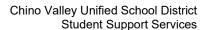


### Section 504 REFERRAL AND REQUEST FOR SECTION 504 EVALUATION

Date of 504 Plan Meeting				
Student's Name		Da	te of Birth	School Year
School		Pe	rm ID #	Grade
Parent/Guardian				
Home Address				City, State Zip
Home Phone (	Cell Phone			
Email Address	E	Email Address		
	NT NEED/AF	-	-	
What is the student's physical or me	ntal impairment th	nat substantially	y limits a major	life activity?
What major life activity is substantial	ly limited? (check a	all that apply)		
caring for one's self	hearing		vorking	
<ul> <li>performing manual tasks</li> <li>walking</li> </ul>	speaking		)ther (specify):	
	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	d for special educ	ation services?	)	🗌 Yes 🗌 No
If yes, indicate when				
Person making the request		F	Relationship	
<b>PARENT ACKNOWLEDGEMENT</b> – to have the above-named student evaluated and data collected for possible eligibility under Section 504.				
Acknowledgement	(check one)	] I consent	🗌 I do not con	sent
Parent/Guardian Signature			Date _	
Return this form to the School S	ection 504 Coor	dinator. Attac	h any support	ive documentation.
	FOR OFFICE	USE ONLY		
Received By		D;	ate 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

Dear Parent/Guardian:

CHINO VALLEY

UNIFIED SCHOOL DISTRICT

Student Achievement • Safe Schools • Positive School Climate Humility • Civility • Service

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 <u>return the signed copy of this form to the school</u> 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	Dhana	
504 Coordinator:	Phone:	

Parent/Guardian Signature

Date

Attachment: Procedural Safeguards (Form C)



#### 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



### 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:

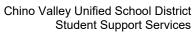
Name Title
Signature Date
Knowledge of: Student Evaluation Data Educational Placement
Name Title
Signature Date
Knowledge of: Student Evaluation Data Educational Placement
Name Title
Signature Date
Knowledge of: Student Evaluation Data Educational Placement
Name Title
Signature Date
Knowledge of: Student 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
For additional information or assistance please call:
Al Bennett, District Section 504 Coordinator Chino Valley
Unified School District

909-628-1201, Ext. 6745



# Section 504 TEACHER OBSERVATIONS

Date of 504 Plan Meeting					
Student's Name		Da	te of Birth	Sch	nool Year
School		Per	rm ID #	Gra	ide
Teacher					
Initial Re-Evaluation Annua	al 🗌 Tran	sition	Other		
Please complete the fo and return this form to the					
STATE ASSESSMENTS					
ELA MATH			SCIENCE		
TEACHER OBSERVATIONS Based on your knowledge and observation, plea	ase rate this st	udent's perfor	mance.		
	UNSATISFAC	TORY		<b>→</b>	EXCELLENT
Classroom Work	1	2	3 🗌	4	5 🗌
Homework		2	3	4	5
Tests Reading Performance		2	3 🗌		5
Math performance		2	3	4	5
Written Performance		2	3 🗌		5
Spelling		2	3	4	5
Following Oral Directions	1 🗌	2 🗌	3 🗌	4	5 🗌
Attendance	1 🗌	2 🗌	3 🗌	4	5 🗌
Attention Span	1	2	3 🗌	4	5 🗌
Organization Skills	1	2 🗌	3 🗌	4	5 🗌
ACTIONS TAKEN (Check all that apply)	RESULTS	Clescribe the	effects of the a	ctions taken)	
Parent contact					
Referred to counselor/administrator					
Rearranged Seating					
Contract (behavioral/academic)					
Teacher/Peer Tutoring					
Additional time for Assignments					
Small group instruction					
Cooperative Learning					
Other					



Section 504 TEACHER OBSERVATIONS (Cont.)

Student Achievement • Safe Schools • Positive School Climate Humility • Civility • Service

<b>BEHAVIORAL CHARACTERISTICS</b> Check characteristics that have been observed within the classroom environment that might adversely affect the student's learning.				
Shyness	🗌 Moody	Anxious		
Rejected by Peers	Daydreams	Aggressive		
Irritable	Needs Constant Encouragem	nent 🗌 Disruptive		
Distractible	Quarrelsome	Withdrawn		
EMOTIONAL/SOCIAL CHARACTERISTICS				
Generally cooperates and is co	ompliant with teacher requests	Yes No Not observed		
Accepts responsibility for own	actions	Yes No Not observed		

Is pleased with work well done	∐ Yes	📙 No	Not observed
Responds appropriately to praise and correction	🗌 Yes	🗌 No	Not observed
Consistently demonstrates behavior appropriate for his/her age	🗌 Yes	🗌 No	Not observed
Makes and keeps friends at school	🗌 Yes	🗌 No	Not observed
Independently initiates activities	🗌 Yes	🗌 No	Not observed
Resists becoming discouraged by difficulties or minor setbacks	🗌 Yes	🗌 No	Not observed
Adapts to new situations, if no, explain in Notes/Comments	🗌 Yes	🗌 No	Not observed

#### DISCIPLINE

Is discipline an area of concern? 
Yes No If YES, explain:

### NOTES/COMMENTS



### 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	
CHINO VALLEY UNIFIED SCHOOL DISTRICT Student Achievement * Safe Schools * Positive School Climate Humility * Civility * Service			Valley Unified School District Student Support Services Section 504 BUTION NOTICE
Date of 504 Plan Meeting			
Student's Name		Date of Birth	School Year

School

The Section 504 Accommodation Plan (developed by the Section 504 Evaluation Team) for the abovenamed 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.

Perm ID #

Grade

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



# Section 504 PLAN EXIT DETERMINATION

Date of 504 Plan Meeting					
Student's Name	Date of Birth	School Year			
School	Perm ID #	Grade			
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.					
<ul> <li>I AGREE with the Evaluation Team's determination tha Section 504 accommodations</li> <li>I DO NOT AGREE with the Evaluation Team's determined</li> </ul>					
forth in the Procedural Safeguards provided to me. Parent Signature					
Signature of Re-Evaluation Team participants:					
Name	Title				
Signature					
	onal Placement				
Name	Title				
Signature	Date				
Knowledge of: Student Evaluation Data Education	onal Placement				
Name	Title				
Signature	Date				
Knowledge of: Student Evaluation Data Education	onal Placement				
Name	Title				
Signature	Date				
Knowledge of: Student Evaluation Data Education	onal Placement				
Name	Title				
Signature	Date				
Knowledge of: Student Evaluation Data Education	onal Placement				
Name	Title				
Signature	Date				
Knowledge of: Student Evaluation Data Education	onal Placement				