent contact	
<input type="checkbox"/> Referred to counselor/administrator	
<input type="checkbox"/> Rearranged Seating	
<input type="checkbox"/> Contract (behavioral/academic)	
<input type="checkbox"/> Teacher/Peer Tutoring	
<input type="checkbox"/> Additional time for Assignments	
<input type="checkbox"/> Small group instruction	
<input type="checkbox"/> Cooperative Learning	
<input type="checkbox"/> Other	



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**Section 504**  
**TEACHER OBSERVATIONS (Cont.)**

**BEHAVIORAL CHARACTERISTICS** Check characteristics that have been observed within the classroom environment that might adversely affect the student's learning.

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Shyness           | <input type="checkbox"/> Moody                        | <input type="checkbox"/> Anxious    |
| <input type="checkbox"/> Rejected by Peers | <input type="checkbox"/> Daydreams                    | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Irritable         | <input type="checkbox"/> Needs Constant Encouragement | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Distractible      | <input type="checkbox"/> Quarrelsome                  | <input type="checkbox"/> Withdrawn  |

**EMOTIONAL/SOCIAL CHARACTERISTICS**

Generally cooperates and is compliant with teacher requests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Accepts responsibility for own actions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Is pleased with work well done	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Responds appropriately to praise and correction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Consistently demonstrates behavior appropriate for his/her age	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Makes and keeps friends at school	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Independently initiates activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Resists becoming discouraged by difficulties or minor setbacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Adapts to new situations, if no, explain in Notes/Comments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed

**DISCIPLINE**

Is discipline an area of concern?  Yes  No

If YES, explain:

**NOTES/COMMENTS**



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**Section 504**  
**TEAM ELIGIBILITY DECISION**

Date of 504 Plan Meeting _____		
Student's Name _____	Date of Birth _____	School Year _____
School _____	Perm ID # _____	Grade _____

Dear Parent/Guardian:

The Section 504 Evaluation Team met to evaluate your student to determine if he/she has a mental/physical impairment that substantially limits a major life activity.

- Your student **MET THE CRITERIA** for qualification under Section 504 and a plan was developed. Attached is a copy of your student's Section 504 Accommodation Plan.
- Your student **DOES NOT MEET THE CRITERIA** to qualify under Section 504.

A parent/guardian has the right to appeal the school site's decision with regard to the identification, evaluation, or accommodation of students under Section 504. Please consult the attached Parent/Guardian Procedural Safeguards for appeal procedures.

For additional information or assistance, parents/guardians may call the District Section 504 Coordinator:

Al Bennett, District Section 504 Coordinator  
Child Welfare and Attendance  
5130 Riverside Drive, Chino, CA 91710  
909-628-1201, Ext. 6745

Sincerely,

School Section 504 Coordinator

Attachments: Procedural Safeguards (Form C)  
Section 504 Accommodation Plan, if applicable

RESET

PRINT



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## Section 504 PLAN DISTRIBUTION NOTICE

Date of 504 Plan Meeting \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

The Section 504 Accommodation Plan (developed by the Section 504 Evaluation Team) for the above-named student must be implemented by the person(s) responsible as indicated in the Section 504 Accommodation Plan. It is imperative that the accommodations as written in the accommodation plan be fully implemented in compliance with federal, state, local laws, and mandates of Section 504.

Be aware that, under federal law, personal civil rights suits may be filed on behalf of students against individual district employees who fail to comply with the law and mandates set forth under Section 504. In addition, failure to comply with Section 504 law regarding the implementation of a Section 504 Accommodation Plan may result in a complaint investigation and ruling by the United States Department of Education, Office for Civil Rights (OCR). Such a ruling could result in the loss of district federal funds.

By signing below, I acknowledge that I have received a copy of the Student Section 504 Accommodation Plan and understand my involvement and responsibility to implement this plan.

Teacher Name	Date MM/DD/YYYY	Title/Subject Taught	Signature

The above designated staff members have received a copy of the above-named student's accommodation plan and have been advised of their involvement and responsibility in the implementation of this plan.

If you have any questions or need assistance, please feel free to contact the School Section 504 Coordinator.

School Section 504 Coordinator: \_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_  
School Section 504 Coordinator Signature