



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

Section 504 MEETING NOTICE

Date of 504 Plan Meeting _____

Student's Name _____

Date of Birth _____

School Year _____

School _____

Perm ID # _____

Grade _____

☐ Annual ☐ Transition ☐ Other _____

Dear Parent/Guardian:

This is to inform you a meeting has been scheduled to review your (son's/daughter's) Section 504 Accommodation Plan as follows:

Date	Time	Place

Staff will review relevant documents; i.e., medical history and academic records, that may require your assistance. Your participation at the review meeting is requested to provide input in your (son's/daughter's) education. Please notify me if you are unable to attend this important meeting.

If you have questions or if I can be of further assistance, please contact me.

Sincerely,

School Section 504 Coordinator

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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Student Support Services

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"/>

ACTIONS TAKEN (Check all that apply)

RESULTS (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

RESET

PRINT



Chino Valley Unified School District
Student Support Services

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



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Student Support Services

Section 504 PLAN EXIT DETERMINATION

Date of 504 Plan Meeting _____

Student's Name _____

Date of Birth _____

School Year _____

School _____

Perm ID # _____

Grade _____

☐ Re-Evaluation ☐ Other _____

The Section 504 Evaluation Team met to review the above-named student's Section 504 Accommodation Plan. The meeting notes and the written evaluation report are attached to this exit form. Evidence which includes student's grades, attendance, behavior/discipline records, academic record, medical history, copy of current 504 Plan, assessment data, and all other relevant documents is attached.

☐ I AGREE with the Evaluation Team's determination that my student no longer meets eligibility for Section 504 accommodations

☐ I DO NOT AGREE with the Evaluation Team's determination and understand that I have rights set forth in the Procedural Safeguards provided to me.

Parent Signature _____ Date _____

Signature of Re-Evaluation Team participants:

Name _____ Title _____

Signature _____ Date _____

Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name _____ Title _____

Signature _____ Date _____

Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name _____ Title _____

Signature _____ Date _____

Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name _____ Title _____

Signature _____ Date _____

Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name _____ Title _____

Signature _____ Date _____

Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name _____ Title _____

Signature _____ Date _____

Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Attachments _____