

Section 504 of the Rehabilitation Act Accommodation Plan

Initial: ___/___/___

Annual: ___/___/___

Previous 504 Accommodation Plan Reviewed: ___/___/___

Next 504 Accommodation Plan Review Scheduled for : ___/___/___

Student: _____ **Parent(s):** _____

School: _____ **Grade:** _____

Student's Address: _____ **Phone:** _____

Building Case Manager: _____ **Phone:** _____

The Section 504 Accommodation Plan Shall Include the Following:

1. Cover page with identifying information and eligibility and review dates
2. Parent and Student Rights
3. Parental Meeting Notification Form
4. Current Section 504 Plan
5. Revised Section 504 Plan (if applicable)

Original Copy: District Disability Compliance Officer, Ms. Kimberly Shaw (IRMC)

Copy 1: Building 504 Coordinator

Copy 2: Parents

Additional Copies shall be provided to each teacher working with the student

Section 504

Parent and Student Rights (Procedural Safeguards) In Identification and Placement

(A copy is provided to the parent(s) and student prior to **each** meeting and any subsequent changes or modifications to the Section 504 Accommodation Plan)

The following is a description of the rights granted under Section 504 to students with disabilities. The intent of the 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 the decisions made by the TEAM.

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 disability;
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 the right to have the school district make accommodations to allow your child an equal opportunity to participate in school and school-related activities;
5. Have your child educated in facilities and receive services comparable to those provided to students without disabilities;
6. 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;
7. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act, or receive the necessary accommodations if your child is found eligible under Section 504 of the Rehabilitation Act;
8. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the district;
9. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district
10. Examine all relevant records relating to decision regarding your child's identification, evaluation, educational program, and placement;
11. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records;
12. Receive a response from the school district to reasonable request for explanations and interpretations of your child's records;
13. Request amendment of your child's educational record if there is reasonable cause to believe the record is inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the school district refuses this request for amendment, the district shall notify you of the right to a hearing;
14. File a 504 grievance if you have a disagreement with the school (*contact the office below);
15. Request mediation or an impartial due process 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.
16. File a complaint with the Office for Civil Rights, Region VII, U.S. Department of Education, 10220 N. Executive Hills Blvd., 8th Floor, Kansas City, Missouri 64153-1367, 816-891-8026, TDD 816-374-6461;
17. For further information about Section 504, contact the office below, or call the Kansas State Department of Education, 1-800-203-8462

*Kansas City, Kansas School District Disability Compliance Officer:
Ms. Kimberly Shaw (913) 627-5600 or 627-5612
4601 State Ave., Ste 38/sped Kansas City, KS 66102

Notice Section 504 Accommodation Meeting

Student: _____ Date of Notification: ___/___/___

School: _____ Notified by: Phone Letter Other

Dear Parent or Guardian:

We would like to meet with you to determine if your child _____ is eligible for an accommodation plan under Section 504 of the Rehabilitation Act.

We would like to meet with you to review the Section 504 Accommodation Plan that is currently in place for your child _____.

We have scheduled a meeting on ___/___/___ **at** _____(time).

We will meet at _____ **in Room** _____.

Your participation is very important and encouraged.

If you have any questions, or the meeting time is not convenient for you, please call _____ at _____ to discuss your questions or arrange a mutually convenient meeting time.

The following school personnel (name and position) will be present at the meeting:

_____	_____
_____	_____
_____	_____
_____	_____

Original Copy, Parent
Copy 1 Building 504 Coordinator
Copy 2 District 504 Disability Compliance Officer, Ms. Kimberly Shaw(IRMC)
Additional Copies to each one of the Team members listed above

Section 504 Accommodation Plan

Student: _____ D.O.B. ___/___/___

School: _____ Review Date: ___/___/___

Case Manager: _____ Notification Date: ___/___/___

Person Notifying Parent(s): _____ Notified by: ___Phone ___Letter
 ___Other

Part 1: Justification for Services

1. Is the student disabled under Section 504?

Yes No (if no, go to recommendation section of Part 3).

The student has a physical or mental impairment which **substantially limits** one or more of his/her major life activities.

<input type="checkbox"/> caring for one's self	<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> eating
<input type="checkbox"/> performing manual tasks	<input type="checkbox"/> speaking	<input type="checkbox"/> working	<input type="checkbox"/> sleeping
<input type="checkbox"/> walking	<input type="checkbox"/> breathing	<input type="checkbox"/> learning	<input type="checkbox"/> standing
<input type="checkbox"/> concentrating	<input type="checkbox"/> lifting	<input type="checkbox"/> bending	<input type="checkbox"/> reading
<input type="checkbox"/> communicating	<input type="checkbox"/> thinking		

2. Briefly document in the Team Meeting Notes, the basis for determining the disability (attach Team Meeting Notes and SIT Plan; diagnosis or documentation of disability)

Part 2: Accommodation Plan

I. Area of Limitation: _____

Accommodations:

Expected Outcome:

1. _____

2. _____

3. _____

II. Area of Limitation: _____

Accommodations:

Expected Outcome:

1. _____

2. _____

3. _____

III. Area of Limitation: _____

Accommodations:

Expected Outcome:

1. _____

2. _____

3. _____

IV. Area of Limitation: _____

Accommodations:

Expected Outcome:

1. _____

2. _____

3. _____

Part 3: Recommendations and Actions:

Provide Section 504 Services

Exit from program based on evaluation results

Does Not Qualify for Section 504 Services

Other: _____

The following members of the Section 504 Accommodation Plan Committee **were present for and agree** with the recommendations (names and positions):

_____	_____
_____	_____
_____	_____

Team Meeting Notes

Note Taker: _____

Position: _____