

Section 504 Referral

Student Name: _		Student ID:	DOB:				
Grade:	Referral Date:	School:					
Referred by:							
Reason for Refer	Reason for Referral (attach additional pages if necessary)						
		Attendance					
		NO - If no, explain					
This student has b	een absent days out	of school days last scho	ool year.				
This student was a	sheent days out of	school days last school ye	ear				
	days out of _		cai.				
rceason(s)							
			,				



Student Grades

Overtime, this student's grades: (check appropriate a	answer)
have become higher each year	stayed about the same each year
have become lower each year	dropped suddenly in grade
data not available	
Compared with most of the other students in this sch	nool, this student's grades: (check appropriate answer)
are better	are about the same
are worse	data not available
Has the student ever been retained?YESNC reason for retention(s)	O – If YES, list grade level(s) where retention occurred and
Discipline Information (Attach cop	pies of any behavioral plan or contract)
Identify the behaviors exhibited by the student (check	k all that apply)
Poor attention and concentration	Shift from one uncompleted task to another
Often loses things necessary for tasks	Interrupts or intrudes on others
Excessively high/low activity level	Difficulty working with peers
Difficulty following directions	Difficulty remaining seated
Fidgets, squirms or seems restless	Confrontational/assaultive
Leaves class without permission	Brings inappropriate items to school
Other	



In response to these behaviors, what behavior management techniques have been attempted?

<u> </u>

Results of these techniques:
Mitigating Measures (Identify any mitigating measures currently in use by the student or provided for student's benefit. Check all that apply)
Medication:
Medical supplies, equipment, or appliances:
Low-vision devices (which do not include ordinary eyeglasses or contact lenses:
Prosthetic including limbs and devices:
Hearing aids and cochlear implants or other implantable hearing devices:
Mobility devices:
Oxygen therapy equipment and supplies:
Assistive technology:
Reasonable accommodations (includes early intervention, RTI, differentiated instruction and informal help from teachers):
Auxiliary aids or services (includes health plans, emergency plans):
Other:



Health Information

Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability (example, medical reports, psychological reports, ADD/ADHD diagnostic information, etc.)						
Does student exhibit any signs of health or medical problems?YESNO - If YES, explain						
Is student receiving any medication at school? YESNO - If YES, list medications						
Does the student require adaptive equipment or facility adaptation? YESNO - If YES, attach list of needs.						



Parent/Guardian Consent for Evaluation

Student Name:	Grade:	Date:	DOB:
Parent/Guardian:			
Section 504 of the <i>Rehabilitation Act of 1973</i> financial assistance. Students who are cove		sis of disability in a	ny program or activity receiving Federal
 have a physical or mental impairment, v accommodations and/or special educat have a record of such impairment or are regarded as having such impairment 	on and related services,	ore major life activit	ies and results in a need for reasonable
Step One: Explanation and Purpose of a	n Evaluation		
The District shall ensure that a full and indivi- and related services.	dual evaluation is conducted for e	ach child being cor	sidered or reconsidered for 504 services
The purposes of an evaluation may be to de	termine:		
 Whether the child has, or continues t Whether the mental or physical impai Whether the child needs, or continue The present levels of performance at Whether any additions or modification 	rment substantially limits a major l s to need, reasonable accommod nd educational needs of the child;	ife activity; ations and/or spec and/or	al education and related services;
Step Two: Check the Major Life Activity	that May Be Affected		
seeing hearing sleeping reading pending standing concent other(specify):	working thinking	on of a major bodily	caring for one's self walking performing manual tasks communicating function
Step Three: Sources of Evaluation Inform	nation		
medical reports/health information teacher/psychologist observation achievement tests cognitive assessments language surveys/assessments motor assessments other(specify):		adaptive behavio discipline/attenda student progress functional behavio parent input	reports/grades
Step Four: Parental Agreement			
I understand my rights as explained to me a understand the nature and scope of the eval scheduled to discuss the findings and determ	uation to be completed. Upon con	pletion of my child	's evaluation, a conference will be
☐ 1 consent ☐ I do not consent	o an evaluation of my child		
	Signature of Parent/Gu	ardian	Date



Notice of Conference Date: To: _____ Re: (Student Name):a___ Time: **Date of Conference:** Location of Meeting: ___ Parent waived ten day notice. Parent initials _____ Date _a ___a Comments: **Purpose of Conference:** To consider possible eligibility for and/or provision of services and/or accommodations under Section 504 of the Rehabilitation Act of 1973. To review eligibility for and/or services and/or accommodations being provided under Section 504 of the Rehabilitation Act of 1973. Other: Conference Participants (Title and Name):

You have the right to bring other individuals, at your discretion, to this conference. Please notify your student's counselor if you are in need of an interpreter or translator.

Enc.: Parent Rights in Brief



Notice of Conference

Dear				
Section 504 of the <i>Rehabilitation Act</i> requires that school districts document that parents have be Parent/Student rights in Identification, Evaluation and Placement pursuant to Section 504 of the <i>Rehabilitation</i> parents have been parently such as the parent pursuant to Section 504 of the <i>Rehabilitation</i> parents have been parently such as the parent parents have been parently such as the parent parents have been parently such as the parent parent parents have been parently such as the parent paren	•			
The attached Parents' Rights in Brief is designed to provide a brief explanation of the important information regarding the safeguards to which parents/guardians and children are entitled. A complete copy of the District's Section 504 Procedures and Procedural Safeguards is available at				
Please sign and date below that you are in receipt of your Parents' Rights in Brief.				
Parent/Guardian Signature	Date			



PARENT/STUDENT RIGHTS

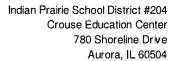
(Section 504 of the Rehabilitation Act of 1973)

The following is a description of the rights granted by federal law to students with handicaps. The intent of this law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions. Please keep this explanation for future reference.

YOU HAVE THE RIGHT TO:

- 1. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disabling conditions;
- 2. Have the school district advise you of your rights under federal law;
- 3. Receive notice with respect to identification, evaluation, or placement of your child;
- 4. Have your child receive a free appropriate public education. This includes the right to be educated with students without disabilities to the maximum extent appropriate. It also includes opportunity to participate in school and school-related activities;
- 5. Have your child educated in facilities and receive services comparable to those provided students without disabilities;
- 6. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act (PL 101-476) or Section 504 of the Rehabilitation Act.
- 7. Have evaluation, educational, and placement decisions made based upon a variety of information sources and by persons who know the student, the evaluation data, and placement options;
- 8. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
- 9. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement;
- 10. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records;
- 11. A response from the school district to reasonable requests for explanations and interpretations of your child's records:
- 12. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time, and advise you of the right to a hearing.
- 13. Request mediation or a Section 504 hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You and the student may take part in the hearing and have an attorney represent you. Hearing requests must be made to the Director of Student Services, Michelle Gallo (Section 504 District Coordinator).
- 14. File a local grievance. A copy of the District 204 "Grievance Procedure" as it applies to Section 504 is available from the Section 504 District or Building Coordinator. Please call and a copy will be immediately sent to you.

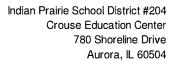
The person in District #204 who is responsible for insuring that the district complies with Section 504 is Michelle Gallo,
Director of Student Services. The telephone number is 630-375-3307.





Eligibility Conference Summary

Student Name:	Gra	de: D	ate:	DOB:
504 Coordinator:				
Next Review Date:	Next Reassessment	Date:		
Purpose of Conference:				
 To consider possible eligibility for and Rehabilitation Act of 1973. To review eligibility for and/or service: of 1973. Other: 				
I. Sources of Data:				
medical reports/health informati	on	teacher/ps	ychologist observ	ation
adaptive behavior scales/behavior	vior scales	discipline/a	attendance records	3
achievement tests		student pro	ogress reports/gra	des
cognitive assessments		functional l	oehavior assessm	ent
language surveys/assessments	3	parent inpu		
motor assessments		other (spe	cify)	
A. Is there documented evidence of a Yes No (if no, a 504 plan B. Is a major life activity substantially Yes No (if no, a 504 plan If yes, please check the major life activity substantially caring for one's self	is not required) limited by the physical or me is not required)	ental impairment?	□ lifting	
☐ breathing	<pre>eating</pre>		☐ readin	g
seeing	bending		☐ walkin	•
communicating	learning		workir	*
☐ thinking	performing ma	anual tasks	standi	•
hearing hearing	sleeping			ntrating
the operation of a major bodily f	unction 🗌 other (specify	'):		
II. Summary of other points of discussions of the conference Participants:	ssion/recommendations (i	f applicable):		





Section 504 Plan

Student Name:	Grade: <u>a</u> _	Date:	DOB: <u>a</u>
1. Describe the student's mental and/or physical impairs	ment:		
2. Describe how the mental or physical impairment subs	tantially limits a maj	or life activity:	
3. Describe the services, accommodations, and/or other duration) and who will provide them:	supports that are ne	cessary (including	their frequency, location, and
4. State- and District-Wide Assessments: (Specify neede	d accommodations,	if any):	
5. Additional Comments:			
6. Review Date:			
7. Triennial Reassessment Date:			
8. Person responsible for overseeing and monitoring th	e plan:		
Participants:			



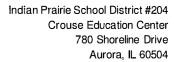
Conference Notes

Student Name:	Grade:	Date:	DOB: <u>a a</u>
Participants:			
	_		
NOTES/SUMMARY:			

Indian Prairie School District #204



				Checklis		
Student Name:	_a	<u>a a</u>	a a		<u>a a</u>	School Year:
Teacher Name:						Quarter:
Course:a						
Listed below are the class document use of the list Form should be returned	ed accommodations	tions on the 504 in your classroo	plan for the stud om. Please provi	ent identified abo de additional note	ve. Please co s when more	mplete this checklist weekly to information is necessary.
Key: Y = yes, used this	week ot utilized by student ry this week					
Accommodation:	Specifics:	Week of:		1		
					_	
Signature:						

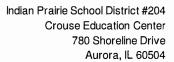




Conference Summary Report

Conference Date:

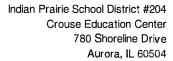
THE COUNTY OF TH	Student Identification Information
Student's Name:	DOB: Gender:
Address:	
Ethnicity:	
Student Phone:	Home Phone:
Parent/Guardian:	Work Phone:
Address:	
Other Parent/Guardian:	Other Parent Phone: a a a a a a
Address:	
SiS Number:	Home School:
Current School Year:	Serving School:
Grade Placement:	Next Home School:
Next School Year:	Next Serving School:
Next Grade Placement:	Serving District:
Annual Review Due Date:	Resident District:
	PARTICIPANTS
Signature indicates attendance.	
Student	School Psychologist
Parent/Guardian	Nurse
Parent/Guardian	Social Worker
Principal	Other (specify)
·	
Counselor	Other (specify)
General Education Teacher	Other (Specify)
Document the attempts made to arrange a mutua	
1.	2. 3
	PARENTS' RIGHTS
Explanation of Parents' Rights was provided	
	(Parent/Guardian Initial):





Medical Services Plan

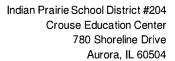
Student Name:	Grade:	_ DATE:	DOB:
Parent/Guardian:			Phone:
Address:			
Home School:			
Serving School:			
Teacher:			
MEDICAL CONDITION (Example: Diabetes,	Feeding Tube, etc):		
ALLERGENS (Example: Food Allergies, Late	ex Gloves, etc):		
Please check the following if appropriate	:		
☐ Diabetes			
Asthma			
☐ Allergies ☐ Seizure Disorder			
	MEDICATION		
Name of Medication:			
Who Administers:			
Time Administered:	D-4 (1/		
How to Administer:			
Reason for Medicine:			
Notes:			
NAMES OF THE STATE	PROCEDURES		
MEDICAL SERVICE PLAN (Include restric	tions of movement, feeding, and othe	er activities):	
Provider:		Mi	nutes Per Week:
MEDICAL EQUIPMENT USE AND CARE P	LAN:		
Contact Person For Equipment Maintena	nce:		
EMERGENCY EVACUATION PLAN:			





Medical Services Plan

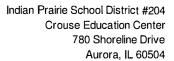
Training Provided On (Date): Training Provided By:
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Parent/Guardian Consent for Initial Provision of Section 504 Aids and Services

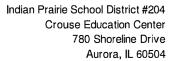
Student's Name:	a	<u>a a</u>	Grade: <u>a</u>	Date:	DOB:
Dear					
developed. Before a scho	ol district may pro- consent is volunta	vide the aids and ry and you may	d services described in y revoke your consent at	your child's Section	vices and a Section 504 plan was 504 plan, your informed written voke consent, it does not negate any
☐ I give consent	Т	he proposed aid			on my child's Section 504 plan. me and are consistent with the
	c a	ontinued Sectior	n 504 aids and services given reasonable oppor	or for a change in th	my consent is not required for ne aids and services. At least on and input into my child's
			of the Parents' Rights , including the procedure		e been fully explained to me by impartial hearing.
	m	ore than ten (10	as soon as possible foll)) calendar days, aids a his/her Section 504 plan	nd services will be p	of the Section 504 plan, but not provided to my child in
☐ I do not give con	sent F	or aids and serv	vices indicated in the Sec	ction 504 plan.	
			the school district will no e public education for my		ne requirement to make available jive consent.
☐ I have received		Copy of the Copy of the Other	e Section 504 Eligibility S e Section 504 Plan	ummary	
Date:	Parent/Guardia	n Signature:			
If you have any questions	concerning this p	rocess or requir	e additional information ı	regarding your and y	your child's rights, please contact
Name:		Ti	tle:		Phone:
Sincerely,					
• · <u></u>			(Signature)		
Name:			Title: a	a a a	





Functional Behavioral Assessment

	mation about a student's behavior ention Plan, the Functional Behavi			
Student Name:		Grade:	Date:	DOB:
The Functional Behavioral Assort data collection. Participant/Title:	essment must include data collec	ted through direct	observation of the targe	et behavior. Attach documentation
STUDENT STRENGTHS - Inclinteractions with staff, accepts	lude a description of behavioral st responsibility, etc.).	rengths (e.g., igno	ores inappropriate behav	viors of peers, positive
OPERATIONAL DEFINITION	OF TARGET BEHAVIOR - Inclu	de a description of	f the frequency, duration	n and intensity of the behavior.
SETTING - Include a description	on of the setting in which the beha	vior occurs (e.g.,	physical setting, time of	day, persons involved).
ANTECEDENTS - Include a de	escription of the relevant events th	nat preceded the ta	arget behavior.	
CONSEQUENCES - Include a assignment. What is the payoff	description of the result of the tar for the student?).	get behavior(e.g. r	removed from the classi	room and did not complete
ENVIRONMENTAL VARIABLI weather, sleep, diet, social fact	ES - Include a description of any ors).	environmental vari	ables that may affect th	e behavior (e.g., medication,
HYPOTHESIS OF BEHAVIOR which it occurs.	AL FUNCTION - Include a hypot	thesis of the relation	onship between the beha	avior and the environment in
Skill Deficit: The student doe	Deficit or a			v do so.





Behavior Intervention Plan

Complete when the Section 504 team h	nas determined a Behavior Intervention Plan is needed.
Student Name: <u>a a a</u>	<u>a</u> Grade: Date: <u>a a a a</u> DOB:
Target Behavior(s):	Intervention(s) to be Implemented: Procedure/schedule for evaluating effectiveness and person responsible:
Date of plan review:	





Manifestation Determination for Section 504 Students

A. Iden	tifying information:
Student	Name:
Date of	Suspension:
B. Conf	erence Participants:
C. Tear	n review and determination:
1.	What is the misconduct for which disciplinary action has been taken or is being considered? Comments:
2.	The team has considered and reviewed the following relevant student information in terms of the misconduct subject to disciplinary action:
	Evaluation, diagnostic results or other relevant information, including student's most recent Section 504 evaluation and plan: Yes No
	Is there a behavior intervention plan as part of the student's 504 plan?
	(If NO, the building team will initiate a Functional Behavioral Assessment and when complete, will convene a meeting on to develop a Behavior Intervention Plan to address the behavior.)
	Observation of the student: Yes No No Comments
3.	In determining if the misconduct was a manifestation of his/her disability, the Section 504 team must determine the following: (a) If the misconduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or (b) If the misconduct in question was the direct result of the District's failure to implement the Section 504 Plan.
4.	If the team determines the misconduct was not a manifestation of the child's disability, then the District's regular disciplinary procedures will apply
5.	If the team determines that the misconduct was a manifestation of the child's disability
	(a) The team must conduct a Functional Behavioral Assessment and implement a behavior intervention plan (BIP) if this has not already been done prior to the current misconduct;
	(b) If a BIP has already been developed, review and modify it, as necessary, to address the misconduct in question; and
	(c) The team must review the student's current 504 plan and educational placement to determine if it remains appropriate. If the team believes that a significant change in placement may be necessary, the team must initiate a reevaluation of the student.
	Notes:

REQUEST FOR A SECTION 504 INFORMAL RESOLUTION

INSTRUCTIONS: This form has been developed to process requests for a It is to be used in cases in which the parents wish to have an internal revie identification, evaluation, educational placement/programming for their chil has not been implemented or believe their child has been subject to discrimust be given to the Assistant Superintendent of Student Services, at the Drive, Aurora, Il or email it to christina sepiol@ipsd204.org.	w of their concerns regarding the d or believe the existing 504 Plan imination. The completed form
NAME OF STUDENT	STUDENT'S BIRTHDATE (Month/Day/Year)
PARENT/GUARDIANS' LANGUAGE/MODE OF COMMUNICATION	
A BILINGUAL OR SIGN LANGUAGE INTERPRETER IS REQUESTED	
* YES * NO IF YES, Specify language/mode of communication	
NAME OF PARENT/GUARDIAN	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)
	E-MAIL
NAME OF THE SCHOOL STUDENT ATTENDS	GRADE

A DESCRIPTION OF THE ALLEGED ACTION(S) OR OMISSION(S) REGARDING:

- A. THE STUDENT'S SECTION 504 IDENTIFICATION, EVALUATION, OR PROGRAM /PLACEMENT OR
- B. THE IMPLEMENTATION OF AN EXISTING 504 PLAN OR
- C. ACTIONS THAT ARE ALLEGED TO CONSTITUTE DISCRIMINATION.

(Include dates of alleged action(s) or omission(s), if known. Attach additional pages if necessary.)

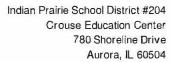
Date Submitted to District	Signature of Parent/Guardian

REQUEST FOR AN IMPARTIAL SECTION 504 HEARING

INSTRUCTIONS: This form has been developed to process requests for an is to be used in cases in which parents wish to have an impartial hearing of identification, evaluation, educational placement/programming for their child has not been implemented or believe their child has been subject to discrimust be given to the Assistant Superintendent of Student Services, at the Drive, Aurora, Il or email it to christina_sepiol@ipsd204.org .	fficer review issues regarding the d or believe the existing 504 Plan imination. The completed form District office at 780 Shoreline
NAME OF STUDENT	STUDENT'S BIRTHDATE (Month/Day/Year)
PARENT/GUARDIANS' LANGUAGE/MODE OF COMMUNICATION	
PARENT/GUARDIANS LANGUAGE/MODE OF COMMUNICATION	
A BILINGUAL OR SIGN LANGUAGE INTERPRETER IS REQUESTED	
× YES × NO IF YES, Specify language/mode of communication	
" 120 " 140 II 120, openity language/mode of communication	
NAME OF PARENT/GUARDIAN	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)
	E-MAIL
	E-WAIL
NAME OF THE SCHOOL STUDENT ATTENDS	GRADE
A DESCRIPTION OF THE ALLEGED ACTION(S) OR OMISSION(S) REGARDING: A. THE STUDENT'S SECTION 504 IDENTIFICATION, EVALUATION, OR PROGRAM /PLACEMED B. THE IMPLEMENTATION OF AN EXISTING 504 PLAN OR C. ACTIONS THAT ARE ALLEGED TO CONSTITUTE DISCRIMINATION. (Include dates of alleged action(s) or omission(s), if known. Attach additional pages if necessary.)	ENT OR

A DESCRIPTION OF THE RESOLUTION OR ACTION YOU ARE SEEKING (Attach additional pages if necessary,)

Date Submitted to District	Signature of Parent/Guardian	



D.O.B.: 05/03/2009



504 Student Tracking

First/Middle N	Name: Test Tes	t	Grade:	3rd	Date: 09/28/2	2018	DOB: <u>05/03/2009</u>	
☐ Moved From District ☐ Does Not C			☐ Initial Placement/Eligibilit☐ Does Not Qualify	,	Update Student Data			
			Dropped, Moved, Enroll	ed Informati	on			
Date	Action	Reason				Receivin	g District	
				Conf	ference Date:	09/28/20)18	
			Student Identification	Information	1			
Student Nan	ne: <u>Tes</u>	st, Test		DOB:	05/03/200	09		
Ethnicity:								
Student Pho	ne:			Home	Phone:			
Parent/Guar	dian:			Work	Phone:			
Other Parent	/Guardian:			Other	Parent Phone:			
SIS Number:	_		Home Sch	ool:	Welch Eleme	entary Sci	hool	
Current Scho	ool Year:		Next Home	e School:				
Grade Place	ment:	3rd	Resident [District:	Indian Prairie	School L	District #204	
Next School	Year:		Next Grad	e Placement:				
Annual Revie	ew Due Date: _		Reevaluat	ion Due Date	:	, , , , ,		
Date of Initia	I 504 Plan:							