



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 _____



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 _____
<input type="checkbox"/> Initial <input type="checkbox"/> 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)

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 _____