



# Ohio Virtual Academy

Section 504  
Manual and  
Procedures

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## **Introduction:**

Section 504 of the Rehabilitation Act of 1973 is federal legislation that impacts schools and other entities that receive federal funding. The Act is a civil rights statute designed to eliminate discrimination against individuals in schools and the workplace because of disability. The regulations are very broadly written and intended to cover a wide range of public entities to prohibit discrimination on the basis of disability.

Taken together, Section 504 and the ADA prohibit discrimination by school districts against persons with disabilities, including students, their parents who have disabilities, staff members, and members of the public. Included are all programs or activities of the school district receiving federal funds, regardless of whether the specific program or activity involved is a direct recipient of those funds. There is no state or federal funding provided to help schools comply with the requirements of Section 504.

Individuals who are disabled under the Individuals with Disabilities Education Improvement Act (IDEA) are also protected under Section 504/ADA. While Section 504 provides for services similar to those available through special education, the intent and requirements of the acts are different. IDEA is a mandate to provide special education and related services to students who meet specific eligibility criteria for one or more of 13 categories of disability and need special education and related services in order to access and make progress in the general school curriculum. Section 504 provides broader and different coverage than does the IDEA with a focus on providing FAPE to all students. Section 504 also prohibits discrimination based on disability and retaliation. If a student does not meet the eligibility requirements of IDEA but the school district suspects that the student has a disability, the district should request consent from the student's parent or guardian to evaluate the student to determine if the student qualifies under Section 504.

In accordance with the record retention schedule from the State Auditor's office, 504 documents will be permanently retained with the school district.

## **Overview:**

There are two primary requirements under Section 504: nondiscrimination and the provision of a free and appropriate public education (FAPE). The regulations require identification, evaluation, appropriate services, and procedural safeguards.

### **Nondiscrimination**

Discrimination on the basis of disability in providing any aid, benefit, or service is prohibited in any setting, including school districts.

Examples of discrimination include:

- Refusing to allow any student with a disability the opportunity to be on the honor roll;
- Excluding a student from an academic class because the classroom is inaccessible;
- Refusing to give course credit or lowering a grade for a student due to nonattendance when the absences are related to a disabling condition;
- Refusing to allow any otherwise qualified student with a disability the opportunity to participate in extracurricular activities;
- Refusing to provide opportunities for students with disabilities to try out for academic or sports teams.

### **Free and Appropriate Education (FAPE)**

Every student in a school must receive FAPE. This does not mean that every student receives the same services or accommodations. Each student must be considered as an individual.

### **What does "disability" mean?**

Under Section 504, a disability is any physical or mental condition that seriously limits a "major life activity." Major life activities include taking care of yourself, working with your hands, walking, seeing, and hearing. They also include speaking, breathing, learning, and working. The meaning of "disability" under Section 504 is broader than the meaning of "disability" under the Individuals with Disabilities Education Act (IDEA). For this reason, many children who are not covered by IDEA are covered by Section 504.

## **Assurances:**

Section 504 regulations concerning provision of FAPE closely mirror the procedural

requirements of special education. Students being considered for Section 504 services must be referred, evaluated, and provided services in accordance with Section 504 regulations. The school has the responsibility to provide written assurance of nondiscrimination and have a Section 504 process in place. Students that are newly enrolled with Ohio Virtual Academy will have the same rights to a 504 Plan as students that are considered current students. If the student has a current 504 Plan in place, the team will adopt and/or adapt the plan to fit the student's current environment with OHVA.

Each building must identify a Section 504 Coordinator, who works closely with the Special Education Manager to assure compliance and appropriate services for all students. In all required Section 504 notices, the 504 Coordinator should be identified by name, address, and phone number.

### **Maintenance of Records:**

All 504 plans will remain in a secure location with all student records as outlined by the maintenance of record policy written by the state of Ohio.

### **Procedural Requirements:**

#### **Identification**

The identification process can be coordinated with the school's special education child-find process. At least annually, however, the school must provide notice of the opportunity for referrals in (a) school forms; (b) school publications; and (c) school handbook. Evidence of this annual notification must be documented to ensure compliance. Students who may be disabled under Section 504 can be referred by a concerned teacher, administrator, parent, or private/public agency. The student may need accommodations or related services in order to receive a free appropriate public education. Possible indicators of eligibility under Section 504 include, but are not limited to, the following:

- o A parent frequently expresses concern about the student's performance;
- o Retention is being considered;
- o Numerous suspensions occur;
- o A student shows a pattern of not benefiting from instruction;
- o A student returns to school after an accident or serious illness;
- o A student is found not eligible under the IDEA;
- o A student has a chronic health condition;
- o A student is in danger of dropping out of school;
- o A student has been identified as having ADD/ADHD

When a student has an accident, or is diagnosed with a serious illness, an immediate referral may be made for evaluation and possible services. When instructional success is the concern, if staff suspect that the lack of success may be the result of a disability, the student should be referred for an evaluation. A confidential file must be created for the student where data related to remediation and intervention should be recorded. Just as with special education, the least restrictive service necessary to appropriately meet the student's needs is the aim.

## **Referral**

When the decision is made to initiate a Section 504 referral, the parent(s) or guardian(s) must be notified. Parents should already be aware of any intervention efforts of the building-based team. A Section 504 Referral Form can be completed by the student's teacher(s), or individuals referring for an initial 504 evaluation, with input from others who work with the student, including the parent.

When completing the form, consider the following guidelines:

- Do not label the disorder. Many conditions require a medical professional for diagnosis.
- Detail the observable characteristics (e.g., the child is distracted by classroom noises, the student refuses to comply with teacher requests 75% of the time) rather than labeling the characteristic (e.g., distractible, rude). This will help the team identify and rate the concerns listed.
- Document all concerns completely and professionally. Whenever possible, state in measurable terms and provide supporting data or documentation of the concern.

Once a referral is made, an evaluation must follow within 60 calendar days from parent's consent unless there is no reasonable basis to suspect a disability. If the school elects not to evaluate a referred student, prior written notice must be provided to the parents giving them the opportunity to challenge the decision pursuant to Section 504 procedure. Section 504 Prior Written Notice should be modeled after IDEA's requirements. Also, if a parent refuses to grant permission for an initial evaluation, the school may only evaluate the student by initiating a due process hearing and getting an order from an independent hearing officer.

## **Evaluation**

The evaluation for determining Section 504 eligibility is based on the type of suspected disability, the impact of the disability on the student's ability to participate in the school's educational program, including nonacademic services, and the type of services or accommodations that may be needed. There are no specific evaluation requirements for Section

504; however, the evaluation must be sufficient to accurately and completely assess the nature and extent of the disability and the impact of the disability on a specific major life activity. This includes ensuring that the evaluation methods and materials are:

- (a) in the native language of the student;
- (b) nondiscriminatory; and
- (c) empirically appropriate to test for the suspected disabilities.

Evaluations that are more limited than a full comprehensive evaluation under IDEA may be sufficient. Also:

- a) The staff here at OHVA will evaluate, without unreasonable delay, any student suspected of having a disability as defined by Section 504, regardless of whether the student's parent has requested such an evaluation.
- b) Parents cannot be required to submit medical or other evaluation information.
- c) While the Academy is permitted to request medical information from the parents, if the parents do not have or refuse to provide the information, and the school determines, based on the facts and circumstances of the individual case, that a medical assessment is necessary to make an appropriate evaluation consistent with 34 C.F.R 104.35, the school must ensure that the child receives this assessment at no cost to the parents.

Possible sources of existing evaluation information include, but are not limited to:

- Current psycho-educational evaluations
- Standardized achievement data
- Curriculum-based assessments
- Medical information
- Grades
- Attendance records
- Discipline records
- Teacher or parent observation notes
- Information from the parent/guardian, including information regarding the student's ability to complete homework in an equivalent time period to the student's nondisabled peers

Be sure that all information is current, accurate, and addresses all areas of the learning process, including adaptive behavior. It is appropriate for school personnel to make inquiries of medical and other personnel if the information submitted is unclear. Always ask the parent to provide written permission for an exchange of information.

## **Section 504 Committee Meeting:**

Evaluation and placement decisions must be made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options. The 504 Coordinator and general education teacher should work with the parent to determine if it is appropriate for the student to attend. If the student is 18 years of age or older, he/she must attend. When the evaluation is completed, a Section 504 meeting must be convened. Not all persons who provided information for the evaluation and placement decisions are required to be present at the committee meeting. Notification of the meeting must be distributed in writing, and the parent must receive written notice. Also, include a notice of procedural safeguards with the notification of the meeting.

The meeting should be held at an agreeable time for all. The Section 504 committee chairperson may have paperwork prepared in advance, but if the parent/guardian has not been provided with a meaningful opportunity to provide input prior to the meeting, paperwork may need to be revised in response to parent input. The chairperson or his/her designee should take notes. The parent should again be offered a copy of Section 504 Parent Rights. The 504 Coordinator should offer and be prepared to explain the rights to the parent. During the meeting, encourage parents to be active participants, with opportunities to share information and express their opinions and thoughts.

## **Eligibility:**

The first task of the meeting is to review the evaluation information, which includes all information submitted to the committee. The committee compares the information presented with the Section 504 definition of a person with a disability. An individual has a disability if he/she:

1. Has a physical or mental impairment which substantially limits one or more major life activities. The term does not cover children primarily disadvantaged by cultural, environmental, or economic factors.
  - Section 504 defines physical or mental impairment as any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems:
    - (a) neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genitor-urinary, lymphatic, and endocrine systems, or

- (b) any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, specific learning disability.
2. Has a record or history of such an impairment (e.g., a student with a learning disability who is no longer eligible or has been misclassified to receive special education under IDEA; a student in recovery from drug abuse).
  3. Is regarded as having such impairment. A person can be found eligible under this section if he/she:
    - Has a physical or mental impairment that does not substantially limit a major life activity but is treated by persons in the district as having such a limitation (e.g., a student who has scarring or walks with a limp);
    - Has a physical or mental impairment that substantially limits a major life activity only as a result of the attitudes of others toward such an impairment (e.g., a student who is obese); or
    - Has no physical or mental impairment but is treated by persons in the district as having such impairment (e.g., a student who tests positive for HIV virus but the virus does not substantially limit any major life activities)

Note: The last two factors come into play only when there is a record or history of an impairment which has resulted in discrimination. This rarely occurs in school situations.

In addition to the presence of a physical or mental impairment, the condition must "substantially limit" one or more major life activities. This determination must be made without consideration of the ameliorative effects of mitigating measures (e.g., medication). The only exception is that the ameliorative effects of eyeglasses or contact lenses may be considered in determining if an impairment substantially limits a major life activity. Substantial limitation necessitates a material effect on one's ability to perform a major life activity as opposed to a minor limitation. Under the ADA, substantial limitation is when the individual's important life activities are restricted as to the conditions, manner, or duration under which they can be performed in comparison to most people.

Major life functions may include but are not limited to self-care, walking, seeing, breathing, learning, perform manual tasks, hearing, speaking, and working. When a condition does not substantially limit a major life activity, the student does not have a disability under Section 504 and does not qualify for services under Section 504. If a student has a disability under Section

504 but does not need services in order to receive a free appropriate public education or to have an opportunity to participate in the school's educational program, including nonacademic services, the student does not need a Section 504 plan. In such determinations, the committee may wish to discuss possible accommodations outside the Section 504 process or refer the child for additional support through building-based avenues.

Disabling conditions may include, but are not limited to, the following:

AIDS; Allergies; Asthma; ADHD; Recovering Chemical Dependency; Congenital Defects; Diabetes; Formerly Disabled; Hepatitis B; Hemophilia; Obesity; Pregnancy with Medical Problems; Schizophrenia; Retinitis-Pigmentosa; Temporary Conditions; Tourette's Syndrome; Tuberculosis; Dwarfism; Epilepsy; Communicable Diseases.

As a final note, a student must be otherwise qualified to be considered eligible for Section 504. The most common otherwise qualified factors are:

- (1) age; and
- (2) legal settlement.

The student must be old or young enough to attend public school and must have legal settlement in the district to be considered otherwise qualified.

### **Services:**

If the committee determines that a student is disabled, the committee must determine what services or accommodations are required to enable the student to receive an appropriate education. The Section 504 committee must determine what services and accommodations are necessary to provide the student with FAPE and with an equal opportunity to participate in nonacademic and extracurricular programs. Every case must be considered individually. Decisions concerning Section 504 eligibility must be documented in the student's confidential file, and if services are provided, eligibility and the plan for services should be reviewed periodically.

The student should be reevaluated at least every three years. In addition, the committee should consider reevaluation when:

- (a) the student transitions to a new school;
- (b) the student's behavior/academic achievement shifts;
- (c) if the committee believes that the student is no longer disabled;
- (d) before any significant change in placement; or
- (e) the current services are not providing FAPE and/or an equal opportunity to participate in nonacademic and extracurricular programs.

The Section 504 committee must ensure that qualified students with disabilities are evaluated and provided access to meaningful educational services without unreasonable delay; this includes the development of a written 504 Plan. The plan should provide a description of the student's disability. Each area of the student's difficulty should be identified in the plan. The plan should also include specific services or accommodations the student will receive, when the services or accommodations will be provided and by whom, as well as how the proposed plan will be evaluated. Evaluation data must be observable and measurable.

Providing accommodations also applies to parents with disabilities. The school must provide accommodations to parents with disabilities so they are able to participate in their child's educational program. The school must take appropriate steps to ensure that communications with parents with disabilities are as effective as communications with others.

Once all accommodations are determined, the team must decide when the plan will be reviewed. Parents are asked to give consent for the identified services and should be offered explanation for any or all of the documentation.

The Section 504 Coordinator is then responsible for informing all staff who work with the student of the services/accommodations that are required under the Section 504 Plan. It is best practice to have teachers and staff review the information, either in writing or verbally, and provide written verification that indicates that they have been informed. Further, the coordinator should periodically check on the child and monitor the effectiveness of the Section 504 Plan. The plan can be reviewed and/or revised at any time via the Section 504 committee. If any changes to the plan would result in a significant change in placement, the student's parent/guardian must be provided with a meaningful opportunity to provide input into the placement decisions.

### **Discipline:**

Section 504 requires that a school district evaluate a student believed to have a disability before making an initial placement of the child and before any subsequent, significant change in placement. The permanent exclusion of a student with a disability, the exclusion of a student for an indefinite period, or the exclusion of a student for more than 10 consecutive school days, constitutes a significant change in placement under Section 504.

A series of suspensions, each of which is 10 or fewer days in duration, but that creates a pattern of exclusions, may also constitute a significant change in placement. The determination of whether a series of suspensions creates a pattern is made on a case by case basis. Among the factors considered in determining whether a series of suspensions has resulted in a significant change in placement are length of each suspension, the proximity of the suspensions to one another, and the total amount of time the student is excluded from school. The Office for Civil Rights does not consider a series of suspensions that, in the aggregate, is for 10 or fewer days to be a significant change in placement.

Before implementing a suspension or expulsion that constitutes a significant change in the placement of a student with a disability, a school district must conduct a manifestation determination of the student to determine whether the misconduct in question is caused by or has

a substantial relationship to the student's disability, and if so, whether the student's current educational placement is appropriate. If it is determined that the misconduct is not caused by the student's disability or the school's inappropriate placement, the student may be excluded from school in the same manner as are similarly-situated students who do not have disabilities.

If the parent disagrees with the manifestation determination regarding the relationship of the behavior to the disability or with the subsequent placement proposal where the behavior is determined to be caused by the disability, the parent may request an impartial hearing.

## **Due Process:**

Parents and students have due process rights under Section 504. These include the following:

- Right to be informed by the district of specific due process rights;
- Right for the child to be provided with FAPE and have an equal opportunity to participate in non-academic school activities;
- Right for the child to have an appropriate education in the least restrictive setting, which includes accommodations, modifications, and related services;
- Right to notice regarding referral, evaluation, and placement;
- Right for the child to have a fair evaluation conducted by knowledgeable person(s);
- Right to an administrative hearing and appeals process;
- Right to examine and obtain copies of all school records;
- Right to provide consent prior to evaluation or placement for Section 504 services;
- Right, in most cases, for the student to "stay put" during the pendency of a hearing or appeal; and
- Right to request an independent educational evaluation at public expense if they disagree with the school's evaluation.

The list of rights above is non-exhaustive, but it is important to note that the crux of a parent's due process rights are:

- (a) the right to prior written notice;
- (b) the right to inspect educational records;
- (c) the right to an impartial hearing to dispute a school's decision; and
- (d) the right to appeal the impartial hearing officer's decision.

In spite of the school's best efforts there are times when Section 504 actions lead to conflict. The best way to avoid conflict is to involve the parents from the beginning of the process; parents must be provided with a meaningful opportunity to provide input. Seek their input, document it, and be sure to consider their perspectives and requests. When conflicts arise, encourage the parent to talk with the 504 Coordinator.

There is also a due process hearing option for students under Section 504. The due process hearing is intended to resolve differences involving the education of Section 504 qualified students when differences cannot be settled by means of a less formal procedure. The Special Education Manager will work with the building coordinator in difficult situations.

## **Parents with disabilities:**

Providing accommodations also applies to parents with disabilities. The school must provide accommodations to parents with disabilities so they are able to participate in their child's educational program. The school must take appropriate steps to ensure that communications with parents with disabilities are as effective as communications with others.

## **504 Coordinator Responsibilities:**

- Coordinates district/school efforts to comply with Section 504 regulations including training of administrative staff;
- Consults with Special Education Manager as needed;
- Establishes school 504 Team(s) and serves as chairperson;
- Guides 504 referral, evaluation, and service delivery process;
- Reviews 504 evaluation information if proposed accommodations require resources beyond the school level;
- Receives and reviews copies of all Section 504 Plans;
- Maintains a master list of those students with 504 Plans, including name, grade, accommodations, annual review date, and projected reevaluation date;
- Accepts and reviews Section 504 complaints, organizes and conducts investigations, and attempts to resolve any concerns or complaints;
- Holds professional development annually on 504s for staff.

## **Section 504 Procedures:**

<b>Referral</b>	<ul style="list-style-type: none"><li>● Referring staff completes Section 504 Referral form.</li><li>● If parent is referring party, schedule initial meeting (see below) and offer Section 504 Parents' Rights.</li><li>● Information gathering and a determination regarding eligibility and placement must be completed within 60 calendar days of the date parental consent was received for the initial evaluation.</li></ul>
<b>Parent Notification</b>	<ul style="list-style-type: none"><li>● Send Parent Notice of Section 504 Referral with completed Section 504 Referral form and Section 504 Parents' Rights.</li><li>● If there is no reasonable basis to suspect a disability, the school may elect not to evaluate but must provide parents prior written notice (include Section 504 Parents' Rights), giving them an opportunity to challenge through an impartial hearing.</li></ul>
<b>Initial Meeting</b>	<ul style="list-style-type: none"><li>● Discuss the Section 504 Notice and Permission for Evaluation along with Section 504 Parents' Rights.</li><li>● Obtain permission for evaluation. If parent refuses to give consent to evaluate, school may, but is not required to, initiate a due process hearing. A school may only evaluate without</li></ul>

	<p>parental permission with an order from an independent hearing officer.</p> <ul style="list-style-type: none"> <li>• Ask parent to complete Section 504 Release of Information if applicable.</li> </ul>
<p><b>Evaluation</b></p>	<ul style="list-style-type: none"> <li>• Review current educational record and complete a student record review.</li> <li>• Gather or request supplemental evaluation information as needed.</li> <li>• Gather formal reports if necessary and request information from private providers by sending Physician’s Letter and Questionnaire Regarding Medical Concerns or Physician’s Letter and Questionnaire as applicable and include copy of signed Section 504 Release of Information.</li> <li>• Use additional questionnaires to gather information from staff or parents as needed.</li> <li>• While the Academy is permitted to request medical information from the parents, if the parents do not have or refuse to provide the information, and the school determines, based on the facts and circumstances of the individual case, that a medical assessment is necessary to make an appropriate evaluation consistent with 34 C.F.R 104.35, the school must ensure that the child receives this assessment at no cost to the parents.</li> <li>• Ameliorative effects of mitigating measures, with the exception of ordinary eyeglasses and contact lenses, will not be considered in making an eligibility determination (e.g., when evaluating a student who is taking medication as a mitigating measure, the Academy should evaluate the "substantially limits" prong as if the student were not taking medication; typically, relevant information can be obtained from the parent or the student’s physician).</li> <li>• Review Section 504 eligibility criteria in preparation for initial conference.</li> </ul>
<p><b>Initial Conference</b></p>	<ul style="list-style-type: none"> <li>• Send Notice of Section 504 Conference with Section 504 Parents’ Rights (must be scheduled within 60 calendar days from the date parental consent was received).</li> <li>• Invite additional participants—building administrator or designee, parent/guardian, child (when appropriate, must attend if 18 or older), teacher(s), counselor, others familiar with the student as appropriate.</li> <li>• Offer another copy of Section 504 Parents’ Rights.</li> </ul>

<b>Develop the Plan</b>	<ul style="list-style-type: none"> <li>• If found eligible, develop the Section 504 Plan. The plan must be developed within 60 calendar days from the date parental consent was received.</li> <li>• Obtain signatures.</li> <li>• Provide copies of Section 504 Plan to parents.</li> </ul>
<b>Implement the Plan</b>	<ul style="list-style-type: none"> <li>• 504 Coordinator shall inform all employees involved with the student of the existence and content of the Section 504 plan.</li> <li>• 504 Coordinator shall ensure that all employees receive appropriate training to execute responsibilities under the plan.</li> </ul>
<b>Review the Plan</b>	<ul style="list-style-type: none"> <li>• Plan must be reviewed periodically.</li> <li>• Progress will be monitored quarterly through reviewing running records, to include but not limited to: grades, curriculum based assessments, attendance, and 504 team members' concerns.</li> <li>• With every review conference, a Section 504 Parents' Rights is sent to the parents.</li> <li>• Invite all participants. If the student continues to be eligible, the Section 504 Plan is revised accordingly.</li> <li>• Obtain signatures.</li> <li>• Provide copies of Section 504 Plan to parents.</li> </ul>
<b>Re-evaluation</b>	<ul style="list-style-type: none"> <li>• The student must be reevaluated every three years or: a) whenever there is a question of eligibility; b) whenever there are significant shifts in student behavior or academic achievement; c) whenever there is transition to a new school; d) before any significant change in placement; or e) whenever the current services are not providing a FAPE and/or equal opportunity to participate in nonacademic and extracurricular programs.</li> <li>• Send Section 504 Parent Invitation along with Section 504 Parents' Rights.</li> <li>• If a formal evaluation is needed, follow all evaluation procedures (see previous section on evaluation).</li> <li>• At the meeting, if the student continues to be eligible, complete an updated Section 504 Plan.</li> <li>• Obtain signatures.</li> <li>• Provide copies of Section 504 Plan to parents.</li> </ul>
<b>Exiting/ Discontinuation of 504 Plans</b>	<ul style="list-style-type: none"> <li>• Upon graduation</li> <li>• Exiting of 504 services, after the 504 team's re-evaluation determines the student no longer qualifies as being eligible or by parent request.</li> <li>• Summary of Performance for students that are graduating.</li> </ul>

<p><b>Transfer from another District</b></p>	<ul style="list-style-type: none"> <li>• Request the 504 plan and evaluations from the previous District.</li> <li>• Review previous school documents.</li> <li>• If the records are current <ul style="list-style-type: none"> <li>○ Draft OHVA Section 504 Plan.</li> <li>○ Send Section 504 Parent Invitation along with Section 504 Parents’ Rights.</li> <li>○ Invite all participants to 504 Committee Meeting.</li> <li>○ Review and update Section 504 Plan.</li> <li>○ Obtain signatures.</li> <li>○ Provide copies of Section 504 Plan to parents.</li> </ul> </li> <li>• If the documents are expired or there is not enough information to determine 504 eligibility <ul style="list-style-type: none"> <li>○ Send Section 504 Parent Invitation along with Section 504 Parents’ Rights.</li> <li>○ Invite all participants to 504 Committee Meeting.</li> <li>○ Review current information. If there is not enough information to determine eligibility, obtain consent for evaluation.</li> <li>○ Complete evaluations and reconvene the 504 team and determine eligibility.</li> <li>○ If it is determined that there is sufficient documentation and the student continues to be eligible, the Section 504 Plan is developed accordingly. The plan must be developed within 60 calendar days from the date parental consent was received.</li> </ul> </li> <li>• Obtain signatures.</li> <li>• Provide copies of Section 504 Plan to parents.</li> </ul>
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**Transition and Discipline:**

<p><b>Transition</b></p>	<ul style="list-style-type: none"> <li>• When a student with a Section 504 Plan intends to graduate or complete high school, a Summary of Performance form should be completed.</li> <li>• The school must provide prior written notice to parents if the student is likely to receive a certificate of completion as opposed to a standard diploma.</li> </ul>
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<p><b>Discipline</b></p>	<ul style="list-style-type: none"><li>• Before a student can be suspended for more than 10 consecutive days or expelled, a Manifestation Determination Meeting must be held. Contact the Special Education Manager if a student will be suspended for more than 10 cumulative days, but not consecutive days.</li><li>• Send the Section 504 Parent Invitation and Section 504 Parents' Rights to notify the parent of the conference.</li><li>• Review placement data. Is current evaluation information sufficient to make a determination? If placement occurred over a year ago, additional evaluation may be warranted.</li><li>• At the conference, offer Section 504 Parents' Rights and complete the Manifestation Determination Review. If the Section 504 Plan is appropriate and there is no causal or substantial relationship between the student's behavior and disability, an expulsion process or change of placement may continue.</li></ul>
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**Section 504  
Appendix  
Documents and Resources**

## **504 Procedural Safeguards and Parent/Student Rights**

### **Are schools required to provide parents with prior notice of a Section 504 eligibility meeting?**

A parent/guardian must receive prior written notice of a Section 504 eligibility meeting. Parent consent must be obtained before administering any individualized standardized testing and determining eligibility.

### **Do schools secure parental consent before conducting an initial eligibility meeting?**

Schools should include parents in the evaluation process and need to seek consent before performing an evaluation. If a parent is unable or unwilling to attend, the 504 Coordinator should communicate with the Special Education Manager regarding unique parent concerns and next steps.

### **Are schools required to provide parents with a list of parent/student rights under Section 504 before conducting an initial student review?**

Yes. Ohio Virtual Academy is required to establish and implement procedural safeguards that include, among other things:

- Notice to the parent explaining any evaluation or placement decisions;
- An opportunity for parents to review relevant records;
- An impartial hearing with opportunity for participation by the student's parent or guardian with representation by counsel;
- An appeal procedure to review the hearing decision.

These procedural safeguards have been addressed by creating Section 504 evaluation procedures and a set of forms that guide the evaluation team through the eligibility determination and placement process.

## Working with Parent Concerns, Complaints and Due Process Hearings

The best solutions to parent concerns occur at the school level. Therefore, the first step in resolving a complaint should involve the 504 Coordinator working with the parent to a mutually acceptable resolution of the parent's concern(s). If the concern(s) cannot be resolved informally, the parent may seek formal resolution under the complaint process or an impartial due process hearing. Notice of these procedures will be provided on OHVA's website. The parent can file a complaint through the complaint resolution process:

1. The parent should complete and submit a complaint in writing.
2. The school 504 Coordinator or designee will review the complaint and decide whether to seek to mediate the dispute between the parent and school or refer the matter for either an investigation or an impartial due process hearing. The 504 Coordinator has a responsibility to meet with the parent to hear the parent's concerns.

If a parent does not agree to mediation, the matter must be referred for investigation or due process. Mediation may not be used to deny a parent the right to due process.

If the complaint asserts allegations of discrimination carried out by employees, other students, or third parties, the complaint will be investigated as provided by OHVA policies and these procedures. If the complaint challenges a 504 Team determination regarding eligibility, evaluation, or the content of the 504 Plan, the complaint will be referred for a due process hearing.

OHVA will take steps to prevent recurrence of any harassment or other discrimination, and to correct discriminatory effects on the complainant and others, if appropriate. OHVA prohibits retaliation against any complainant.

### (A) Complaint.

File a written complaint with the school when you believe your child's rights have been violated. You must submit this complaint to the building level 504 coordinator.

#### 504 Coordinators:

K-6 -- Bonnie McAtee [bmcatee@ohva.org](mailto:bmcatee@ohva.org) (419) 482-0948 Ext: 7018

7-9 --Jaimee Schiavone [jschiavone@ohva.org](mailto:jschiavone@ohva.org) (419) 482-0948 Ext: 7333

10-12 -- Beth Strbik [estrbik@ohva.org](mailto:estrbik@ohva.org) (419) 482-0948 Ext: 7179

1690 Woodlands Drive, Suite 200, Maumee, Ohio 43537.

Upon receipt, the building level coordinator or his/her designee will conduct an adequate, reliable, and impartial investigation of complaints, including an opportunity

for the complainant to present witnesses and other evidence. The building level coordinator or his/her designee will submit a written report of findings to the complainants and any person who is accused of discriminating or retaliating or otherwise violating Section 504 and/or Title II within ten (10) instructional days. Complainant may then submit a letter of appeal to the Special Education Manager. Within ten (10) instructional days from receipt of the letter, the Special Education Manager will submit a response letter to complainant and any person who is accused of discriminating or retaliating or otherwise violating Section 504 and/or Title II. If complainant would like to appeal the Special Education Manager's response, any appeal must be submitted in writing to the Senior Head of Schools. The Senior Head of Schools must reply within ten (10) instructional days.

A complainant may always file a written complaint with the U.S. Department of Education, Office for Civil Rights, 1350 Euclid Ave., Suite 325, Cleveland, OH 44115.

(B) Due Process.

If the complainant challenges a 504 Team determination regarding the evaluation, eligibility or content of a student's 504 Plan, the 504 Team must do the following:

- Advise the family to list in detail the nature of the disagreement in writing within 5 days.
- The letter of disagreement should be submitted to the Superintendent (Head of Schools).
- The 504 Team and the family will reconvene within 5 days of the submission to discuss the differences.

Either party may refer the complaint for a due process hearing conducted by an impartial hearing officer. Request for a Section 504 due process hearing must be made in writing to the Special Education Manager. Upon receipt of such a request, the necessary arrangements will be made by the Special Education Manager, including the selection of a hearing officer. A person who is an employee of OHVA, or any person having a personal or professional interest which would conflict with his/her objectivity in the hearing, may not be appointed as a hearing officer. The hearing officer must have knowledge of Section 504. A due process hearing will occur in a timeframe that is reasonable for the parent and school, generally not more than 30 calendar days following receipt of the written request. The parent and/or the school may be represented by legal counsel at the hearing. The parent or attorney may present evidence and/or testimony supporting the parent's challenge to the 504

Team determination. The school may respond by presenting evidence and/or testimony to support the 504 Team determination. Parents will be provided with access to any evidence prior to the hearing. The hearing office will issue a written decision and provide a copy of the decision to both parties not later than 30 calendar days after the hearing. Either party has a right to seek judicial review of a hearing officer decision. In the absence of an appeal, OHVA will implement the decision of the hearing officer within 15 calendar days of OHVA's receipt of the decision.

OHVA will provide notice to parents/guardians about this procedure by providing them with a copy of the Procedural Safeguards whenever a request for an evaluation or reevaluation is made, whenever an evaluation or reevaluation occurs, prior to every 504 Team meeting, or whenever there is a significant change in placement.

## Ohio Virtual Academy

### Parent's Rights and Safeguards under Section 504

The Rehabilitation Act of 1973, 29 USC 794, commonly referred to as "Section 504," is a non-discrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination, to ensure that students with disabilities receive a free appropriate public education, and to ensure that students with disabilities have educational opportunities and benefits equal to those provided to students without disabilities.<sup>1</sup>

An eligible student under Section 504 is a student who has, or has a record of having, or is regarded as having, a physical or mental impairment which substantially limits one or more major life activities such as learning, concentrating, thinking, eating, self-care, walking, standing, lifting, bending, seeing, hearing, speaking, communicating, breathing, working, and performing manual tasks. If a student has a physical or mental impairment which substantially limits one or more major life activities, such student is entitled to receive a free appropriate public education.

The enabling regulations for Section 504 as set out in 34 C.F.R. Part 104 provide parents and/or eligible students with the following rights:

- (1) You have the right to be informed by OHVA of your rights under Section 504. (The purpose of this Notice form is to advise you of those rights.) (34 C.F.R. 104.32)
- (2) Your child has the right to a free appropriate public education (FAPE) designed to meet his/her individual needs as adequately as the needs of non-disabled students are met. (34 C.F.R. 104.33)
- (3) Your child has a right to placement with students without disabilities to the maximum extent appropriate to your child's needs (least restrictive environment). (34 C.F.R. 104.34)
- (4) Your child has a right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement. (34 C.F.R. 104.35)
- (5) Testing and other evaluation procedures must conform to the requirements (34 C.F.R. 104.35) as to validation, administration, areas of evaluation, etc. OHVA 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, and anecdotal reports. (34 C.F.R. 104.35)
- (6) Placement decisions must be made by a group of persons, 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. (34 C.F.R. 104.35)

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<sup>1</sup> Equal educational benefits and opportunities does not mean the "same" benefits and/or opportunities.

- (7) If eligible under Section 504, your child has a right to periodic reevaluations, generally every three years. (34 C.F.R. 104.35)

Procedural Safeguards:

- (8) You have the right to examine relevant records. (34 C.F.R. 104.36)
- (9) You have a right to notice of any action by OHVA in regard to the identification, evaluation, or placement of your child. (34 C.F.R. 104.36)
- (10) You have a right to an impartial hearing with respect to OHVA's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney. (34 C.F.R. 104.36)
- (11) If you wish to challenge the actions of OHVA's 504 Committee in regard to your child's identification, evaluation, and education placement, you should file a written request for a hearing with OHVA's Special Education Manager, Johna McClure; (419) 482-0948 Ext: 2104; 1690 Woodlands Drive, Maumee, Ohio 43537; [jmcclure@k12.com](mailto:jmcclure@k12.com). 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. Notice of these procedures is provided through Procedural Safeguards.
- (12) Within 30 calendar days after the hearing, the hearing officer shall render a decision in writing. Such decision shall include findings of fact, conclusions of law, and an order if necessary, which will be binding on all parties. The decision shall be sent by mail to the parent/guardian and the Superintendent (Head of Schools) and shall contain notice of the right to a review of the decision.

Grievance Procedure:

- (13) On Section 504 matters other than your child's identification, evaluation, and placement, you have a right to file a discrimination complaint as described in the Complaint and Due Process outlined in this manual.

You have the right to file a complaint with the Office for Civil Rights, 1350 Euclid Ave., Suite 325, Cleveland, OH 44115.

**Section 504 Suspected Disability Referral**

Ohio Virtual Academy

CHILD'S NAME \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CHILD'S INFORMATION**

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities.

**NATURE OF CONCERN** (attach additional documentation if necessary)

**1. Check the suspected physical or mental impairment.**

- Allergy \_\_\_\_\_  Asthma  Attention deficit disorder/ADHD  Brain injury
- Cancer  Cerebral Palsy  Developmental aphasia  Diabetes  Dyslexia  Emotional illness
- Epilepsy  Hearing impairment  Heart disease  Minimal brain dysfunction  Multiple sclerosis
- Muscular dystrophy  Orthopedic impairment  Recovering chemically dependent  Seizures
- Speech impairment  Visual impairment  Other: \_\_\_\_\_

State any evaluative/data source supporting the diagnosis.

\_\_\_\_\_

**2. Identify any major life activity(ies) and/or major bodily function(s) that are limited.**

*activities:*

- Bending
- Breathing
- Caring for ones self
- Communicating
- Concentrating
- Eating
- Hearing
- Learning
- Lifting
- Performing manual tasks
- Reading
- Seeing
- Sleeping
- Speaking
- Standing
- Thinking
- Walking
- Working
- Other: \_\_\_\_\_

*bodily functions:*

- Bladder
- Bowel
- Brain
- Circulatory/Cardiovascular System
- Digestive system
- Endocrine system
- Immune system
- Neurological system
- Normal cell growth
- Respiratory system
- Reproduction
- Other: \_\_\_\_\_

**3. Indicate how any major life activity(ies) and/or major bodily function(s) is/are substantially limited.**

\_\_\_\_\_

**4. To date, what accommodations/modifications/interventions or special provisions have been made to assist the student?**

\_\_\_\_\_

**Section 504 Suspected Disability Referral**

Ohio Virtual Academy

CHILD'S NAME \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Referral    Relationship to Student    Date

The signature of the individual receiving this referral documents that a copy of this form and Section 504 Procedural Safeguards have been given or sent to the parent or guardian.

\_\_\_\_\_  
Signature of Person Receiving Referral    Title of Person Receiving Referral    Date Received

**Section 504 Parent Invitation to Conference**

Ohio Virtual Academy

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
FROM: \_\_\_\_\_ WRITTEN NOTICE NUMBER: \_\_\_\_\_

**I am inviting you to attend a meeting to discuss the educational needs of:**

CHILD'S NAME: | \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**PURPOSE FOR MEETING (Check all that apply):**

- To determine if your child is eligible, or continues to be eligible, under Section 504
- To develop, review and/or revise your child's Section 504 plan
- To conduct a Manifestation Determination
- Other: \_\_\_\_\_

**THIS CONFERENCE WILL BE SCHEDULED AS A: (check all that apply)**

- Face to face meeting
- Video conference
- Telephone conference/ Conference Call

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:**

- General Education Teacher
- Student
- District Representative
- Other(s): \_\_\_\_\_

\_\_\_\_\_

While it is not required that you attend, we strongly encourage and welcome your participation. Please note that as a parent of a student who is or may be eligible for protection pursuant to Section 504, you have specific rights that are outlined in Section 504 Procedural Safeguards.

You are welcome to bring any information, including formal or informal test results, work samples, etc, to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting. If you would like to schedule the conference at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact:

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**RESPONSE TO SECTION 504 CONFERENCE PARENT INVITATION**

**COMPLETE AND RETURN TO THE CHILD'S SCHOOL**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

I will attend/participate  I will NOT attend/participate

Another/Others will accompany me (optional)

I would like the location of this meeting changed to: \_\_\_\_\_

I would like to change the type of meeting to: \_\_\_\_\_

I would like this meeting rescheduled for the following suggested date and time: \_\_\_\_\_

A bilingual or sign language interpreter is requested.

Desired language/mode of communication: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Section 504 Release of Information and Records**

Ohio Virtual Academy

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CONSENT OF PARENT/GUARDIAN FOR RELEASE OF INFORMATION**

I authorize \_\_\_\_\_ School District and the above named individual/organization/agency to exchange information and records as indicated. Except as limited above, this authorization encompasses all information pertaining to the minor, including protected health information (PHI) as defined in the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations, and education records as defined in the Family Educational Rights and Privacy Act (FERPA) and R.C. 3319.321.

We expressly waive all provisions of law (including, but not limited to, the privacy provisions of HIPAA, FERPA, and R.C. 3319.321), forbidding any physician or other person who has or may hereafter treat, attend, or examine the minor, or any educational agency, from disclosing any knowledge or information, including PHI, which they may have thereby acquired.

Pursuant to HIPAA, the following are specified as part of this authorization:

- A. The purpose of disclosure is for assisting the School District in offering the student a free appropriate public education pursuant to Section 504 of the Rehabilitation Act of 1973.
- B. This authorization expires one (1) year after the date it is signed.
- C. The parents signing this permission form understand that they may revoke this authorization at any time by providing written notification to the District Compliance Officer, the building principal/Building Compliance Officer, or the individual/organization/agency listed above, except to the extent that this authorization has already been relied upon.
- D. The parents signing this form have been informed that the individual/organization/agency listed above may not condition treatment, payment, enrollment, or eligibility for benefits on whether the parents sign this authorization.
- E. The parents signing this form have been informed of the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and to be no longer protected by HIPAA. The parents signing this form are also aware that any information disclosed to the School District is subject to other state and Federal privacy laws.

\_\_\_\_\_  
Parent's Signature                      Relationship to Student                      Date Signed

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

**Section 504 Physician Questionnaire**

Ohio Virtual Academy

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CHILD'S INFORMATION**

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

**PHYSICIAN QUESTIONNAIRE**

Date: \_\_\_\_\_

A referral has been initiated for the above-named student under Section 504 of the Rehabilitation Act of 1973, as amended. In order for a student to qualify for protection under Section 504, s/he must have a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions such as the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions, etc.). Because the referral is related to medical concerns, we are requesting information from you. The parent/guardian signed the attached Section 504 Release of Information and Records.

Please complete this form and attach any reports pertinent to the medical and/or educational needs of this child. We are NOT requesting evaluation, testing, or services be performed, but reports of diagnostic work performed in the past.

1. What physical and/or mental impairments have been identified that may qualify this student under Section 504?

2. What major life activity(ies) may be substantially limited as a result of the impairment?

3. Detail available medical background, including a written diagnostic statement and copies of any/all reports.

4. What treatments or medications are recommended for this impairment?

5. What precautions or accommodations are recommended for consideration by the school?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

School District: \_\_\_\_\_

**Section 504 Parent Consent for Evaluation**

Ohio Virtual Academy

CHILD'S NAME \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CHILD'S INFORMATION**

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

Your child has been referred to the Section 504 team to determine whether he/she has a disability that substantially limits one or more major life activities. This evaluation will determine eligibility for protection under Section 504 of the Rehabilitation Act of 1973 (as amended) and/or the Americans with Disabilities Act (ADA) (as amended).

The Section 504 evaluation team will consider the following areas:

\_\_\_\_\_

Your signed consent is required to complete this screening/evaluation. The results will be communicated to you and appropriate school personnel. All results are confidential in accordance with State and Federal laws pertaining to education and/or health records. The school will obtain and review information from a variety of sources in order to make a proper evaluation of your child's condition. The evaluation will be completed within approximately sixty (60) calendar days.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

School District: \_\_\_\_\_

.....  
**RESPONSE TO SECTION 504 PARENT CONSENT FOR EVALUATION  
COMPLETE AND RETURN TO THE CHILD'S SCHOOL**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

As parent/guardian:

- I DO consent to this evaluation.\*  
 I DO NOT consent to this evaluation.

\* Consent may be revoked at any time.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Section 504 Evaluation**

Ohio Virtual Academy

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CHILD'S INFORMATION**

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
GENDER:  Male  Female GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DISTRICT OF RESIDENCE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_  
DISTRICT OF SERVICE: \_\_\_\_\_

**MEETING INFORMATION**

MEETING DATE: \_\_\_\_\_  
MEETING TYPE:  
 INITIAL 504 EVALUATION  
 REVIEW 504 EVALUATION

**SECTION 504 TIMELINES**

REFERRAL DATE: \_\_\_\_\_  
CONSENT DATE: \_\_\_\_\_  
NEXT REVIEW: \_\_\_\_\_

**PARENTS'/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**504 EVAL FORM STATUS**

(Check when complete)  
 1. TEAM SUMMARY  
 2. ELIGIBILITY DETERMINATION  
 3. SIGNATURES

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_

<b>Section 504 Evaluation</b>	<u>Ohio Virtual Academy</u>
CHILD'S NAME: _____	ID NUMBER: _____ DATE OF BIRTH: _____

**SECTION 1. TEAM SUMMARY**

Sources of information considered by the Section 504 team in determining eligibility:

- Parent recommendation
- Physician diagnosis
- Educational evaluation/performance
- Major health problem
- Teacher observation/recommendation
- Behavioral evaluation/performance
- Ineligibility for services under IDEA
- Other:

Summary of data and evaluation information that was presented:

**SECTION 504 TEAM DETERMINATIONS**

1. The student has a physical or mental impairment.

Yes  No

What physical or mental impairment has the team identified?

- Allergy \_\_\_\_\_
- Asthma
- Attention deficit disorder/ADHD
- Brain injury
- Cancer
- Cerebral palsy
- Developmental aphasia
- Diabetes
- Dyslexia
- Emotional illness
- Epilepsy
- Hearing impairment
- Heart disease
- Minimal brain dysfunction
- Multiple sclerosis
- Muscular dystrophy
- Orthopedic impairment
- Recovering chemically dependent
- Seizures
- Speech impairment
- Visual impairment
- Other:

List attached sources of documentation:

2. If student has a physical or mental impairment, does the impairment result in a substantial limitation of one or more major life activities?

Yes  No

The term "substantially limits" means that the student is (a) unable to perform one or more major life activities that a

**Section 504 Evaluation**

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

typical student of approximately the same age can perform or (b) significantly restricted as to the condition, manner, or duration under which a particular life activity is performed as compared to a typical student of approximately the same age. The impairment must be substantial when compared to the typical student of approximately the same age.

**Identify any major life activities (including operation of bodily functions) that are substantially limited.**

*activities:*

- Bending
- Breathing
- Caring for ones self
- Communicating
- Concentrating
- Eating
- Hearing
- Learning
- Lifting
- Performing manual tasks
- Reading
- Seeing
- Sleeping
- Speaking
- Standing
- Thinking
- Walking
- Working
- Other:

*bodily functions:*

- Bladder
- Bowel
- Brain
- Circulatory/Cardiovascular System
- Digestive system
- Endocrine system
- Immune system
- Neurological system
- Normal cell growth
- Respiratory system
- Reproduction
- Other:

**3. Summarize the extent of limitation for each activity identified in relation to the average student. If none identified, summarize lack of substantial limitation:**

**List attached sources of documentation:**

**Section 504 Evaluation**

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SECTION 2. ELIGIBILITY DETERMINATION**

The student is eligible under Section 504/ADA as a person with a disability for the following conditions:

\_\_\_\_\_

Does this student need regular or special education and related aids and services, including but not limited to, accommodations/modifications/interventions?

Yes. Indicate the type of plan to be written: \_\_\_\_\_

No. Explain:

\_\_\_\_\_

The student is NOT eligible under Section 504/ADA as a person with a disability.

\_\_\_\_\_

Does this student nevertheless need accommodations/modifications/interventions?

Yes. Indicate the type of plan to be written: \_\_\_\_\_

No. Explain:

\_\_\_\_\_



**Section 504 Plan**

Ohio Virtual Academy

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

The student covered under this plan is a student with a disability. The accommodations/modifications/interventions listed on this plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973 (Section 504).

**CHILD'S INFORMATION**

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
GENDER:  Male  Female GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DISTRICT OF RESIDENCE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_  
DISTRICT OF SERVICE: \_\_\_\_\_

**PARENTS'/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MEETING INFORMATION**

MEETING DATE: \_\_\_\_\_  
MEETING TYPE:  
 INITIAL 504 PLAN  
 REVIEW/CONTINUING 504 PLAN

**SECTION 504 TIMELINES**

LAST EVALUATION: \_\_\_\_\_  
NEXT EVALUATION: \_\_\_\_\_

**SECTION 504 EFFECTIVE DATES**

START: \_\_\_\_\_  
END: \_\_\_\_\_  
NEXT REVIEW: \_\_\_\_\_

**504 FORM STATUS**

- (Check when complete)
- 1. IMPAIRMENT
  - 2. ACCOMMODATIONS
  - 3. TESTING
  - 4. SIGNATURES

**ADDITIONAL INFORMATION**

\_\_\_\_\_

Attachments:  Yes  No

If yes, list documents attached:

\_\_\_\_\_

**Section 504 Plan**

Ohio Virtual Academy

CHILD'S NAME \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SECTION 1. IMPAIRMENT**

Describe the nature of the disability (physical or mental impairment):

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

<b>Section 504 Plan</b>	<u>Ohio Virtual Academy</u>
CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____	

**SECTION 2. ACCOMMODATIONS, MODIFICATIONS, INTERVENTIONS**

Substantial Limitation (i.e. concern or problem to be addressed)	Accommodation/ Modification/ Intervention	Person(s) Responsible	Location	Begin Date
--	---	-----------------------	----------	------------

Additional information (eg. comments, evaluation procedures):

How will teachers and staff be made aware of this plan?

How will this plan be monitored?

Person responsible for monitoring plan: \_\_\_\_\_

**Section 504 Plan**

Ohio Virtual Academy

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SECTION 3. STATEWIDE AND DISTRICT WIDE TESTING**Will the child participate in classroom, district wide and state wide assessments with accommodations?  Yes  No*If yes, complete the table:*

AREA	GRADE	CHILD WILL BE TESTED WITH ACCOMMODATIONS	DETAIL OF ACCOMMODATIONS
READING		<input type="radio"/> Yes <input type="radio"/> No	
WRITING		<input type="radio"/> Yes <input type="radio"/> No	
MATH		<input type="radio"/> Yes <input type="radio"/> No	
SCIENCE		<input type="radio"/> Yes <input type="radio"/> No	
SOCIAL STUDIES		<input type="radio"/> Yes <input type="radio"/> No	
OTHER		<input type="radio"/> Yes <input type="radio"/> No	

<b>Section 504 Plan</b>	<u>Ohio Virtual Academy</u>
CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____	

**SECTION 4. SIGNATURES**

NAME	TITLE	SIGNATURE	DATE
------	-------	-----------	------

**\*\* Plans that require expenditure of funds beyond the school's budget must be approved in advance by the Superintendent or Central Office designee.**

\_\_\_\_\_  
 Superintendent or Designee                      Date

**PARENT SIGNATURES**

I received a copy of Section 504 Procedural Safeguards for the current year.

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

- I give permission for this Section 504 plan to be implemented for my child. The information contained in this plan will be distributed to appropriate individuals in the building. Your signature indicates consent to share this plan with necessary staff.
- I do not give permission for this Section 504 plan to be implemented for my child.

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

**Section 504 Discontinuation**

Ohio Virtual Academy

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CHILD'S INFORMATION**

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**DISCONTINUATION**

Meeting Date: \_\_\_\_\_

Discontinued Effective: \_\_\_\_\_

The Section 504 Plan for \_\_\_\_\_ is being discontinued. The student is found no longer to be eligible for services under Section 504.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Section 504 Coordinator                      Date

<b>Section 504 Manifestation Determination Review</b>	<u>Ohio Virtual Academy</u>
CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____	

In carrying out a manifestation determination review, the parent or guardian, and relevant members of the Section 504 team shall review all relevant information in the student's file, including the child's Section 504 plan, any teacher observations, and any relevant information provided by the parents of the child.

**CHILD'S INFORMATION**

CHILD'S NAME: \_\_\_\_\_ ID NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NATURE OF THE CHILD'S DISABILITY:  
\_\_\_\_\_

NATURE OF THE BEHAVIOR SUBJECT TO DISCIPLINARY ACTION:  
\_\_\_\_\_

**DETERMINATION OF THE RELATIONSHIP OF THE BEHAVIOR OF CONCERN TO THE STUDENT'S DISABILITY**

In relationship to the behavior subject to disciplinary action:

- a. Did the team review the student's Section 504 plan?  Yes  No
- b. Did the team review relevant information in the student's file, including any teacher observations and relevant information provided by parents?  Yes  No
- c. Did the team determine that the conduct in question was caused by/or had a direct and substantial relationship to the child's disability?  Yes  No
- d. Was the child's conduct a direct result of the district's failure to implement the Section 504 plan?  Yes  No

The behavior is a manifestation of the student's disability, if the team indicated "Yes" on item c or d of 1 above.

<b>CONCLUSION</b> Based upon the information considered, the Section 504 team determined that the behavior (was/was not) a manifestation of the student's disability. <input type="radio"/> Was <input type="radio"/> Was not
DATE OF MANIFESTATION DETERMINATION REVIEW: _____

**SIGNATURES**

**Section 504 Prior Written Notice**

Ohio Virtual Academy

CHILD'S NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF NOTICE: \_\_\_\_\_

This is to notify you of the district's action regarding Leland Stephens

**1. Type of action:**

- Refusal to consent to Section 504 Evaluation
- Initial Section 504 Evaluation
- Section 504 Plan Periodic Reevaluation
- Development of Section 504 Plan
- Section 504 Plan Review
- Change of Section 504 Plan
- Section 504 issues/meetings where the parent(s) disagree with the district
- Manifestation Determination
- Other:

\_\_\_\_\_

**2. A description of the action proposed or refused by the school district:**

\_\_\_\_\_

**3. An explanation of why the school district proposes or refuses to take the action:**

\_\_\_\_\_

**4. A description of other options that the Section 504 team considered and the reasons why those options were rejected:**

\_\_\_\_\_

**5. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:**

\_\_\_\_\_

**6. A description of other factors that are relevant to the school district's proposal or refusal:**

\_\_\_\_\_

**PROVISION OF PROCEDURAL SAFEGUARDS**

As a parent of a child with a suspected or identified disability under Section 504, you have procedural safeguard protections under Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008. A copy of Section 504 Procedural Safeguards is enclosed.

If you have any questions about the action(s) described in this form, your rights as described in Section 504 Procedural Safeguards, or other related concerns, please contact the following:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 School District: \_\_\_\_\_

**OP-08 Summary of Performance (Optional Form)**

Ohio Virtual Academy

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Meeting: \_\_\_\_\_ Date of Implementation: \_\_\_\_\_ Anticipated Exit Date: \_\_\_\_\_  
Case Manager: \_\_\_\_\_

**1. Summary of Student's Academic Achievement and Functional Performance:**

\_\_\_\_\_

**2. Student's Post-secondary Goals (from IEP):**

\_\_\_\_\_

**3. Recommendations to Assist Student in Meeting Post-secondary Goals:**

\_\_\_\_\_

\_\_\_\_\_  
Name Title Phone

\_\_\_\_\_  
School Date

**4. Student Input:** Review these questions with the student prior to the completion of the Summary of Performance. (Questions may be read to the student and recorded by the teacher as an accommodation, if necessary.)

A. How, or in which areas, does your disability affect your school work and school activities? Activities such as grades, relationships, assignments, projects, communications, time on tests, mobility, or extra-curricular activities. Please describe how these areas are affected, both positive and negative.

\_\_\_\_\_

B. What supports or accommodations have helped you succeed in school? Supports such as: adaptive equipment, extra time on tests and assignments, audio books, teacher notes, alternative assignments, tutoring and extra instructions, or other supports. Please explain.

\_\_\_\_\_

C. What supports or accommodations do you feel you will need to achieve your goals after high school?

\_\_\_\_\_

D. If you believe you will need services, supports, programs or accommodations, have you and your family made connections with adult agencies that can help you meet these needs

\_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

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**OP-08 Summary of Performance (Optional Form)****Ohio Virtual Academy**

CHILD'S NAME \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**This form is used to:**

1. Comply with the requirement for a "Summary of Performance" in IDEA 2004, Section 614(c)(5)(B)(ii).  
The Summary of Performance:
  - a) Provides information to students who are graduating with a regular diploma to assist them in meeting their post-secondary goals; and
  - b) Provides information to students who are leaving school because they exceed the age of eligibility for a free appropriate public education (their 22nd birthday) to assist them in meeting their post-secondary goals.
2. IDEA 2004 does not explicitly require a Summary of Performance for students who are leaving school before the end of their entitlement period for other reasons. ODE recommends that school districts provide a Summary of Performance for these students also.

**Directions:**

1. Enter student's name, date of birth and student ID number.
2. Enter attending school and name of case manager or Intervention Specialist.
3. Enter anticipated exit date. The exit date should be the same as the exit date information on the student's IEP.
4. Write a summary of the student's academic achievement and functional performance. This statement may include:
  - o How the student's disability has affected the student's academic achievement and functional performance;
    - The student's academic and functional strengths;
  - o The results of the student's most recent state or district assessments;
    - The results of any college entrance examinations (e.g. SAT, ACT);
  - o The results of any other relevant documents the student earned in high school;
    - Any honors or special awards the student achieved in high school; and
    - Any vocational or extracurricular accomplishments of the student.
5. List the student's post-secondary goals from the student's most current IEP.
6. Write any recommendations for assisting student in meeting the student's post-secondary goals after the student exits from K-12 education. These recommendations may include:
  - Recommendations for accommodating the student's disability in the workplace or post-secondary education setting; and
  - Recommendations for assisting the student to achieve the student's post-secondary goal(s).
7. Enter name and title of teacher or provider completing summary, the name of the school and school district, and a contact phone number for the teacher or provider, and the date of completion of this document.