



LIPAN INDEPENDENT  
SCHOOL DISTRICT

211 N. Kickapoo St.  
Lipan, Texas 76462

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504

MANUAL

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Dr. Cindy Edwards  
Superintendent

## ASSURANCE OF NONDISCRIMINATION

Lipan ISD does not discriminate on the basis of race, religion, color, national origin, gender, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

The following district staff members have been designated to coordinate compliance with these legal requirements:

- Title IX Coordinator, for concerns regarding discrimination on the basis of sex:
- Section 504 Coordinator, for concerns regarding discrimination on the basis of disability:
- Or other concerns regarding discrimination:

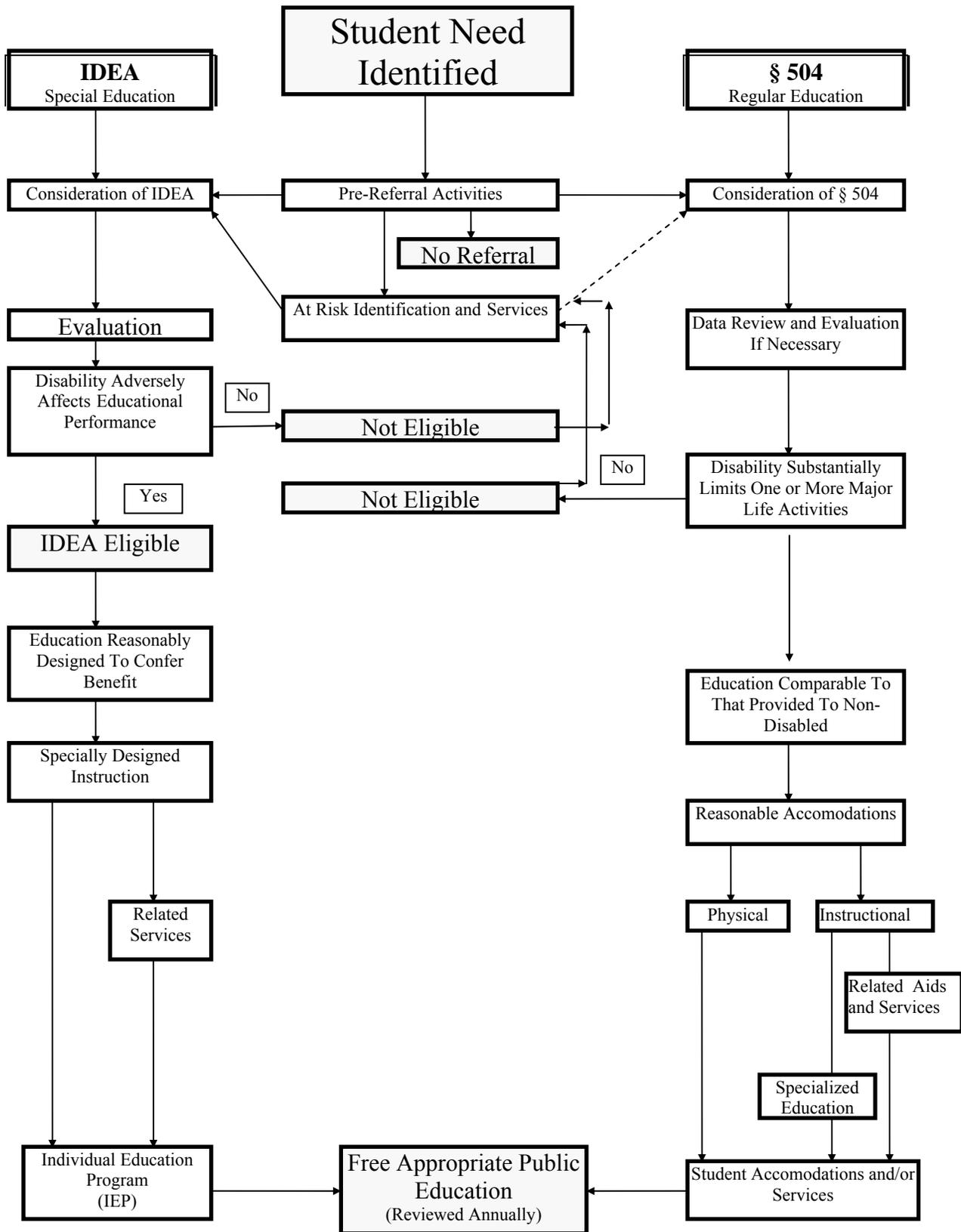
Lipan ISD Superintendent  
211 N. Kickapoo Street  
Lipan, TX 76462  
(254) 646-2266  
superintendent@lipanindians.net

All complaints shall be handled through established channels and procedures beginning with the building principal, followed by appeal to the Superintendent, and finally to the board of trustees, in accordance with Policy FNG.

If you need the assistance of the Office for Civil Rights (OCR) of the Department of Education, the address of the OCR Regional Office that covers Texas is:

Dallas Office  
Office for Civil Rights, U.S. Department of Education  
1999 Bryan Street, Suite 1620  
Dallas, TX 75201-6810  
Telephone: (214) 661-9600  
Facsimile: (214) 661-9587  
Email: OCR.Dallas@ed.gov

**LIPAN ISD – § 504/IDEA PROCESS**



## SECTION 504 CAMPUS COMMITTEE PROCEDURES

1. Each campus will have a Section 504 Committee consisting of at least two members of the faculty, including persons knowledgeable about the student, the meaning of the evaluation data, the placement options, and the legal requirements regarding least restrictive environment and comparable facilities for students with disabilities. One of those members must be a campus administrator. Other members may include the counselor, teachers, and/or nurse.
2. The Section 504 Campus Committee will attempt to identify and notify any eligible student under Section 504, the Rehabilitation Act of 1973. An eligible student under Section 504 is a student who (a) has, (b) has a record of having, or (c) is regarded as having, a physical or mental impairment which substantially limits a major life activity such as learning, self-care, walking, seeing, hearing, speaking, breathing, working and performing manual tasks. Conditions may include, but not be limited to the following:
  - ADHD (see guidelines for ADHD screening)
  - obesity
  - Chronic Fatigue Syndrome
  - diabetes
  - cerebral palsy
  - other
  - sleep disorders, i.e. Dyssomnia
  - asthma
  - muscle dysfunction related diseases
  - dyslexia
  - allergies
3. When a student is referred to the Section 504 Campus Committee the following steps will be taken:
  - (a) The Committee will initiate the referral and gather data to be considered by the Section 504 Campus Committee. The committee members, which may include the student's teacher(s), shall accumulate all pertinent campus data as necessary.
  - (b) Parent(s)/guardian(s) will receive written notification that the Section 504 Campus Committee will provide an initial evaluation and will also receive Notice of Parent and Student Rights under Section 504, The Rehabilitation Act of 1973. The due process requirements of Section 504, as set out in 34 CFR 104.36 do not contain a **consent** requirement; however, because of an OCR ruling, consent must be provided prior to evaluation. The committee will meet to make a determination of the student's eligibility under Section 504.
  - (c) If a determination is made that the identified student qualifies under a Section 504 disability, the Section 504 Campus Committee will complete the Section 504 Accommodation Plan, determine the appropriate Section 504 Modifications and complete the Behavior Management Plan if needed. Parent(s)/guardian(s) attending the meeting will receive copies of all forms. Parent(s)/guardian(s) invited but unable to attend the 504 meeting will receive, by mail, copies of all forms. All completed forms will be kept in a designated Section 504 file **separate from the student's cumulative folder**. These files should be kept in a locked cabinet.
  - (d) The Section 504 Committee will send copies of the Section 504 Modifications to each of the student's teachers and one copy will be placed in the 504 folder for administrators and other personnel.
  - (e) The Section 504 Committee will monitor, as instructed in the Section 504 Accommodation Plan, the progress of the 504 identified student by sending the 504 Monitor Sheet to teachers and administrators, as determined by the 504 committee (minimally each nine weeks). The monitor sheets will be filed in a designated Section 504 file.
  - (f) The Section 504 Campus Coordinator will complete a Section 504 re-evaluation on each identified student every three years or sooner upon the occurrence of the following:
    - parental request
    - receipt of new data that indicate the need for consideration of a significant placement change
    - notification from student or school personnel that a significant change in placement should be considered
  - (g) The Section 504 Campus Committee will maintain a record of all students who have Section 504 accommodation plans.
  - (h) If a determination is made that the identified student does not qualify under a Section 504 handicapping condition, all gathered data will be retained at the campus for as long as the student is enrolled at that campus.

# **ADMINISTRATIVE GUIDELINES FOR DISABLED STUDENTS – SECTION 504 REHABILITATION ACT OF 1973**

## **PURPOSE**

The purpose of the Section 504 Rehabilitation Act of 1973 is to prohibit discrimination and to assure that disabled students are provided equal benefits and educational opportunities as nondisabled students.

## **ELIGIBILITY**

An eligible student is a person who:

- a. Is of mandatory school age and resides within the boundaries of LISD or is within permissible school age, enrolled and attending classes in LISD.
- b. Has, has a record of having, or is regarded as having a physical or mental impairment which substantially limits a major life activity such as self-care, learning, walking, seeing, hearing, speaking, breathing, working, and performing manual tasks.

## **EDUCATIONAL NEEDS**

A substantial limitation on learning must be demonstrated by an educational need, i.e., a serious academic deficit and/or serious behavior problems resulting from the student's disability and not from other causes. Where the physical or mental impairment substantially limits the major life activity of learning, the student should be considered for special education evaluation.

## **DEFINITION OF IMPAIRMENT**

Some students are eligible for services under both Section 504 and the Individuals with Disabilities Education Act (IDEA). The procedures set out herein are applicable only to Section 504. Where the physical or mental impairment substantially limits the major life activity of learning, the student should be considered for special education evaluation. Parents and/or students seeking services under the Individuals with Disabilities Education Act are referred to the district's Special Education Department.

"Physical or mental impairment" means:

- 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, speech organs, cardiovascular, reproductive, digestive, hemic lymphatic, genitourinary, skin, and endocrine.
- b. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

## **SECTION 504 COORDINATOR**

The District has designated a Section 504 Coordinator who may be contacted at:

Lipan ISD Superintendent  
211 N. Kickapoo Street  
Lipan, Texas 76462  
(254) 646-2266  
[superintendent@lipanindians.net](mailto:superintendent@lipanindians.net)

## **SECTION 504 COMMITTEE**

The Section 504 Committee shall be composed of the Campus 504 Coordinator and one or more teacher(s) knowledgeable about the student and of her personnel as appropriate such as counselors, diagnosticians, curriculum director, nurse, or other persons possessing knowledge of the student. The parent/guardian shall be invited to attend 504 Committee meetings.

## **REQUEST FOR SECTION 504 CONSIDERATION**

Parents, guardians, and/or school personnel may request the consideration of a student suspected of having a disability from the campus Section 504 Coordinator. A written request must be made to the Section 504 Campus Coordinator who will present it to the campus Section 504 Committee.

### **PARENT'S RIGHT**

The campus Section 504 Coordinator will provide the parents with a copy of their rights under Section 504. Written notice will be provided and consent received from the parents/guardians prior to taking any action regarding the Section 504 identification, evaluation, or placement of a student believed to be in need of Section 504 services.

### **REVIEW OF DATA**

A review to assess specific areas of educational need shall be conducted before any action is taken to adjust the student's instructional program.

To the extent possible, the review may include, but shall not be limited to, formal and informal tests, IQ scores, aptitude and achievement tests, grades, progress reports, teacher recommendations, physical and medical reports, parent and teacher observations, anecdotal records, and TAKS/STAAR scores.

The review shall include a consideration of the effectiveness with which the student meets the standards of personal independence and social responsibility expected of his/her age and cultural group.

### **TEST VALIDATION**

If used, formal test instruments shall be validated for the specific purpose for which they are used. They shall be administered by trained personnel in conformance with the instructions provided by the producer.

## **ANNUAL SECTION 504 ACCOMMODATION PLAN REVIEW**

The student's Section 504 Accommodation Plan must be reviewed annually to determine if it is appropriate, if the plan needs modification, or if exit from Section 504 services should be considered.

### **REEVALUATION**

Eligible 504 students shall be reevaluated every three years or more frequently if reassessment is warranted.

## **DISCIPLINARY REMOVALS**

Before disciplinary removal including ISS, DAEP, expulsion, or other action that constitutes a significant change in placement, the 504 Committee must conduct a "manifestation determination" to determine whether the student's conduct was caused by his/her disabling condition. Such a determination should be based on current evaluation data.

If it is determined by the 504 Committee that the misconduct is not caused by the student's disability, the student may be excluded from school in the same manner as similarly situated non-disabled students.

If it is determined by the 504 Committee that the misconduct is connected to the student's disability, the student may not be expelled. The Committee must then determine whether the student's current educational placement is appropriate.

Pursuant to "Appendix A" of 34 CFR Part 104:

Students who are currently substance abusers:

- a. May be held to the same standards of performance and behavior to which non-disabled students are.
- b. May not be excluded from school if they can successfully participate in the educational program, comply with the rules, and their behavior does not impede the performance of other students.
- c. Rules concerning use or possession of drugs and alcohol will be applied to substance abusers and will be enforced evenly with respects to all students.

### **STUDENT RECORDS**

A parent or guardian, upon reasonable notice, shall have the opportunity to examine his/her child's educational records. This shall be conducted during school hours or at other times mutually agreeable to LISD and the parents or guardians.

### **DUE PROCESS**

In the event of a disagreement between the parents or guardians and the school district in regard to the identification, evaluation, or educational placement of a disabled student, the parents or guardians have the right to an impartial hearing with an opportunity to participate and be represented by counsel.

EQUAL EDUCATIONAL OPPORTUNITY

FB  
(LEGAL)

NONDISCRIMINATION	<p>A district shall provide equal opportunities to all individuals within its jurisdiction or geographic boundaries. <i>Education Code 1.002(a)</i></p> <p>No officer or employee of a district shall, when acting or purporting to act in an official capacity, refuse to permit any student to participate in any school program because of the student's race, religion, color, sex, or national origin. <i>Civ. Prac. &amp; Rem. Code 106.001</i></p> <p>A district may not deny services to any individual eligible to participate in its special education program, but it shall provide individuals with disabilities special educational services as authorized by law. <i>Education Code 1.002(b)</i></p>
FEDERAL FUNDING RECIPIENTS	<p>No person shall be excluded from participation in, denied the benefits of, or subjected to discrimination by any district that receives federal financial assistance, on the basis of any of the following protected characteristics:</p> <ol style="list-style-type: none"><li data-bbox="560 856 683 886">1. Sex.</li><li data-bbox="560 913 1013 942">2. Race, color, or national origin.</li><li data-bbox="560 970 1422 1035">3. Disability, or relationship or association with an individual with a disability. [See EHB, EHBA series, and GA]</li><li data-bbox="560 1062 683 1092">4. Age.</li></ol> <p><i>20 U.S.C. 1681 (Title IX); 42 U.S.C. 2000d (Title VI); 20 U.S.C. 1400 et seq. (Individuals with Disabilities Education Act); 29 U.S.C. 794 (Section 504); 42 U.S.C. 12132 (Americans with Disabilities Act [ADA]); 42 U.S.C. 6101 (Age Discrimination Act of 1975)</i></p>
SEXUAL HARASSMENT	<p>Sexual harassment of students is discrimination on the basis of sex under Title IX. <i>Franklin v. Gwinnett County Schools, 503 U.S. 60 (1992)</i> [See also DIA and FFH]</p>
HUMAN RIGHTS COORDINATOR	<p>A district shall designate at least one employee to coordinate its efforts to comply with Title IX, Section 504, and the ADA. The district shall notify all students and employees of the name, office address, and telephone number of the employee(s) so designated.</p>
GRIEVANCE PROCEDURES	<p>A district shall adopt and publish grievance procedures for prompt and equitable resolution of student complaints alleging discrimination under these statutes. [See FNG]</p> <p><i>34 C.F.R. 106.8 (Title IX), 104.7 (Section 504)</i></p>
RETALIATION	<p>A district shall not coerce, intimidate, threaten, retaliate against, or interfere with any person who attempts to assert a right protected by the above laws or cooperates with investigation and enforcement proceedings under these laws. <i>34 C.F.R. 100.7(e) (Title VI), 104.61 (Section 504), 106.71 (Title IX)</i></p>

STUDENTS WITH  
LEARNING  
DIFFICULTIES

The Texas Education Agency shall produce and provide to school districts a written explanation of the options and requirements for providing assistance to students who have learning difficulties or who need or may need special education. The explanation must state that a parent is entitled at any time to request an evaluation of the parent's child for special education services under Education Code 29.004. Each school year, each district shall provide the written explanation to a parent of each district student by including the explanation in the student handbook or by another means.  
*Education Code 26.0081*

DISABILITY  
DISCRIMINATION  
ADA

Under the Americans with Disabilities Act (ADA), no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a district, or be subjected to discrimination by the district. *42 U.S.C. 12132; 28 C.F.R. 35.130*

SECTION 504

Under Section 504 of the Rehabilitation Act, 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 under any program or activity receiving federal financial assistance. *29 U.S.C. 794(a)*

DEFINITIONS  
"STUDENT WITH A  
DISABILITY"

A "student with a disability" is one who has a physical or mental impairment that substantially limits one or more of the student's major life activities, has a record of having such an impairment, or is being regarded as having such an impairment.

The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures, such as medication, medical supplies, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics, hearing aids, mobility devices, oxygen therapy, assistive technology, or learned behavioral or adaptive neurological modifications.

An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

A student meets the requirement of being "regarded as" having an impairment if the student establishes that he or she has been subjected to a prohibited action because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity. This provision does not apply to impairments that are transitory or minor. A transitory im-

pairment is one with an actual or expected duration of 6 months or less.

*29 U.S.C. 705(20)(B), 42 U.S.C. 12102(1), (3)–(4)*

“QUALIFIED  
INDIVIDUAL WITH  
A DISABILITY”

The term “qualified individual with a disability” means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a district. *42 U.S.C. 12131(2)*

“MAJOR LIFE  
ACTIVITIES”

“Major life activities” include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activity” also includes the operation of major bodily functions, including functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. *42 U.S.C. 12102(2)*

REASONABLE  
MODIFICATION

A district shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the district can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity. *28 C.F.R. 35.130(b)(7)*

DIRECT THREAT

“Direct threat” means a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures, or by the provision of auxiliary aids or services as provided below. *28 C.F.R. 35.104*

The ADA does not require a district to permit an individual to participate in or benefit from the services, programs, or activities of that district when that individual poses a direct threat to the health or safety of others.

In determining whether an individual poses a direct threat to the health or safety of others, a district must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain:

1. The nature, duration, and severity of the risk;
2. The probability that the potential injury will actually occur; and

3. Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

*28 C.F.R. 35.139*

FREE APPROPRIATE  
PUBLIC EDUCATION  
(FAPE)

A district shall provide a free appropriate public education to each qualified student with a disability within the district's jurisdiction, regardless of the nature or severity of the student's disability.

A student with a disability is "qualified" if he or she is between the ages of three and 21, inclusive. *20 U.S.C. 1412(b); 34 C.F.R. 104.3(l)(2)*

An appropriate education is the provision of regular or special education and related services that are:

1. Designed to meet the student's individual educational needs as adequately as the needs of students who do not have disabilities are met; and
2. Based on adherence to procedures that satisfy federal requirements for educational setting, evaluation and placement, and procedural safeguards, as set forth below.

*34 C.F.R. 104.33(b)*

Implementation of an individualized education program (IEP) under IDEA is one means for providing FAPE. *34 C.F.R. 104.33(b)(2)*

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**Note:** See EHBA series for policies regarding the provision of special education to students with disabilities under IDEA who require special education in order to benefit from a free appropriate public education.

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EDUCATIONAL  
SETTING

A district shall place a student with a disability in the regular educational environment, unless the district demonstrates that education in the regular environment with the use of supplemental aids and services cannot be achieved satisfactorily. *34 C.F.R. 104.34(a)*

In providing or arranging for nonacademic and extracurricular services and activities, a district shall ensure that a student with a disability participates with students who do not have disabilities to the maximum extent appropriate to the needs of the student with a disability. *34 C.F.R. 104.34(b), 104.37*

EVALUATION AND  
PLACEMENT

A district shall conduct an evaluation of any person who, because of disability, needs or is believed to need special education or related services before taking any action with respect to the initial

placement of the person in regular or special education and any subsequent significant change in placement.

EVALUATION  
PROCEDURES

A district shall establish standards and procedures for the evaluation and placement which ensure that:

1. Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer;
2. Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient; and
3. Tests are selected and administered so as best to ensure that, when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure).

PLACEMENT  
PROCEDURES

In interpreting evaluation data and in making placement decisions, a district shall:

1. Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, and adaptive behavior;
2. Establish procedures to ensure that information obtained from all such sources is documented and carefully considered;
3. Ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and
4. Ensure that the placement decision is made in conformity with 34 C.F.R. 104.34.

REEVALUATION

A district shall establish procedures for periodic reevaluation of students who have been provided special education and related services. A reevaluation procedure consistent with the Education for the Handicapped Act [now IDEA] is one means of meeting this requirement.

*34 C.F.R. 104.35*

EQUAL EDUCATIONAL OPPORTUNITY

FB  
(LEGAL)

MILITARY DEPENDENTS	In compliance with the requirements of Section 504, and with Title II of the Americans with Disabilities Act (42 U.S.C. Sections 12131–12165), the district shall make reasonable accommodations and modifications to address the needs of incoming military dependents with disabilities, subject to an existing Section 504 or Title II Plan, to provide the student with equal access to education. This does not preclude the district from performing subsequent evaluations to ensure appropriate placement of the student. <i>Education Code 162.002 art. V, § C</i> [See FDD]
PROCEDURAL SAFEGUARDS	<p>A district shall establish a system of procedural safeguards with respect to the identification, evaluation, and educational placement of persons who need or are believed to need special instruction or related services.</p> <p>The system shall include notice, an opportunity for the student's parent or guardian to examine relevant records, an impartial hearing with the opportunity for participation by the student's parents or guardian and representation by counsel, and a review procedure. Compliance with the procedural safeguards of IDEA is one means of meeting this requirement. <i>34 C.F.R. 104.36</i></p>
HOMELESS CHILDREN	A district shall adopt policies and practices to ensure that homeless children are not stigmatized or segregated on the basis of their homeless status. [See FDC]
LIAISON	<p>A district shall designate an appropriate staff person, able to carry out the required duties, as the district liaison for homeless children. A district shall inform school personnel, service providers, advocates working with homeless families, parents and guardians of homeless children, and homeless children of the duties of the liaison. [See FFC]</p> <p><i>42 U.S.C. 11432(g)(1)(J)(i), (ii), (g)(6)(B)</i></p>
RELIGIOUS FREEDOM	A district may not substantially burden a student's free exercise of religion, unless the burden is in furtherance of a compelling governmental interest and is the least restrictive means of furthering that interest. <i>Civ. Prac. &amp; Rem. Code 110.003</i> [See also DAA and GA]
DISCRIMINATION ON THE BASIS OF SEX	<p>No person in the United States shall, on the basis of sex, be excluded from participation in, denied the benefits of, or be subjected to discrimination by any district receiving federal financial assistance. <i>20 U.S.C. 1681(a)</i></p> <p>A district shall not provide any course or otherwise carry out any of its educational programs or activities separately on the basis of sex, or require or refuse participation therein on the basis of sex, including health, physical education, industrial, business, vocation-</p>

EQUAL EDUCATIONAL OPPORTUNITY

FB  
(LEGAL)

	al, technical, home economics, music, and adult education courses. <i>34 C.F.R. 106.34</i>
SEPARATE FACILITIES	A district may provide separate toilet, locker room, and shower facilities on the basis of sex, but the facilities provided for one sex shall be comparable to the facilities provided for the other sex. <i>34 C.F.R. 106.33</i>
HUMAN SEXUALITY CLASSES	Portions of classes in elementary and secondary school that deal exclusively with human sexuality may be conducted in separate sessions for boys and girls.
VOCAL MUSIC ACTIVITIES	A district may make requirements based on vocal range or quality that may result in a chorus or choruses of one or predominantly one sex.  <i>34 C.F.R. 106.34</i>
SINGLE-SEX PROGRAMS	A district shall not, on the basis of sex, exclude any student from admission to an institution of vocational education or any other school or educational unit operated by the district unless the district otherwise makes available to the student, pursuant to the same policies and criteria of admission, comparable courses, services, and facilities. <i>34 C.F.R. 106.35</i>
PREGNANCY AND MARITAL STATUS	A recipient shall not apply any rule concerning a student's actual or potential parental, family, or marital status that treats students differently on the basis of sex. <i>34 C.F.R. 106.40</i> [See FND]
PHYSICAL EDUCATION CLASSES	A district may group students in physical education classes and activities by ability as assessed by objective standards of individual performance developed and applied without regard to sex.
SKILLS ASSESSMENT	Where use of a single standard of measuring skill or progress in physical education classes has an adverse effect on members of one sex, a district shall use appropriate standards that do not have such effect.
CONTACT SPORTS	A district may separate students by sex within physical education classes or activities during participation in wrestling, boxing, rugby, ice hockey, football, basketball, and other sports the purpose or major activity of which involves bodily contact.  <i>34 C.F.R. 106.34</i>
ATHLETIC PROGRAMS	A district shall not discriminate, on the basis of sex, in interscholastic or intramural athletics or provide any such athletics separately on such basis.
SINGLE-SEX TEAMS	A district may operate or sponsor separate teams for members of each sex where selection for such teams is based upon competi-

tive skill or the activity involved is a contact sport. However, where a recipient operates or sponsors a team in a particular sport for members of one sex but not for members of the other sex, and athletic opportunities for members of that sex have previously been limited, members of the excluded sex must be allowed to try-out for the team offered unless the sport involved is a contact sport.

EQUAL ATHLETIC  
OPPORTUNITIES

A district that operates or sponsors interscholastic or intramural athletics shall provide equal athletic opportunity for members of both sexes. The following factors shall be considered in determining whether a district provides equal athletic opportunities:

1. Whether the selection of sports and levels of competition effectively accommodate the interests and abilities of members of both sexes;
2. Provision of equipment and supplies;
3. Scheduling of games and practice time;
4. Travel and per diem allowance;
5. Opportunity to receive coaching and academic tutoring;
6. Assignment and compensation of coaches and tutors;
7. Provision of locker rooms and practice and competitive facilities;
8. Provision of medical and training facilities and services;
9. Provision of housing and dining facilities and services; and
10. Publicity.

*34 C.F.R. 106.41*

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**Note:** The following provisions address equal educational opportunity for all students in accordance with law. For provisions addressing discrimination, harassment, and retaliation involving District students, see FFH.

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TITLE IX  
COORDINATOR

The District has designated a Title IX coordinator for students to coordinate its efforts to comply with Title IX of the Education Amendments of 1972, as amended. [See FB(EXHIBIT)]

ADA / SECTION 504  
COORDINATOR

The District has designated an ADA/Section 504 coordinator for students to coordinate its efforts to comply with Title II of the Americans with Disabilities Act of 1990, as amended, which incorporates and expands upon the requirements of Section 504 of the Rehabilitation Act of 1973 ("Section 504"), as amended. [See FB(EXHIBIT)]

SUPERINTENDENT

The Superintendent shall serve as coordinator for purposes of District compliance with all other nondiscrimination laws.

EQUAL EDUCATIONAL  
OPPORTUNITY

GENERAL  
EDUCATION

The District shall provide necessary services and supports to provide students equal access to educational opportunities. [See EHBC] Certain instructional or other accommodations, including on state-mandated assessments, may be made when necessary, when allowable, and when these accommodations do not modify the rigor or content expectations of a subject, course, or assessment. [See EKB]

ADDITIONAL  
SERVICES AND  
SUPPORTS

If the District has reason to believe that a student has a disability that may require additional services and supports in order for the student to receive an appropriate education as this term is defined by law, Section 504 and/or the Individuals with Disabilities Education Act (IDEA) shall govern the evaluation, services, and supports provided by the District. [See also EHBA series]

[For information regarding dyslexia and related disorders, see EHB.]

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**Note:** The following provisions address the District's compliance efforts and system of procedural safeguards as required by federal regulations for a student with a disability as defined by Section 504. A report of discrimination or harassment based on a student's disability shall be made in accordance with FFH.

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SECTION 504  
COMMITTEES

The District shall form Section 504 committees as necessary. The Section 504 coordinator and members of each Section 504 committee shall receive training in the procedures and requirements for

identifying and providing educational and related services and supports to a student who has a disability that results in a substantial limitation of a major life activity.

Each Section 504 committee shall be composed of a group of persons knowledgeable about the student, the meaning of the evaluation data, placement options, and the legal requirements regarding least restrictive environment and comparable facilities for students with disabilities.

REFERRALS

If a teacher, school counselor, administrator, or other District employee has reason to believe that a student may have a disability as defined by Section 504, the District shall evaluate the student. A student may also be referred for evaluation by the student's parent.

NOTICE AND  
CONSENT

The District shall seek written parental consent prior to conducting a formal evaluation. Ordinary observations in the classroom or other school setting shall not require prior parental consent.

EVALUATION AND  
PLACEMENT

The results of an evaluation shall be considered before any action is taken to place a student with a disability or make a significant change in placement in an instructional program. The Superintendent shall ensure that the District's procedures for tests and other evaluation materials comply with the minimum requirements of law. In interpreting evaluation data and when making decisions related to necessary services and supports, each Section 504 committee shall carefully consider and document information from a variety of sources in accordance with law.

REVIEW AND  
REEVALUATION  
PROCEDURE

To address the periodic reevaluation requirement of law, the District shall adhere to the reevaluation timelines in the IDEA regulations.

A parent, teacher, or other District employee may request a review of a student's services and supports at any time, but a formal reevaluation shall generally occur no more frequently than once a year.

EXAMINING  
RECORDS

A parent shall make any request to review his or her child's education records to the campus principal or other identified custodian of records. [See FL]

RIGHT TO  
IMPARTIAL  
HEARING

A parent shall be given written notice of the due process right to an impartial hearing if the parent has a concern or complaint about the District's actions regarding the identification, evaluation, or educational placement of a student with a disability. The impartial hearing shall be conducted by a person who is knowledgeable about Section 504 issues and who is not employed by the District or related to a member of the Board in a degree that would be prohibit-

ed under the nepotism statute [see DBE]. The impartial hearing officer is not required to be an attorney. The District and the parent shall be entitled to legal representation at the impartial hearing.

RECORDS  
RETENTION

Records specific to identification, evaluation, and placement as these pertain to Section 504 shall be retained by the District in accordance with law and the District's local records retention schedules. [See CPC]

The District designates the following person to coordinate its efforts to comply with Title IX of the Education Amendments of 1972, as amended, for students:

Name: Lipan ISD Superintendent  
Position: Superintendent  
Address: 211 N. Kickapoo, Lipan, TX 76462  
Telephone: (254) 646-2266  
superintendent@lipanindians.net

The District designates the following person to coordinate its efforts to comply with Title II of the Americans with Disabilities Act of 1990, as amended, which incorporates and expands upon the requirements of Section 504 of the Rehabilitation Act of 1973, as amended, for students:

Name: Lipan ISD Superintendent  
Position: Superintendent  
Address: 211 N. Kickapoo, Lipan, TX 76462  
Telephone: (254) 646-2266  
superintendent@lipanindians.net

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

**SEQUENCE OF SECTION 504 PROCESS**

- \_\_\_\_\_ Teacher / Administrator Data (Form B)
- \_\_\_\_\_ Section 504 Educational Data (Form C)
- \_\_\_\_\_ Parent Notice and Consent for Evaluation (Form D)
- \_\_\_\_\_ Parent Rights booklet given
- \_\_\_\_\_ Receipt of Section 504 Rights (Form E)
- \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ Parent Input for Section 504 Evaluation (Form F)
- \_\_\_\_\_ Consent to Request Confidential Information (Form G, if applicable)
- \_\_\_\_\_ 504 Evaluation / Re-Evaluation (Form H)
- \_\_\_\_\_ Further screening recommended (if applicable)
- \_\_\_\_\_ Review of Student Data and Parent Input
- \_\_\_\_\_ Eligibility Determined
- \_\_\_\_\_ 504 Accommodation Plan (Form I)
- \_\_\_\_\_ Notice of Evaluation Results (Form J)
- \_\_\_\_\_ Annual Review / Re-Evaluation  
(Re-evaluation every three years or with significant change in placement)
- \_\_\_\_\_ Annual Review or Re-Evaluation Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information

- \_\_\_\_\_ Section 504 Manifestation Determination (Form K)
- \_\_\_\_\_ Section 504 Behavior Intervention Plan (Form L)
- \_\_\_\_\_ Section 504 Exit Record (Form M)
- \_\_\_\_\_ Section 504 Monitor Sheet (Form N)
- \_\_\_\_\_ Section 504 Inter/Intra District Transfer (Form O)

**SECTION 504 TEACHER / ADMINISTRATOR DATA – FORM B**

Teacher's Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Subject Matter: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONAL RATING**

Rate the abilities of this student in the following areas:

Circle one: 1=poor 2=below average 3=average 4=above average 5=superior N=not observed

- |                                  |                            |                            |                            |                            |                            |                            |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Reading skills:               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 2. Math skills:                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 3. Written expression:           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 4. Spelling:                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 5. Classroom work:               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 6. Homework:                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 7. Tests:                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 8. Following oral directions:    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 9. Following written directions: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 10. Organizational skills:       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 11. _____                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |
| 12. _____                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N |

**BEHAVIOR CONCERNS**

What behavioral concerns do you have about this student?

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Has this student been suspended, expelled or removed to AEP during the last or current school year? If yes, explain and attach copies of disciplinary referrals.

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What educational modifications/alternative strategies have been used with this student?

- |   |   |
|---|---|
| <input type="checkbox"/> modified instructional methods   | <input type="checkbox"/> reteaching         |
| <input type="checkbox"/> modified instructional pacing    | <input type="checkbox"/> parent conferences |
| <input type="checkbox"/> modified instructional materials | <input type="checkbox"/> other: _____       |

What were the results of these modifications?

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**SECTION 504 EDUCATIONAL DATA – FORM C**

(Attach additional pages as necessary)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID#: \_\_\_\_\_ Campus: \_\_\_\_\_

Referred By: \_\_\_\_\_ Position/Relation: \_\_\_\_\_

Reason for

Consideration:

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**ACHIEVEMENT DATA (Most Recent)**

**TEXAS ASSESSMENT OF KNOWLEDGE AND SKILLS (TAKS)**

<u>Subject</u>	<u>Test Passed</u> <small>(Indicate Yes or No)</small>		<u>Scaled Score</u>
Mathematics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Reading	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Writing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Social Studies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Science	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

**OTHER STANDARDIZED TEST RESULTS (If Applicable)– Test Name: \_\_\_\_\_**

<u>Subject</u>	<u>Grade Equivalent</u>	<u>Standard Score</u>	<u>Percentile</u>
Mathematics	_____	_____	_____
Reading	_____	_____	_____
Writing	_____	_____	_____
Social Studies	_____	_____	_____
Science	_____	_____	_____

This student's test scores:

- have become better each year
- have stayed about the same each year
- have become worse each year
- dropped suddenly in grade
- data not available

**Section 504 Educational Data**  
(Attach additional pages as necessary)

**CURRENT GRADES** Attach samples of student's work.

Subject	Grade	Subject	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This student's grades:

- have become higher each year
- have stayed about the same each year
- have become lower each year
- dropped suddenly in grade
- data not available

Has this student been retained?  Yes  No If YES, list grade level(s): \_\_\_\_\_

**HOME LANGUAGE SURVEY**

What is the dominant language as specified on Home Language Survey?

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

LEP Information below is not applicable because dominant language is English.

What language proficiency test was used to determine whether or not this student is LEP?

\_\_\_\_\_

Results: \_\_\_\_\_

TELPAS Composite Score \_\_\_\_\_

**ATTENDANCE**

This student has been absent \_\_\_\_\_ days out of \_\_\_\_\_ school days this year to date.

Reason: \_\_\_\_\_

Does absenteeism affect the student's academic performance?  Yes  No

**ALTERNATIVE PROGRAMS: What alternative programs were tried with this student?**

- |  |   |
|--|---|
| <input type="checkbox"/> ESL / Bilingual Ed. Program                   | <input type="checkbox"/> Alternative Learning Setting |
| <input type="checkbox"/> Title I                                       | <input type="checkbox"/> Summer School                |
| <input type="checkbox"/> Response to Intervention Tier 2 and/or Tier 3 | <input type="checkbox"/> Gifted and Talented          |
| <input type="checkbox"/> Dyslexia                                      | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Tutoring                                      | _____   |

**Section 504 Educational Data**  
(Attach additional pages as necessary)

**HEALTH INFORMATION**

Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability (example, medical reports, psychological reports, ADD/ADHD diagnostic info., etc.)

Name of person conducting screening: \_\_\_\_\_

Yes  No Does student exhibit any signs of health or medical problems? If YES, cite observations:

\_\_\_\_\_

Yes  No Is there a need for further assessment or referral of a medical problem? If YES, explain:

\_\_\_\_\_

Yes  No Is student receiving any medication at school? If YES, specify: \_\_\_\_\_

\_\_\_\_\_

Yes  No Does this student require adaptive equipment or facility adaptation? If YES, specify:

\_\_\_\_\_

**VISION**

Date of most recent screening: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of screening: \_\_\_\_\_  
(Vision examination must have been administered within a year from the date of referral.)

Visual acuity before correction:

Visual acuity with correction:

Right \_\_\_\_\_ Left \_\_\_\_\_

Right \_\_\_\_\_ Left \_\_\_\_\_

Interpretation of results: \_\_\_\_\_

Yes  No As a result of the screening, is there any indication of a need for further assessment or adjustment? If YES, explain: \_\_\_\_\_

\_\_\_\_\_

Yes  No Has any follow-up treatment been recommended? If YES, explain: \_\_\_\_\_

\_\_\_\_\_

**HEARING – Audiometric Test**

Date of most recent screening: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of screening: \_\_\_\_\_

Results: \_\_\_\_\_

Yes  No As a result of the screening, is there any indication of a need for further assessment or adjustment? If YES, explain: \_\_\_\_\_

\_\_\_\_\_

Yes  No Has any follow-up treatment been recommended?  
If YES, explain: \_\_\_\_\_

**NOTICE AND CONSENT FOR INITIAL SECTION 504 EVALUATION  
AND  
504 MEETING NOTICE – FORM D**

Date Sent/Mailed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student's Name \_\_\_\_\_ Campus \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

We have carefully reviewed your child's school records and information from teachers. Additional information may be necessary to fully determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504. We are requesting that you consent to an evaluation under § 504 for the following reasons:

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In many cases, the § 504 evaluation may simply consist of staff persons reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores, and other data in order to determine if your child qualifies for accommodations in the regular classroom. This is *not* a Special Education evaluation.

\* Please review the enclosed document entitled "Notice of Parent and Student Rights," which informs you of your rights under Section 504. If you consent to the evaluation, sign and return one copy of this letter. Keep the other copy and the Notice of Parent and Student Rights for future reference. \*

We would very much appreciate your input. Your insights and contributions will be quite helpful to us in effecting the best decisions possible. If you have not already done so, please fill out and return the Parent Input Form. Your observations of your child's progress can greatly assist the 504 Committee as it evaluates your child's 504 eligibility. You also will be invited to attend and participate in a 504 committee meeting to review the results of the assessment, along with other information gathered to determine 504 eligibility. We look forward to our continued cooperative effort to ensure your child's academic progress.

Campus 504 Coordinator: \_\_\_\_\_ Phone Number \_\_\_\_\_

District 504 Coordinator: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of meeting: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_

Sincerely,

Section 504 Coordinator



# PARENTS' RIGHTS BOOKLET

Notice of Parent and Student Rights  
Under Section 504,  
The Rehabilitation Act of 1973

Lipan Independent School District  
211 N. Kickapoo Street, Lipan, TX, 76462, 254-646-2266, [superintendent@lipanindians.net](mailto:superintendent@lipanindians.net)

## **Notice of Rights for Disabled Students and their Parents under §504 of the Rehabilitation Act of 1973**

The Rehabilitation Act of 1973, commonly known in the schools as “Section 504,” is a federal law passed by the United States Congress with the purpose of prohibiting discrimination against disabled persons who may participate in, or receive benefits from, programs receiving federal financial assistance. In the public schools specifically, §504 applies to ensure that eligible disabled students are provided with educational benefits and opportunities equal to those provided to non-disabled students.

Under §504, a student is considered “disabled” if he or she suffers from a physical or mental impairment that substantially limits one or more of their major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. Section 504 also applies to students with a record of having a substantially-limiting impairment, or who are regarded as being disabled even if they are truly not disabled. Students can be considered disabled, and can receive services under §504, even if they do not qualify for, or receive, special education services.

The purpose of this Notice is to inform parents and students of the rights granted them under §504. The federal regulations that implement §504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR) and entitle parents of eligible students, and the students themselves, to the following rights:

1. You have a right to be informed about your rights under §504. [34 CFR 104.32] The School District must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in this Notice, contact appropriate staff persons at the District’s §504 Office and they will assist you in understanding your rights.
2. Under §504, your child has the right to an appropriate education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met. [34 CFR 104.33].
3. Your child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under §504. [34 CFR 104.33].
4. To the maximum extent appropriate, your child has the right to be educated with children who are not disabled. Your child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. [34 CFR 104.34].
5. Your child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34].
6. The School District must undertake an evaluation of your child prior to determining his or her appropriate educational placement or program of services under §504, and also before every subsequent significant change in placement. [34 CFR 104.35].
7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR 104.35]. The District will consider information from a variety of sources in making its determinations, including, for example: aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, parent observations, and scores on TAKS tests, among others. [34 CFR 104.35].
8. Placement decisions regarding your child must be made by a group of persons (a §504

committee) knowledgeable about your child, the meaning of the evaluation data, possible placement options, and the requirement that to the maximum extent appropriate, disabled children should be educated with non-disabled children. [34 CFR 104.35].

9. If your child is eligible for services under §504, he or she has a right to periodic evaluations to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years. [34 CFR 104.35].
10. You have the right to be notified by the District prior to any action regarding the identification, evaluation, or placement of your child. [34 CFR 104.36]
11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identification, evaluation, and placement of your child under §504). [34 CFR 104.36].
12. You have the right to an impartial due process hearing if you wish to contest any action of the District with regard to your child's identification, evaluation, or placement under §504. [34 CFR 104.36]. You have the right to participate personally at the hearing, and to be represented by an attorney, if you wish to hire one.
13. If you wish to contest an action taken by the §504 Committee by means of an impartial due process hearing, you must submit a Notice of Appeal or a Request for Hearing to the District's §504 Coordinator at the address below:

**Lipan ISD Superintendent  
Coordinator of Dyslexia & §504 Services  
211 N. Kickapoo Street  
Lipan, Texas 76462  
(254) 646-2266**

[superintendent@lipanindians.net](mailto:superintendent@lipanindians.net)

A date will be set for the hearing and an impartial hearing officer will be appointed. You will then be notified in writing of the hearing date, time, and place.

14. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction (normally, your closest federal district court).
15. With respect to other issues surrounding your child's education that do not specifically involve identification, evaluation, or placement, you have a right to present a grievance or complaint to the District's §504 Coordinator (or their designee), who will then investigate the situation, taking into account the nature of the complaint and all necessary factors, in an effort to arrive at a fair and speedy resolution.
16. You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers this school district is:

Director  
Office for Civil Rights, Region VI  
1999 Bryan Street, Suite 160  
Dallas, Texas 75201-6810  
Telephone (214) 661-9600

## **Aviso a Padres de Estudiantes Incapacitados de sus Derechos Legales bajo la Sección 504 del Decreto de Rehabilitación de 1973**

El Decreto de Rehabilitación de 1973, conocido generalmente como la “Sección 504,” es una ley federal legislada por el Congreso de los Estados Unidos. El propósito de esta ley es de prohibir discriminación contra estudiantes incapacitados y asegurar que tengan oportunidades y beneficios educativos tan adecuados como los de estudiantes sin incapacidades.

Bajo la Sección 504, un estudiante es considerado incapacitado si padece de un impedimento o condición física o mental que limita substancialmente una de sus actividades vitales, como la de aprender, caminar, ver, oír, hablar, respirar, trabajar y desempeñar tareas manuales. La ley también protege a estudiantes que han tenido un impedimento o condición física o mental substancial en el pasado, o que son considerados incapacitados aunque realmente no lo son. Estudiantes pueden ser considerados incapacitados bajo la Sección 504 y pueden recibir asistencia educativa bajo esa ley aunque no reciban educación especial.

El propósito de este Aviso es de explicarle los derechos legales garantizados bajo la Sección 504 a estudiantes incapacitados y a sus padres. Los reglamentos federales que dan efecto a la Sección 504 (los cuales se encuentran en el Título 34, Parte 104 del Código Federal de Reglamentos, o CFR) o torgan a los padres de familia y a estudiantes incapacitados los siguientes derechos:

1. Usted tiene derecho a ser informado de sus derechos bajo la Sección 504. [34 CFR 104.32]. El distrito escolar debe darle información escrita sobre sus derechos (este Aviso precisamente sirve para informarle de sus derechos). Si necesita que le expliquen o clarifiquen cualquier de los siguientes derechos, los dirigentes apropiados del distrito escolar le ayudarán a resolver sus preguntas.
2. Bajo la Sección 504, su hijo/a tiene derecho a una educación apropiada diseñada para satisfacer sus necesidades educativas individuales tan adecuadamente como las de estudiantes sin incapacidades. [34 CFR 104.33].
3. Su hijo/a tiene derecho a servicios educativos gratuitos, con la excepción de gastos que normalmente se les cobran también a estudiantes sin incapacidades (o a sus padres). Compañías de seguros, y otras terceras personas similares, no son libres de sus obligaciones normales para proporcionar o pagar por servicios para un estudiante considerado incapacitado bajo la Sección 504. [34 CFR 104.33]. El recibir asistencia educativa bajo la Sección 504 no disminuye su derecho a recibir otra asistencia pública o privada de cualquier tipo.
4. Su hijo/a tiene derecho a ser colocado en el ambiente educativo que permita máximo contacto y relaciones con estudiantes sin incapacidades. [34 CFR 104.34]. A menos que sus necesidad es educativas no puedan ser satisfechas ahí, su hijo/a será colocado en clases regulares.
5. Su hijo/a tiene derecho a equipo, clases, edificios, servicios y actividades comparables a las que son proporcionadas a estudiantes sin incapacidades. [34 CFR 104.34].
6. Su hijo/a tiene derecho a una evaluación antes de determinar una colocación educativa o programa de asistencia bajo la Sección 504, y también antes de cualquier cambio importante en colocación subsecuente. [34 CFR 104.35].
7. Procedimientos utilizados para administrar pruebas y otras evaluaciones educativas deben cumplir con los requisitos de la Sección 504 en cuanto a la validez de las pruebas, su forma de administración, y las áreas necesarias de evaluación. [34 CFR 104.35]. El distrito considerará información de diversas fuentes y orígenes, incluyendo, por ejemplo: pruebas de aptitudes y

aprovechamiento, recomendaciones de maestros, reportes de condición física, antecedentes sociales y culturales, análisis de comportamiento adaptado, reportes médicos, calificaciones, reportes de progreso, observaciones de los padres, anécdotas de maestros, y calificaciones en los exámenes estatales, entre otras. [34 CFR 104.35].

8. Las decisiones de colocación educativa deben realizarse por un grupo de personas (llamado el comité 504) que conocen la situación de su hijo/a, el significado de los resultados de las evaluaciones, las opciones de colocación, y la obligación legal de asegurar el ambiente educativo que permita el máximo contacto con estudiantes no incapacitados. [34 CFR 104.35].
9. Si es considerado incapacitado bajo la Sección 504, su hijo/a tendrá derecho a que se le den nuevas pruebas y evaluaciones a ciertos tiempos, para determinar si sus necesidades educativas han cambiado. Generalmente evaluaciones educativas se pondrán al corriente para cada niño incapacitado por lo menos cada tres años. [34 CFR 104.35]
10. Usted tiene derecho a que el distrito escolar le avise antes de tomar cualquier acción en relación a la identificación, evaluación o colocación educativa de su hijo/a. [34 CFR 104.36].
11. Usted tiene derecho a examinar archivos y documentos relacionados a la educación de su hijo/a (normalmente archivos y documentos con relación a la identificación, evaluación o colocación educativa de su hijo/a). [34 CFR 104.36].
12. Usted tiene derecho a una audiencia imparcial si no esta de acuerdo con las acciones del distrito en relación a la identificación, evaluación, o colocación educativa de su hijo/a. Usted tiene la oportunidad de participar personalmente en tal audiencia y de ser representada por un abogado, si desea contratarlo. [34 CFR 104.36].
13. Si desea protestar o disputar las acciones del Comité 504 del distrito a través de una audiencia imparcial, debe presentar un Aviso de Apelación escrito ante el Coordinador 504 del distrito, en la siguiente dirección:

**Lipan ISD Superintendent**  
**Coordinador de Dislexia y Servicios de §504**  
**211 N. Kickapoo Street**  
**Lipan, Texas 76462**  
**(254) 646-2266**  
**superintendent@lipanindians.net**

Se fijará una fecha para una audiencia ante un oficial imparcial, y serán notificados por escrito de la fecha, hora, y lugar de la audiencia.

14. Si usted está en desacuerdo con la decisión final del oficial imparcial de audiencia, tiene derecho a apelar esa decisión a una corte de jurisdicción adecuada; normalmente, la corte federal local. [34 CFR 104.36].
15. En cuanto a otros aspectos de la Sección 504 que no tengan que ver con la identificación, evaluación y colocación educativa de su hijo/a, usted tiene el derecho a presentar una queja local ante el Coordinador 504 del distrito (o su representante), quien investigará la situación, teniendo en consideración la situación, en un esfuerzo de llegar a una resolución rápida y justa.
16. Usted también tiene el derecho a presentar una queja ante la Oficina de Derechos Civiles de el Departamento de Educación de los Estados Unidos. La dirección de la Oficina Regional a la cual pertenece a este distrito es:

Director  
Office for Civil Rights, Region VI  
1999 Bryan Street, Suite 160  
Dallas, Texas 75201-6810  
Telephone (214) 661-9600

Lipan Independent School District

**RECEIPT FOR SECTION 504 RIGHTS – FORM E**

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

This is to verify that I have received a copy of the *Notice of Parent and Student Rights under Section 504, The Rehabilitation Act of 1973*, which informs me of my rights. These rights have been explained to me by:

Name	Position

On \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

I understand that my rights include the right to receive answers from school personnel to additional questions I may have. Questions may also be addressed to the district:

Lipan ISD Supt.  
Section 504 Coordinator  
211 N. Kickapoo Street  
Lipan, Texas 76462  
254-646-2266

[superintendent@lipanindians.net](mailto:superintendent@lipanindians.net)

My signature below indicates that I received the Notice of Parent and Student Rights and understand its contents. My signature further indicates my consent for evaluation for 504 consideration.

Signature of Parent, Guardian, or Adult Student	Date
---	------

Printed name of Parent, Guardian, or Adult Student \_\_\_\_\_

### PARENT INPUT FOR SECTION 504 EVALUATION – FORM F

The information requested will greatly assist the § 504 Committee in evaluation of your child. If you have additional information which you want the Committee to consider (and that is not requested here) please feel free to attach additional pages.

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### GENERAL INFORMATION

Name of Father \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Do both parents live in the student's home?  YES  NO

If not, with whom does the student live?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Other children in the home: \*\*Please use the back of this sheet if more space is needed.

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

Do any of these children have learning problems?  YES  NO

If yes, specify: \_\_\_\_\_

Have any other family members had learning problems?  YES  NO

If yes, please specify: \_\_\_\_\_

The primary language spoken at home is \_\_\_\_\_

What time does the student go to bed at night? \_\_\_\_\_ Does the student eat breakfast? \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EDUCATIONAL EXPERIENCE AT HOME

What activities do the family participate in together? (Read, watch television, go camping, etc.)

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Have there been any important changes within the family during the last three years? (For example, job changes, moves, births, deaths, illnesses, separations, divorce)

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Describe the student's behavior at home with peers, siblings, neighbors, parents. (For example, is he/she generally well behaved, passive or aggressive, social or a loner, affectionate or withdrawn, etc.)

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What methods of discipline are used with this student at home? (For example, spanking, extra chores, early bedtimes, taking away of privileges; is he/she given rewards for good behavior?)

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What does the student do when not in school? (watch television, read, part-time job, play with other children)

---

## PEER RELATIONSHIPS

Does the student have friends?	his/her own age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	younger?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Has your child mentioned problems with school?  YES  NO If yes, what? \_\_\_\_\_

---

Do you think that the student has a problem in school?  YES  NO If yes, what? \_\_\_\_\_

---

Does your child have a part-time job after school or on weekends?  YES  NO If yes, please specify.

---

Student's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Doctor's reports, letters and diagnoses can be very helpful to the 504 Committee. Please attach any medical records you feel are pertinent so that the Committee can have a more complete picture of your child. If you would prefer, you may give the District written consent to seek those records from your doctors directly. Please notify \_\_\_\_\_ (Coordinator) at \_\_\_\_\_ to get the necessary form.

Is your child under the care of a physician for a medical problem?  YES  NO If YES, describe the problem.

\_\_\_\_\_  
\_\_\_\_\_

Does your child appear to have any other physical health problems, including allergies?  YES  NO

If YES, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child now taking any medications?  YES  NO If YES, please explain. \_\_\_\_\_

\_\_\_\_\_

Do you know of any side effects the medicine might have?  YES  NO If YES, please explain. \_\_\_\_\_

\_\_\_\_\_

Has your child ever taken medicine for a long period of time?  YES  NO If YES, please explain. \_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized?  YES  NO If YES, please state why and for how long. \_\_\_\_\_

\_\_\_\_\_

Has your child ever been diagnosed with a chronic medical condition?  YES  NO

If YES, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_

\_\_\_\_\_  
Signature and Position of Person completing section Date

\_\_\_\_\_

DATE SENT/MAILED:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**LIPAN ISD**  
**Section 504**  
**211 N. KICKAPOO STREET**  
**LIPAN, TX 76462**

Release Information  
 Request Information

**CONSENT TO REQUEST CONFIDENTIAL INFORMATION**

**NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **AGE** \_\_\_\_\_

We are asking that you authorize the person or agency named below to release/to request specified records containing confidential information regarding the above-named student.

NAME AND POSITION OF SCHOOL STAFF PERSON	PERSON/AGENCY TO WHOM REQUEST IS MADE/ PERSON/AGENCY MAKING REQUEST
NAME OF ISD	NAME OF PERSON/AGENCY
ADDRESS: _____	ADDRESS: _____
_____	_____

RECORDS TO BE RELEASED/RECORDS REQUESTED	*PURPOSE OF DISCLOSURE

Please check (✓ or X) the appropriate boxes below. For more information please call:

\_\_\_\_\_ at: \_\_\_\_\_  
SCHOOL STAFF PERSON TELEPHONE NUMBER

YES  NO I have been fully informed and understand the school's request for my consent, as described above.  
This information will be released/requested upon receipt of my written consent.

YES  NO I understand that my consent is voluntary and may be revoked anytime.

Date given: \_\_\_\_\_ To: \_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT DATE

(NEW) ADDRESS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INTERPRETER, IF USED DATE

Please return this form to: \_\_\_\_\_ at: \_\_\_\_\_ as soon as possible.  
SCHOOL STAFF PERSON SCHOOL



(If information from a conversation or other data in unwritten form was considered, please document that oral data relied upon by attaching written notes summarizing the conversation or data.)

YES  NO **(1)** Does the student have a physical or mental impairment? If so, please describe the impairment.  
**Note:** *This is an educational determination only, and not a medical diagnosis for purposes of treatment.*

\_\_\_\_\_  
\_\_\_\_\_

YES  NO **(2)** Does the physical or mental impairment affect one or more major life activities. If so, which major life activity or activities is/are affected? \_\_\_\_\_

\_\_\_\_\_

YES  NO **(3)** Does the physical or mental impairment substantially limit a major life activity? That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner, or duration under which the average student of the same age/grade level in the general population can perform that same major life activity? If yes, describe the substantial limitation.

\_\_\_\_\_  
\_\_\_\_\_

The 504 Committee's analysis of the eligibility criteria as applied to the evaluation data indicated that:

- The student is eligible under Section 504, and will receive an Accommodation Plan which governs the provision of 504 services to the student. (Note: if the student's needs are so extreme as to require special education and related services, a referral to special education should be considered.) **Must answer YES to all 3 questions above.**
- The student is not eligible for services under Section 504, and will continue to receive regular education and any available regular education resources and programs. **Answered NO to 1 or more questions above.**
- The student remains eligible under Section 504, and will receive an updated Accommodation Plan which governs the provision of 504 services to the student. (Annual and 3-yr. evaluations only)
- The student is no longer eligible for Section 504 and is exited from the program. The student will now receive regular education without Section 504 services.
- Other \_\_\_\_\_

If you disagree with the Committee's decision, please contact the 504 Coordinator \_\_\_\_\_ at \_\_\_\_\_ (phone number) to discuss your concerns, or consult your Notice of Parent Rights under § 504 for other options.

**Procedural Safeguards:** Verify that a copy of this completed evaluation was provided to the parent [  by mail  in person ].

**SECTION 504 ACCOMMODATION PLAN – FORM I**

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CAMPUS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

Describe the Handicapping Condition /Nature of Concern:  
\_\_\_\_\_  
\_\_\_\_\_

Is the student At Risk?  
If so, please note the indicator? \_\_\_\_\_

Check the Appropriate Interventions:

- |   |  |
|---|--|
| <input type="checkbox"/> Adapted/Modified Tests                       | <input type="checkbox"/> Adapted PE Instruction                  |
| <input type="checkbox"/> ADD/ADHD Intervention                        | <input type="checkbox"/> AMI Tutoring                            |
| <input type="checkbox"/> ARI Tutoring                                 | <input type="checkbox"/> Assignment Sheet/Notebook Checked Daily |
| <input type="checkbox"/> Behavior Contract/Discipline Management Plan | <input type="checkbox"/> Bilingual Education                     |
| <input type="checkbox"/> BRIDGE                                       | <input type="checkbox"/> Colored Transparency                    |
| <input type="checkbox"/> Computer Assisted Instruction                | <input type="checkbox"/> Content Mastery Assistance              |
| <input type="checkbox"/> Daily Lecture Key                            | <input type="checkbox"/> Dyslexia Intervention                   |
| <input type="checkbox"/> ESL  | <input type="checkbox"/> Extended Time                           |
| <input type="checkbox"/> Guidance/Counseling                          | <input type="checkbox"/> Highlighted Texts                       |
| <input type="checkbox"/> Tutorials                                    | <input type="checkbox"/> Large Print                             |
| <input type="checkbox"/> Leave Class Before Bell                      | <input type="checkbox"/> Mentor/Buddy                            |
| <input type="checkbox"/> Modified/Shortened Assignments               | <input type="checkbox"/> Peer Tutor                              |
| <input type="checkbox"/> Preferential Seating                         | <input type="checkbox"/> Parent Signed Behavior Chart            |
| <input type="checkbox"/> Raised Lined Paper                           | <input type="checkbox"/> Reduced Copying                         |
| <input type="checkbox"/> Reduced Pencil/Paper Tasks                   | <input type="checkbox"/> Repeat/Clarify Directions               |
| <input type="checkbox"/> Reward or Incentive Program                  | <input type="checkbox"/> Provide Scribe                          |
| <input type="checkbox"/> Provide Study Carrel                         | <input type="checkbox"/> Provide Tape Recorder                   |
| <input type="checkbox"/> Special Transportation                       | <input type="checkbox"/> Speech Therapy                          |
| <input type="checkbox"/> TAKS/STAAR Bundled Accommodations            | <input type="checkbox"/> Taped Texts                             |
| <input type="checkbox"/> Class work /Homework Contract                | <input type="checkbox"/> Other _____                             |

Discipline:  
 Regular Discipline Plan (No Modifications)  
 Regular Discipline (Minor Modifications) Describe: \_\_\_\_\_  
 Behavior Intervention Plan (Attach Form L)

Committee Members

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member





### SECTION 504 MANIFESTATION DETERMINATION – FORM K

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Student's Name                      ID    Number    Campus

Behavior subject to disciplinary action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List each of the student's 504-qualifying disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The 504 Committee has reviewed relevant information, including evaluation and diagnostic results, observations of the student, the current accommodation plan and other relevant information supplied by the parents. Based on this review, the 504 Committee has made the following determinations:

a. Was the conduct in question a direct result of the LEA's failure to implement the Section 504 Accommodation Plan? (If NO, the behavior is **NOT** a manifestation of the disability.)

YES     NO

**AND**

b. Was the conduct in question caused by or have a direct and substantial relationship to the student's disability? (If NO, the behavior is **NOT** a manifestation of the disability.)

YES     NO

NOTE: IF THE RESULTS OF THE REVIEW IS A DETERMINATION THAT THE BEHAVIOR WAS NOT A MANIFESTATION OF THE STUDENT'S DISABILITY, THE RELEVANT DISCIPLINARY PROCEDURES APPLICABLE TO STUDENTS WITHOUT DISABILITIES MAY BE APPLIED TO THE STUDENT IN THE SAME MANNER IN WHICH THEY WOULD BE APPLIED TO STUDENTS WITHOUT DISABILITIES, EXCEPT FAPE MUST BE PROVIDED.

**SECTION 504 BEHAVIOR INTERVENTION PLAN – FORM L**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Behavior Management Plan Begins

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

\_\_\_\_\_  
Campus

Please list below each behavior, reinforcement, consequence, and the person responsible for administering the reinforcement or consequence. Appropriate intervention might arise from assessment data, discipline history, social history, or parental reports. (Only use this form if applicable.)

Behaviors targeted for intervention \_\_\_\_\_

Please select appropriate behavioral modifications for this student:

- Set clearly defined limits
- Give frequent reminder of rules
- Reinforce appropriate behavior
- Peer intervention. Assign peers to work with student.
- Behavioral contract (specify behavior expected and reinforcement)
- Supervision during unstructured time
- Provide student with a consistent routine (daily schedule of events)
- Remove student from group or activity until he/she can demonstrate appropriate behavior
- Other
- Reduce distracting stimuli
- Journal of daily behaviors
- Seat student near teacher
- In class time out/cooling off

If despite these modifications being performed, a target behavior occurs, the following interventions apply:

Target Behavior	Describe Actions (Rewards/Consequences)

LIPAN INDEPENDENT SCHOOL DISTRICT  
SECTION 504 EXIT RECORD – FORM M

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

\* \* \* \* \*

EXIT RECORD:

Date of Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents must be provided with a copy of the *Notice of Parent and Student Rights Under Section 504, The Rehabilitation Act of 1973* if the decision is made to exit the student from 504.

Comments:

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\* \* \* \* \*

**The committee assures that the placement decision (Exit from 504) was made by a group of persons, including those knowledgeable about the student, the meaning of the evaluation data, and the placement options**

Committee Member Printed Name	Signature	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 504 MONITOR SHEET – FORM N**

Teacher's Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The progress of this student is to be monitored at 2-3 week intervals. Please complete the following information and return this form to Section 504 Chairperson by \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Date)

Subject: \_\_\_\_\_ Grade: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject: \_\_\_\_\_ Grade: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade: \_\_\_\_\_

Disciplinary Referrals: \_\_\_\_\_ Nine Week Absences: \_\_\_\_\_

*Please attach progress reports and other pertinent information.*

**SECTION 504 INTER DISTRICT TRANSFER - FORM O**  
**A review of Section 504 documentation must occur within 30 school days of student enrollment/transfer.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Receiving School \_\_\_\_\_

Previous School \_\_\_\_\_

Address \_\_\_\_\_

Previous District \_\_\_\_\_

Request for 504 Documentation:

Date of Request      Initials of Person  
                                 Requesting Information

\_\_\_\_\_      \_\_\_\_\_       Fax     Letter     Phone Call

\_\_\_\_\_      \_\_\_\_\_       Fax     Letter     Phone Call

\_\_\_\_\_      \_\_\_\_\_       Fax     Letter     Phone Call

Summary of Documentation Review:

Continue 504 Accommodation Plan

The district has determined that the Section 504 Accommodation Plan is appropriate and can be implemented as written.

Signatures of Committee Members for Acceptance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Modify 504 Accommodation Plan (Convene committee meeting)

Exit from Section 504 Services (Convene committee meeting)

## **TYPES OF EVALUATION DATA WHICH MAY BE CONSIDERED AND REVIEWED**

### **INFORMAL**

- HEALTH INFORMATION/RECORDS
- OBSERVATIONS (CLASSROOM/PLAYGROUND)
- ANECDOTAL RECORDS
- ATTENDANCE RECORDS
- TPRI/Tejas LEE, TAKS, STAAR, SDAA II, TELPAS INFORMATION (as grade appropriate)
- PARENT INFORMATION
- MEDICAL RECORDS
- DISCIPLINE RECORDS
- GRADES
- ACHIEVEMENT TESTS
- CUM RECORD INFORMATION

### **FORMAL**

- PSYCHO-EDUCATIONAL ASSESSMENT
- ADAPTIVE BEHAVIOR INSTRUMENTS
- INTELLIGENCE TESTING

WHAT YOU NEED IS A PORTFOLIO -- A PROFILE OF THE TOTAL STUDENT . . . .

## **SECTION 504 – STUDENT FOLDER CONTENTS AND ORDER**

- Full name on Folder Tab
- Form I: Section 504 Accommodation Plan
- Form A: Section 504 Process Sequence
- Form C: Section 504 Educational Data- Complete
- Form B: Teacher/Administrator Data for Section 504 Accommodation Plan (more than one is possible.)
- Form F: Parent Input for Section 504 Evaluation
- Form D: Notice and Consent for Initial Section 504 Evaluation and 504 Meeting Notice
- Form E: Receipt for 504 Parent/Student Rights (Signed)
- Form K: Section 504 Manifestation Determination
- Form H: Section 504 Evaluation and Re-Evaluation Plan

## **SECTION 504 – FOLDER RETENTION/TRANSFER PROCEDURES**

### **1. Retention of Folders on Campus**

- a. Current Students
  - i. Keep in separate locked file cabinet
  - ii. Program Indicator(s) in Cumulative Folder
  - iii. Keep on Campus for duration of student enrollment
- b. Dismissed Students
  - i. Group by school year of dismissal
  - ii. Alphabetize by grade at time of dismissal
  - iii. Remove all non-essential information
  - iv. Hold on campus for duration of student 's enrollment. After student is promoted to the next school, folder is sent to storage at end of school year.
- c. Withdrawn/Graduated Students
  - i. Group by school year of withdrawal
  - ii. Alphabetize by grade at time of withdrawal
  - iii. Remove all non-essential information
  - iv. Hold on campus for one school year after date of withdrawal
  - v. Bundle and send to storage at conclusion of one full school year after withdrawal.

### **2. Transfer of Folders for Promoted Students**

- a. Promoted Students
  - i. Alphabetize by grade
  - ii. Remove all non-essential information
  - iii. Transfer to receiving campus by July 15 (hand carry)
- b. Dismissed Students
  - i. Group by school year of dismissal
  - ii. Alphabetize by grade at time of dismissal
  - iii. Remove all non-essential information
  - iv. Hold on campus for duration of student's enrollment. After student is promoted send to the next school.
- c. Withdrawn/Graduated Students
  - i. Group by school year of withdrawal
  - ii. Alphabetize by grade at time of withdrawal
  - iii. Remove all non-essential information
  - iv. Hold on campus for one school year after date of withdrawal
  - v. Bundle and send to storage at conclusion of one full school year after withdrawal.

## 504 FORMS



Form A – Section 504 Process Sequence

Form B – Teacher/Administrator Data for Section 504 Accommodation Plan

Form C – Section 504 Educational Data

Form D – Notice and Consent for Initial Section 504 Evaluation and 504 Meeting Notice

Form E – Receipt for Section 504 Rights

Form F – Parent Input for Section 504 Evaluation

Form G – Consent to Request Confidential Information

Form H – Section 504 Evaluation / Re-Evaluation

Form I – Section 504 Accommodation Plan

Form J – Notice of Section 504 Evaluation Results

Form K – Section 504 Manifestation Determination

Form L – Section 504 Behavior Intervention Plan

Form M – Section 504 Exit Record

Form N – Section 504 Monitor Sheet

Form O – Inter District Transfer