



Section 504 Forms Index

I. Section 504 Referral Form

This form should be used by parents, teachers and other individuals who believe that a student may be eligible to receive a Section 504 Accommodation Plan. This form must be completed and submitted directly to the school principal who refers it to the building Section 504 committee for initial determination.

II. Section 504 Notice to Parent

This form is provided to parents by the building Section 504 committee upon determination of whether or not a child is eligible for a Section 504 Accommodation Plan.

III. Section 504 Evaluation Team Report and Accommodation Plan

This form is used by the building Section 504 committee, with consent from the parent, to complete the evaluation and accommodation plan for an eligible student.

IV. Section 504 Grievance Filing Form

If you wish to challenge the actions of the district's § 504 Committee in regard to your child's identification, evaluation, or educational placement, this form serves as a written Notice of Appeal to be submitted to the § 504 Compliance Officer

Cleveland Municipal School District

SECTION 504 REFERRAL FORM

THIS REFERRAL MUST BE GIVEN TO THE PRINCIPAL UPON COMPLETION
This referral is being made by: parent/legal guardian, teacher, principal, other (circle one)

I. STUDENT'S PERSONAL INFORMATION

ID/SS#: _____
Student: _____ Date of Birth: _____
Parent/Guardian: _____ Phone(s): _____
Address: _____ School: _____
Teacher: _____ Grade: _____
Referred by: _____ Referral Date: _____

II. BACKGROUND INFORMATION:

A. Reason for Referral:

B. Indicate which major life activity(s) is being limited e.g. *walking, seeing, hearing, speaking, breathing, caring for oneself, performing manual tasks, other* _____.

C. Indicate specifically how the major life activity(s) is being limited. _____

D. Indicate on the continuum how severe the major life activity(s) is being limited.

Negligibly Extremely	Mildly	Sub-Moderately	Moderately	Substantially				
1	2	3	4	5	6	7	8	9
10								

E. Strategies/interventions to date (attach copies of documentation): _____

F. List all medications or devices (such as hearing aids, glasses) that are currently being used by the student:

G. Attach any additional information (i.e. previous evaluations, medical report(s))

SECTION 504 REFERRAL PAGE ONE OF TWO

Revised on: Friday, August 21, 2009

By signing below, I acknowledge receipt of a copy of this referral and a copy of the Section 504 Procedural Safeguards. I also understand that the school psychologist and/or nurse will forward the "Notice to Parent" form within a reasonable amount of time to me indicating whether the child is suspected as having a disability under Section 504. I further understand that, if I am the parent or legal guardian of the student, my signature also acts as my written consent for the school to initiate a full Section 504 evaluation and to contact and obtain additional information from my child's pediatrician, doctor, psychologist, psychiatrist, or other health care provider. I acknowledge that I have received, read, and understand the Notice of Parent/Student Rights in Identification, Evaluation and Placement for Section 504. I also acknowledge that I must deliver this referral to the school principal.

*Parent (or person making referral)

Date

THIS REFERRAL MUST BE GIVEN TO THE PRINCIPAL and the Principal shall sign below upon receipt and give a signed copy to the person making the referral. A copy must also be sent to the Section 504 Compliance Officer and a copy placed in the student's educational file.

*Signature of Principal

Date of referral receipt

SECTION 504 PROCEDURAL SAFEGUARDS:

1. Your child, if qualified as disabled under Section 504, has the right to an appropriate education designed to meet his/ her individual educational needs as adequately as the needs of non-disabled students are met.
3. Your child has the right to free educational services, except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties are not relieved from their obligation to provide for services to a disabled student.
4. Your child has a right to placement in the least restrictive environment.
5. Your child has a right to facilities, services, and activities that are comparable to those provided for non-disabled students.
6. Your child has a right to an evaluation prior to an initial § 504 placement and any subsequent significant change in placement.
7. The district shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, physical or medical reports, student grades, progress reports, parent observations, anecdotal reports, and test scores.
8. Placement decisions must be made by a group of persons, i.e., the § 504 Committee, including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities.
9. If qualified as disabled under § 504, your child has a right to periodic reevaluations, generally every three years.
10. You have the right to notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
11. You have the right to examine relevant educational records of your child.
12. You have the right to an impartial hearing with respect to the district's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney.
13. If you wish to challenge the actions of the district's § 504 Committee in regard to your child's identification, evaluation, or educational placement, you should file a written Notice of Appeal with the district's § 504 Compliance Officer, 1440 Lakeside Avenue, Cleveland, Ohio 44114 within 10 calendar days from the time you received written notice of the § 504 Committee's action(s). A hearing will be scheduled before an impartial hearing officer and you will be notified in writing of the date, time, and place for the hearing.
14. If you disagree with the decision of the impartial hearing officer, you have a right to a review of that decision by a court of competent jurisdiction.
15. You have a right to file a complaint with the United States Department of Education Office for Civil Rights.
16. On § 504 matters, other than your child's identification evaluation and placement, you have a right to file a complaint with the district's § 504 Compliance Officer. Complaints, questions or concerns about Section 504 may be directed in writing to the District's Section 504 Compliance Officer at: Cleveland Municipal School District, Attention: Section 504 Compliance Officer, legal 1440 Lakeside Avenue, Cleveland, Ohio 44114.

SECTION 504 REFERRAL PAGE TWO OF TWO

Revised on: Friday, August 21, 2009



SECTION 504 NOTICE TO PARENT

(This form serves as the response to the parent of the District's initial determination of eligibility)

STUDENT'S PERSONAL INFORMATION

ID/SS#:	_____	Date of Birth:	_____
Student:	_____	Phone(s):	_____
Parent/Guardian:	_____	School:	_____
Address:	_____	Grade:	_____
Teacher:	_____	Referral Date:	_____
Referred by:	_____		

_____ Notice to Parent or legal guardian of Referral for Section 504 Accommodation Plan.

Your child, _____, has been referred to the Section 504 school team because of a concern that he/she may have a medical, physical or mental disability that substantially limits a major life activity.

_____ Notice to Parent of initial determination:

The school psychologist, nurse (circle one) upon consultation with the Principal has reviewed the referral and the provided documentation. The review may have also included reviewing your child's educational file, consulting with his or her teachers, the school counselor, you, your child, your child's doctor and/or other professionals.

The following initial determination has been made:

_____ Your child **DOES NOT** have a suspected medical, physical or mental disability that requires further evaluation for qualification under Section 504 due to the fact that the referral and documentation reviewed is insufficient to warrant a suspected disability. *You are hereby advised that you have procedural due process rights by which to challenge this determination, which are attached on page two of this notice.*

_____ Your child **DOES NOT** have a suspected medical, physical or mental disability that requires further evaluation for qualification under Section 504. However, your child may be referred to the school's Intervention team (IBA) for general education interventions. *You are hereby advised that you have procedural due process rights by which to challenge this determination, which are attached to the referral that you already have and again on page two of this notice.*

_____ The District **DOES** suspect that your child may have a medical, physical or mental disability that requires further evaluation for handicapped qualification under Section 504. *You are hereby advised that you have procedural due process rights by which to challenge this determination, which are attached to the referral that you already have and on page two of this notice.* **You are hereby invited to your child's Section 504 Evaluation and Accommodation Plan meeting on**

_____, _____, 200_ at _____. **The meeting will take place in room _____.**

_____ Upon review of your child's referral and supporting documentation, your child **may have a suspected disability that may affect his or her ability to learn** and he or she may require an individualized education plan (IEP), which is outside the auspices of Section 504. Your child's case has been referred to the building's IBA team for possible interventions and referral for a multifactored evaluation.

_____ Your child's Section 504 team determined during your child's evaluation meeting on _____ that your child **NO LONGER QUALIFIES** for a 504 Accommodation Plan and has terminated the plan. *You are hereby advised that you have procedural due process rights by which to challenge this decision.*

Signature of School Psychologist or Nurse

Date forwarded to parent with Procedural Safeguards

SECTION 504 PROCEDURAL SAFEGUARDS:

1. Your child, who is qualified as disabled under Section 504 has the right to an appropriate education designed to meet his/ her individual educational needs as adequately as the needs of non-disabled students are met.
3. Your child has the right to free educational services, except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties are not relieved from their obligation to provide for services to a disabled student.
4. Your child has a right to placement in the least restrictive environment.
5. Your child has a right to facilities, services, and activities that are comparable to those provided for non-disabled students.
6. Your child has a right to an evaluation prior to an initial § 504 placement and any subsequent significant change in placement.
7. The district shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, physical or medical reports, student grades, progress reports, parent observations, anecdotal reports, and test scores.
8. Placement decisions must be made by a group of persons, i.e., the § 504 Committee, including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities.
9. If qualified as disabled under § 504, your child has a right to periodic reevaluations, generally every three years.
10. You have the right to notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
11. You have the right to examine relevant educational records of your child.
12. You have the right to an impartial hearing with respect to the district's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney.
13. If you wish to challenge the actions of the district's § 504 Committee in regard to your child's identification, evaluation, or educational placement, you should file a written Notice of Appeal with the district's § 504 Compliance Officer, 1440 Lakeside Avenue, Cleveland, Ohio 44114 within 10 calendar days from the time you received written notice of the § 504 Committee's action(s). A hearing will be scheduled before an impartial hearing officer and you will be notified in writing of the date, time, and place for the hearing.
14. If you disagree with the decision of the impartial hearing officer, you have a right to a review of that decision by a court of competent jurisdiction.
15. You have a right to file a complaint with the United States Department of Education Office for Civil Rights.
16. On § 504 matters, other than your child's identification evaluation and placement, you have a right to file a complaint with the district's § 504 Compliance Officer. Complaints, questions or concerns about Section 504 may be directed in writing to the District's Section 504 Compliance Officer at: Cleveland Municipal School District, Attention: Section 504 Compliance Officer, 1440 Lakeside Avenue, Cleveland, Ohio 44114.

Directions to school psychologist and/or nurse for completing Notice to Parents:

1. Upon review of the referral, the attached documentation and upon consultation with the principal, teacher, parent, guidance counselor and the child's doctor, the school psychologist and (if medically applicable) the school nurse will make the initial decision of whether the child has a suspected disability that substantially limits a life activity based on the information presented.
2. This form must be prepared and sent to the parent/guardian within a reasonable amount of time, i.e., (approximately within 30 days of the initial referral).
3. In addition to sending a copy of this form to the parent/legal guardian, within 24 hours, a copy must be forwarded to the Section 504 Compliance Officer (Legal Department), a copy kept by the school psychologist or nurse with a copy placed into the child's educational file, which shall be maintained in the school office.

SECTION 504 NOTICE TO PARENT PAGE TWO of TWO

Revised on: Friday, August 21, 2009



SECTION 504 EVALUATION TEAM REPORT & ACCOMODATION PLAN

Student's Name: _____ ID# _____ Grade: _____ DOB: ____/____/____
Last First

Address: _____ School: _____

Parent(s) Name(s) _____ Home Phone: _____ Work Phone: _____ Cell _____

Principal, 504 Coordinator: _____ Date of Evaluation: _____

The Section 504 Team must decide, after considering information from a variety of sources, whether the child's suspected disability "substantially limits a life activity."

"Substantially limits a major life activity" means that the student, with his or her mitigating circumstances (medicine, glasses, hearing aid, etc) is still unable to perform a major life activity the average person in the general population can perform. Thus, if a student takes medication, works hard, has strong parental support or otherwise compensates for the effect of the disability to the point that the student is no longer "substantially limited," then the student shall not be labeled as disabled under Section 504.
The fact that the student does not measure up to his or her own potential or does not perform as well as his or her peers, does not mean that the student is substantially limited. A student who "just needs some minor classroom accommodations" is probably not substantially limited and should not be labeled as disabled.

1. Criteria used to evaluate this accommodation plan: Log, teacher observations, district tests, check lists, achievement tests, medical information, doctor recommendations, district tests, standardized tests, other _____. (circle those that apply)

2. The Section 504 School Team has evaluated the student and determined:

[] The student DOES NOT have a mental, medical or physical handicap that presently substantially limits one or more major life activities. The Student is not a qualified student under Section 504. Justification for decision:

[] The student DOES NOT have a mental, medical or physical handicap present that presently substantially limits one or more major life activities. It is the Section 504 team's determination that the student be referred to the general education IBA team for interventions. The 504 Procedural Safeguards are on page two of this Evaluation Team Report. Justification for decision:

[] The student DOES have a medical, physical or mental handicap that, with mitigating circumstances, still presently substantially limits one or more of the following major life activities. Justification for decision:

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- caring for self walking seeing
- hearing speaking breathing
- other (describe) _____

3. SPECIFIC ACCOMMODATIONS NEEDED FOR ELIGIBLE STUDENT

Describe the specific accommodations planned for this student, including the title of the responsible party.

Accommodations Needed	TITLE of Responsible Party

- **If one of the major life activities is “learning,” i.e., requiring individualized instruction, then a Section 504 Plan *may* be inappropriate and the student *may* be referred to the IBA team for possible referral for a suspected disability under IDEIA.**

3. The Section 504 Team is responsible to re-visit the student’s plan annually. The team will re-visit this plan no later than: _____, 200__.

4. Participants—the persons whose signatures appear below evaluated and determined the eligibility of the student under Section 504 and developed this Section 504 Accommodation Plan. By signing below you are indicating that you participated in this evaluation and accommodation meeting.

NAME	TITLE	DATE
	PARENT	
	PRINCIPAL, 504 COORDINATOR	
	PSYCHOLOGIST (if applicable)	
	NURSE (if applicable)	
	OT/PT/SLP (if applicable)	
	GUIDANCE COUNSELOR (if applicable)	
	OTHER	

- Parent participated but refused to sign**

PARENT STATEMENTS:

Revised on: Friday, August 21, 2009

- I received a written notice of my procedural safeguard rights under Section 504.
- I received notice of the Section 504 evaluation and accommodation meeting.
- I agree with the Section 504 plan as it is written.
- I disagree with this Section 504 Plan and refuse the accommodations and services listed herein.

Parent/guardian signature

Date

Parent/guardian signature

Date

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Within 24 hours of completion, the Principal shall forward a copy of this document to the following:

1. **Section 504 Compliance Officer (Legal Department)**
2. **Student's permanent file,**
3. **Parent (if parent did not receive a copy),**
4. **School Psychologist**
5. **Student's general education teacher,**
6. **Nurse (if applicable)**



Section 504 Grievance Filing Form

If you wish to challenge the actions of the district's § 504 Committee in regard to your child's identification, evaluation, or educational placement, this form serves as a written Notice of Appeal to be submitted to the § 504 Compliance Officer

Child's Name _____ D.O.B.: _____ Date ____/____/____

Address _____ School _____

Parent's Name (print) _____

Home Phone _____ Cell Phone _____ Work _____

Telephone Number _____ Email: _____

Nature of your grievance. (Please describe the policy or action you believe may be in violation of the civil rights statute. Please also identify any person(s) you believe may be responsible.)

Please provide your proposed remedy to this alleged violation:

Signature of Grieving party _____ Date ____/____/____

Signature of Person Receiving Grievance

Date ____/____/____ Location _____

THIS FORM SHOULD BE FORWARDED WITHIN 10 DAYS OF THE ALLEGED VIOLATION OF THE PROCEDURAL SAFEGUARDS TO:

Section 504 Compliance Officer, Cleveland Municipal School District, 1440 Lakeside Avenue, Cleveland, OH 44114.