

# **AUBURN CITY SCHOOLS**

## **Serving Students with Disabilities under SECTION 504 (Forms Only)**

**Adapted from the Alabama Association of Section  
504 Coordinators Reference Manual, 2016-17**

**Updated January, 2016**

# Auburn City Schools

## **SUPERINTENDENT**

**Dr. Karen T. Delano**

## **BOARD MEMBERS**

Tracie West, President  
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Dr. William T. Hutto, Jr.  
Dr. J. Terry Jenkins

**Discrimination on the basis of sex, race, age, religious belief, disability, national origin, or ethnic group is prohibited in all educational programs and activities of Auburn City Schools. For purposes of addressing complaints regarding disability discrimination against a student, the District's 504 Compliance Coordinator is Dr. Tim Havard. His office is located at 855 East Samford Avenue. Telephone: 334-887-1921.**

**SERVING STUDENTS WITH DISABILITIES UNDER SECTION 504:  
A REFERENCE MANUAL**

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# **PART III**

## **Section 504 Forms**

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

**REFERRAL FORM**  
*(Attach additional pages if needed)*  
**Form A**

This completed form should be returned to the Building Level Section 504 Coordinator.

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Teacher's Name:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Person Initiating Referral:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Please answer the following questions:

1. Reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the student's physical or mental impairment(s):  
\_\_\_\_\_

3. Which of the following major life activities do you believe is substantially limited by the physical or mental impairment(s) described above? (check ALL that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> eating        |
| <input type="checkbox"/> walking                 | <input type="checkbox"/> reading       |
| <input type="checkbox"/> seeing                  | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> hearing                 | <input type="checkbox"/> thinking      |
| <input type="checkbox"/> speaking                | <input type="checkbox"/> communicating |
| <input type="checkbox"/> breathing               | <input type="checkbox"/> other _____   |
| <input type="checkbox"/> learning                |  |

4. Describe interventions/strategies being used to address the student's difficulties, if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date received by school

\_\_\_\_\_  
Received by

**Auburn City Schools**  
**Section 504 of the Rehabilitation Act**  
**NOTICE OF PROPOSED MEETING**  
**Form B**

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

**To the Parent(s) or Guardian(s) of:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(name of student)

**Date of Meeting:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

The purpose of the meeting is to:

- Conduct an Annual Review of the 504 Plan
- Discuss the need for additional data collection
- Determine if referral requires evaluation under Section 504
- Determine whether a disability is or continues to be present under Section 504
- To determine the need for or to develop an initial Section 504 Plan
- To conduct a Manifestation Determination for disciplinary purposes

The following people will be invited to the meeting:

- Building Level Section 504 Coordinator
- Administrator
- General Education Teacher
- Parent
- Student
- \_\_\_\_\_
- \_\_\_\_\_

Please bring the following information or records with you to the meeting:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Building Level Section 504 Coordinator/Designee

**Enclosure:** Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973

\*Please check one of the following boxes and sign, date, and return the form to \_\_\_\_\_ before \_\_\_\_\_ (date).

- I will be able to meet with you.
- I cannot meet at the time and date indicated. Please contact me to arrange another time.
- I will not be able to meet with you. I will contact you if I want more information.

\_\_\_\_\_  
Signature of Parent, Guardian or adult student

\_\_\_\_\_  
Date

**Auburn City Schools**  
**Section 504 of the Rehabilitation Act**

**PARENT/GUARDIAN/STUDENT PROCEDURAL SAFEGUARDS AND RIGHTS**  
**UNDER SECTION 504 OF THE REHABILITATION ACT**  
**Form C**

Under Section 504 of the Rehabilitation Act of 1973, students with qualifying disabilities have the right to receive a free appropriate public education, which includes the right to an education with students without disabilities to the maximum extent appropriate.

In particular, the enabling regulations for Section 504, as set out in 34 CFR Part 104, provide parents and/or students with the following rights:

1. Your child has the right to an appropriate education in the least restrictive environment that is designed to meet his/her individual educational needs as adequately as the needs of nondisabled students are met.
2. Your child has the right to free educational services, except for those fees that are imposed on nondisabled students or their parents. Insurers and similar third parties are not relieved from an otherwise valid obligation to provide or pay for services provided to a disabled student.
3. Your child has a right to non-discrimination and to facilities, services, and activities that are comparable to those provided for non-disabled students.
4. Your child has a right to an evaluation prior to an initial Section 504 determination and placement and any subsequent significant change of placement.
5. Placement decisions must be made by a group of persons (i.e., the Section 504 Team), 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.
6. You have the right to examine relevant records prior to any action by the District in regard to the identification, evaluation, or placement of your child or upon request.
7. You have the right to an impartial hearing with respect to the District's actions regarding your child's identification, evaluation, or educational placement. You have the right to participate and to be represented by an attorney at your expense.
8. You have the right to obtain copies of your child's educational records at a reasonable cost unless the fee would effectively deny you access to the records.
9. You have the right to receive a response from the school district to reasonable requests for explanations and interpretations of your child's records.

10. You have the right to request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child.
11. You may challenge the actions of the District's Section 504 Team in regard to your child's identification, evaluation, or educational placement, by requesting an impartial mediation or a formal due process hearing with the District's Section 504 Coordinator, **Dr. Tim Havard**, within 30 calendar days from the time you received written notice of the Section 504 Team's action(s). A mediation session or a due process hearing may be scheduled before an impartial mediator/hearing officer and you will be notified in writing of the date, time, and place for the mediation/hearing. You have the right to participate in the mediation/hearing and to be represented by counsel if you choose. In the case of a due process hearing, if you disagree with the decision of the impartial hearing officer, you have a right to request a review of the decision in a court of competent jurisdiction.
12. On Section 504 matters other than your child's identification, evaluation, and/or placement, you have a right to file a grievance with the District's Section 504 Coordinator, who will investigate the allegations to the extent warranted by the nature of the grievance in an effort to reach a prompt and equitable resolution.
13. You also have a right to file a complaint with the Office of Civil Rights if you believe that you or your child has been subjected to discrimination on the basis of disability. The contact information is as follows: Office for Civil Rights U.S. Department of Education, 61 Forsyth Street S.W., Suite 19T70, Atlanta, GA 30303-3104. Telephone: (404)562-6350 Fax: (404) 562-6455. Email: [OCR.Atlanta@ed.gov](mailto:OCR.Atlanta@ed.gov).

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

**NOTICE OF INTENT REGARDING EVALUATION/REEVALUATION  
AND REQUEST FOR CONSENT  
Form D**

**To Parents/Guardians of:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(name of student)

**School:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Building Level Section 504 Coordinator

**Your child has been referred for evaluation  / reevaluation  to determine if he/she is a student with a disability under Section 504 and whether he/she is in need of reasonable accommodations and/or related services under Section 504.**

**The Section 504 Team met to determine whether or not the referral for your child is appropriate and whether the evaluation/reevaluation is needed.**

- The team decided that it will not proceed with a Section 504 evaluation.**
- The team decided that it will proceed with a Section 504 evaluation.**

**We propose to evaluate the following checked areas:**

- Vision**
- Hearing**
- Academic Achievement**
- Behavior**
- Classroom Performance**
- Other** \_\_\_\_\_

If an evaluation is needed, please check and sign the parental consent information below and return to me as soon as possible.

Sincerely,

\_\_\_\_\_  
Building Level Section 504 Coordinator/Designee

- I agree for my child to be evaluated to determine disability and the need for Section 504 services.
- I do not agree for my child to be evaluated to determine disability and the need for Section 504 services.

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

\_\_\_\_\_ Date

**Auburn City Schools**  
**Section 504 of the Rehabilitation Act Auburn City Schools**

**SECTION 504 CLASSROOM TEACHER OBSERVATION/INPUT FORM**  
**Form E**

|                       |  |                      |  |
|-----------------------|--|----------------------|--|
| <b>Teacher</b>        |  | <b>Date</b>          |  |
| <b>Subject taught</b> |  |                      |  |
| <b>Student</b>        |  | <b>Date of Birth</b> |  |
| <b>School</b>         |  | <b>Grade</b>         |  |

Complete the following teacher information and return this form within five (5) days to enable the Section 504 Team to consider it as part of its Section 504 evaluation of the above-named student.

**TEACHER OBSERVATIONS**

Based on your knowledge and observation, please rate this student's performance in the following areas as compared to his or her peers:

| OBSERVATIONS                            | UNSATISFACTORY              |                             |                             | EXCELLENT                   |                             |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Classroom Work</b>                   | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Homework</b>                         | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Tests</b>                            | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Reading Performance</b>              | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Math Performance (if applicable)</b> | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Written Performance</b>              | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Following Oral Directions</b>        | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Attendance/Timeliness to Class</b>   | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Attention Span</b>                   | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| <b>Organizational Skills</b>            | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |

**ACTIONS TAKEN TO ADDRESS CONCERNS**

**RESULTS**

|  |                               |  |
|--|-------------------------------|--|
|  | Sent Reports Home             |  |
|  | Talked with Counselor         |  |
|  | Rearranged Seating            |  |
|  | Preferential/Isolated Seating |  |
|  | Ignored Behavior              |  |
|  | Referred to Administrator     |  |
|  | Contracts                     |  |

**Section 504 Teacher Observation Form - Page 2 of 2**

|  |  |  |
|--|--|--|
|  | <b>Assignment Notebook</b>             |  |
|  | <b>Tutoring</b>                        |  |
|  | <b>Alternative Assignments</b>         |  |
|  | <b>Additional Time for Assignments</b> |  |
|  | <b>Small Group Instruction</b>         |  |
|  | <b>Cooperative Learning</b>            |  |
|  | <b>Peer Tutoring</b>                   |  |
|  | <b>Parent Conferences</b>              |  |
|  | <b>Other</b>                           |  |

**BEHAVIORAL CHARACTERISTICS**

Check observed behavioral characteristics that adversely affect this student's performance.

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Shyness           | <input type="checkbox"/> Moody                        | <input type="checkbox"/> Anxious    |
| <input type="checkbox"/> Rejected by Peers | <input type="checkbox"/> Daydreams                    | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Irritable         | <input type="checkbox"/> Needs Constant Encouragement | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Distractible      | <input type="checkbox"/> Quarrelsome                  | <input type="checkbox"/> Withdrawn  |

**EMOTIONAL/BEHAVIORAL/SOCIAL CHARACTERISTICS**

Indicate (+) for strengths; (-) for areas of concern.

|  |  |  |   |
|--|--|--|---|
|  | Generally cooperates/is compliant with teacher requests.       |  | Adapts to new situations without getting upset. |
|  | Accepts responsibility for own actions.                        |  | Makes and keeps friends at school.              |
|  | Works cooperatively with others his/her own age.               |  | Has an even, usually happy disposition.         |
|  | Is pleased with good work.                                     |  | Independently initiates activities.             |
|  | Consistently demonstrates behavior appropriate for his/her age |  |   |

**OTHER OBSERVATIONS**

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| Student meets standards of personal independence expected of chronological age/culture group     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Student meets standards of social responsibility expected of the chronological age/culture group | <input type="checkbox"/>        | <input type="checkbox"/>       |

**DISCIPLINE**

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Is discipline an area of concern?<br>If yes, explain: | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

**SECTION 504 EVALUATION/DISABILITY/504 PLAN  
DETERMINATION DOCUMENTATION  
Form F**

|                |  |                      |  |
|----------------|--|----------------------|--|
| <b>Student</b> |  | <b>Date of Birth</b> |  |
| <b>School</b>  |  | <b>Grade</b>         |  |

**SECTION 504 EVALUATION MEETING**

|   |                   |               |
|---|-------------------|---------------|
| <b>A Section 504 Evaluation Meeting has been scheduled for:</b> |                   |               |
|   | <b>(Day/Date)</b> | <b>(Time)</b> |

**The following items have been provided to the parent/guardian:**

|   | <b>Date Sent</b> | <b>Sent By</b> |
|---|------------------|----------------|
| Notice of Section 504 Meeting   |                  |                |
| Notice of Section 504 Intent to Evaluate/Reevaluate                                       |                  |                |
| Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973 |                  |                |

**Parent/guardian has responded to Section 504 Meeting notice:**  Will attend  Will not attend  No Response

**Reason for Section 504 Meeting:**

- Initial Section 504 Evaluation       Re-evaluation       Section 504 Manifestation Determination

**DATA COLLECTION**

**TEACHER OBSERVATION**      (See attached Form E)

**ACHIEVEMENT DATA**

**List Most Recent Achievement Test Scores (if available)**

| <b>Subject</b>        | <b>Grade Tested</b> | <b>Current Grade</b> | <b>Percentiles</b> |
|-----------------------|---------------------|----------------------|--------------------|
| Reading Vocabulary    |                     |                      |                    |
| Reading Comprehension |                     |                      |                    |
| Mathematics           |                     |                      |                    |
| Language Arts         |                     |                      |                    |
| Social Studies        |                     |                      |                    |
| Science               |                     |                      |                    |

**This student's test scores:**

- have been higher each year  
 have stayed about the same each year  
 have become worse each year  
 have suddenly dropped  
 data not available

**Current Grades**

| Subject | Grade |
|---------|-------|
|         |       |
|         |       |
|         |       |
|         |       |
|         |       |
|         |       |

**This student's grades:**

- have become better each year
- have stayed about the same each year
- have become lower each year
- sudden drop in grades
- data not available

**Compared with most of the other students in this school, this student's grades:**

- are better
- are about the same
- are worse
- data not available

**Has this student been retained?**

|  |                                  |
|--|----------------------------------|
|  | If yes, at which grade level(s): |
|--|----------------------------------|

**DISCIPLINE HISTORY (see attachment)**

**HOME LANGUAGE SURVEY**

|                        |  |                   |  |
|------------------------|--|-------------------|--|
| Student's language is: |  | Home language is: |  |
|------------------------|--|-------------------|--|

**English Language Learner?** Yes  No

|   |                              |                             |
|---|------------------------------|-----------------------------|
| If yes, is this student's language contributing to the student's lack of achievement in school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

**VISION/HEARING**

|                   | Vision | Hearing |
|-------------------|--------|---------|
| Screening Date    |        |         |
| Screening Results |        |         |

**PHYSICAL/MENTAL IMPAIRMENT**

**YES**

**NO**

**Is there documentation or other evidence of a physical or mental condition?**

**If YES, explain and describe or attach:**

|  |
|--|
|  |
|--|



**Is the student currently taking medication at home or at school? If YES, explain:**

|  |
|--|
|  |
|--|



**Is there a physical impairment that requires specialized accommodation within the school environment? If YES, explain:**

|  |
|--|
|  |
|--|

**Other Information (optional)**

**ATTENDANCE**

Days Present : \_\_\_\_\_ Days Absent: \_\_\_\_\_

Number of School Changes: \_\_\_\_\_ (Current School Year) \_\_\_\_\_

**SECTION 504 DISABILITY/504 PLAN DETERMINATION**

Based upon review of evaluation data from a variety of sources, the Section 504 Team must answer the following questions to determine whether the student is disabled under Section 504 and, if so, whether the student needs a 504 Plan:

1. Does the student have a physical or mental impairment?

YES       NO

If YES, describe the impairment.

2. Does the physical or mental impairment substantially limit a major life activity? (That is, as a result of the physical or mental impairment, is the student restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner, or duration under which most students of the same age/grade level in the general population can perform that same major life activity? Section 504 requires that when making this determination, the Team cannot consider the ameliorative effects of mitigating measures, except for ordinary eyeglasses or contact lenses. In addition, the fact that the impairment is episodic or in remission does not preclude a finding of disability if the impairment would substantially limit a major life activity when active).

YES    Major life activity impaired: \_\_\_\_\_     NO     N/A

If YES, what documentation/evidence is there to support the claim of a substantial limitation?

Section 504 Evaluation/Disability Determination Documentation – Page 4 of 5

3. If the answers to 1 and 2 above are yes, the student is disabled under Section 504 and the need for a Section 504 Plan must then be determined. If the student does have a physical or mental impairment that substantially limits a major life activity, does the student need special educational accommodations or related services in order to have his/her educational needs met as adequately as the educational needs of non-disabled peers are met?

YES       NO       Not applicable because the student is not disabled.

4. Based upon all data reviewed and answers to the above questions, it is the determination of the 504 Team that:

**CHECK ONE:**

- The student is not disabled under Section 504 because there is no physical or mental impairment that substantially limits a major life activity.
- The student is disabled because there is a physical or mental impairment that substantially limits a major life activity and services are needed so that the student's educational needs are met as adequately as those of nondisabled peers. A Section 504 Plan will be developed
- The student is disabled because there is a physical or mental impairment that substantially limits a major life activity. However, the student's educational needs are met as adequately as the educational needs of nondisabled peers and special services are not needed. A 504 Plan will not be developed, but it is understood that the student is protected by Section 504's antidiscrimination provisions and that the school cannot discriminate against the student on the basis of disability.
- The student is disabled but is not in need of a Section 504 Plan because the student's educational needs are met as adequately as those of nondisabled peers because of the positive effect(s) of mitigating measures currently in use. The need for a Section 504 Plan will be addressed again should the positive effect(s) of mitigating measures currently in use no longer exist. While the student currently is not in need of educational services, it is understood that the student is protected by Section 504's antidiscrimination provisions and that the school cannot discriminate against the student on the basis of the disability.
- The student is disabled because there is an episodic physical or mental impairment that, when active, substantially limits a major life activity, and services are needed in order that the student's educational needs are met as adequately as those of nondisabled students. A Section 504 Plan will be developed that will be implemented when the impairment is active. When the impairment is not active, the 504 Plan will not be implemented, but it is understood that the student will still be protected by Section 504's antidiscrimination provisions and the school cannot discriminate against the student on the basis of disability.
- The student is disabled because there is a physical or mental impairment that is in remission but, when active, substantially limits a major life activity, and services are needed in order that the student's educational needs are met as adequately as those of nondisabled peers. The need for a Section 504 Plan will be addressed if/when the impairment comes out of remission. When the impairment is inactive, it is understood that the student is protected by Section 504's antidiscrimination provisions and that the school cannot discriminate against the student on the basis of disability.

The following Section 504 Team members acknowledge by their signatures their participation in this Section 504 evaluation, disability and 504 Plan determination.

| <u>NAME (Please print)</u> | <u>SIGNATURE</u> | <u>POSITION</u> |
|----------------------------|------------------|-----------------|
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |
| _____                      | _____            | _____           |

The Section 504 Team met to evaluate your child to determine if he/she has a disability under Section 504 and whether a 504 Plan is needed. The attached “Section 504 Evaluation/Disability/504 Plan Determination Documentation” (Form F) summarizes the results of these determinations.

Parents/guardians have the right to challenge the District’s actions regarding the identification, evaluation, or educational placement of a student with a disability under Section 504 in several ways. Should you wish to do so, please contact the District’s 504 Coordinator for further information:

**Dr. Tim Havard**  
**Section 504 Coordinator**  
**Auburn City Schools**  
**855 E. Samford Avenue**  
**Auburn, AL 36831**  
**Phone: 334-887-1921**

Attachment: Parent/Guardian Procedural Safeguards (Form C)

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

|                                    |
|------------------------------------|
| <b>SECTION 504 PLAN<br/>Form G</b> |
|------------------------------------|

|              |  |                              |  |
|--------------|--|------------------------------|--|
| Student      |  | Date of Birth                |  |
| School       |  | Grade                        |  |
| Date of Plan |  | Projected Re-Evaluation Date |  |

Indicate here the student's disability.

Indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to meet the educational needs of this student as adequately as the educational needs of non-disabled students are met, e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. In addition, indicate who will be responsible for ensuring the provision of each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.).

|                                     |
|-------------------------------------|
| <b>Areas of Educational Impact:</b> |
|                                     |

**BEHAVIOR**

Consider the student's behavior and determine whether student is in need of a Behavior Intervention Plan.

- The student is in need of a Behavior Intervention Plan.
- The student is not in need of a Behavior Intervention Plan.

**TESTING**

Consider whether the student's disability will have an effect on the student's participation in state and district-wide assessments:

- The student should be able to participate in state and district-wide assessments **without any accommodations** provided.
- The student requires accommodations to participate in state and district-wide assessments, **with accommodations to be specified in the Section 504 Plan.**

**RELATED SERVICES AND/OR ACCOMMODATION(S) TO BE PROVIDED**

**(Specify person(s) responsible as well as location and frequency of services and accommodations).**

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**I am in agreement with the Section 504 Plan specified above.**

| <b><u>Date</u></b> | <b><u>Signature</u></b> | <b><u>Position</u></b> |
|--------------------|-------------------------|------------------------|
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |

**I am not in agreement with the Section 504 Plan specified above.**

| <b><u>Date</u></b> | <b><u>Signature</u></b> | <b><u>Position</u></b> |
|--------------------|-------------------------|------------------------|
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |
| _____              | _____                   | _____                  |

**\*I provide consent for my child to receive Section 504 services as indicated in this Plan.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

**Enclosure: Parent/Guardian Procedural Safeguards (Form C)**

**Parents/guardians have the right to challenge the District's actions regarding the identification, evaluation, or educational placement of a student with a disability under Section 504 in several ways. Should you wish to do so, please contact the District's 504 Coordinator for further information:**

**Dr. Tim Havard  
Section 504 Coordinator  
Auburn City Schools  
855 E. Samford Avenue  
Auburn, AL 36831  
Phone: 334-887-1921**

**Section 504/Form G**

**Auburn City Schools**

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

**SECTION 504 BEHAVIOR INTERVENTION PLAN  
Form H**

(Complete this form only if Behavior Intervention Plan is needed)

|                |  |                      |  |
|----------------|--|----------------------|--|
| <b>Student</b> |  | <b>Date of Birth</b> |  |
| <b>School</b>  |  | <b>Grade</b>         |  |

|   |  |
|---|--|
| The behavior intervention outlined below will begin for the above-named student as of (date): |  |
|---|--|

Behavior(s) of the student that are targeted for intervention:

**Types of appropriate behavioral interventions for the student:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Set clearly defined limits   | <input type="checkbox"/> Reduce distracting stimuli                    | <input type="checkbox"/> Give frequent reminder of rules  |
| <input type="checkbox"/> Seat student near teacher  | <input type="checkbox"/> Use praise to reinforce appropriate behaviors | <input type="checkbox"/> Use journal of daily or weekly behaviors   |
| <input type="checkbox"/> Use predetermined signaling device to cue student that a specified behavior is desired | <input type="checkbox"/> Assign peers to work with student             | <input type="checkbox"/> Prompt student to go to a quiet area in class where noise and activity are not allowed |
| <input type="checkbox"/> Supervision during unstructured time   |  | <input type="checkbox"/> Provide student with a consistent routine (daily or weekly schedule of events)         |
| <input type="checkbox"/> Other Intervention(s) Specify:   |  |   |

Should a behavioral contract with the student be provided?  YES  NO

If so, specify below the type of behavior expected and the type of reinforcement to be used:

**Section 504 Behavior Intervention Plan Page 2 of 2**

Should a system of rewards/affirmations for desired behaviors and consequences for opposite behaviors be provided?  YES  NO

| Desired Behavior | Rewards/Affirmations for Desired Behavior | Consequences for Undesirable Behavior | Personnel Responsible |
|------------------|---|---------------------------------------|-----------------------|
|                  |   |                                       |                       |

Specify the form of communication to be used to advise parent(s)/guardian(s) of progress or lack of progress made:  
 Daily Tracking Form  Weekly Tracking Form  Notes Home  Phone Calls  Parent Conference

**I am in agreement with the Behavior Intervention Plan specified above.**

| <u>Date</u> | <u>Signature</u> | <u>Position</u> |
|-------------|------------------|-----------------|
| _____       | _____            | _____           |
| _____       | _____            | _____           |
| _____       | _____            | _____           |
| _____       | _____            | _____           |

**I am not in agreement with the Behavior Intervention Plan specified above.**

| <u>Date</u> | <u>Signature</u> | <u>Position</u> |
|-------------|------------------|-----------------|
| _____       | _____            | _____           |
| _____       | _____            | _____           |

Parents/guardians have the right to challenge the District's actions regarding the identification, evaluation, or educational placement of a student with a disability under Section 504 in several ways. Should you wish to do so, please contact the District's 504 Coordinator for further information:

|   |
|---|
| <p><b>Dr. Tim Havard</b><br/> <b>Section 504 Coordinator</b><br/> <b>Auburn City Schools</b><br/> <b>855 E. Samford Avenue</b><br/> <b>Auburn, AL 36831</b><br/> <b>Phone: 334-887-1921</b></p> |
|---|

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

**ACKNOWLEDGMENT OF RECEIPT  
OF SECTION 504 PLAN  
Form I**

|       |  |
|-------|--|
| DATE: |  |
|-------|--|

|       |   |
|-------|---|
| FROM: | Building Level Section 504 Coordinator/Designee |
|-------|---|

Attached is a copy of the Section 504 plan to be implemented as a result of the Section 504 Team's decisions regarding the following student:

|         |  |               |  |
|---------|--|---------------|--|
| Student |  | Date of Birth |  |
| School  |  | Grade         |  |

It is imperative that the accommodations written in the Section 504 plan be fully implemented so that the District is in compliance with Section 504, a federal law that establishes protections for students with disabilities. Failure to comply with Section 504 may result in an investigation and ruling by the United States Department of Education, Office for Civil Rights (OCR). Such a ruling could result in the loss of all District federal funds, as well as personal civil rights suits against District employees who intentionally fail to comply with the law.

Acknowledgement of Receipt of Section 504 Plan

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section 504/Form I**

**Auburn City Schools**

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

**SECTION 504 MANIFESTATION DETERMINATION  
Form J**

**(To be used before any significant change in placement made for disciplinary reasons for a student determined by a 504 Team to be disabled under Section 504.)**

|   |  |               |  |
|---|--|---------------|--|
| Date of Section 504 Manifestation Determination Meeting |  |               |  |
| Student   |  | Date of Birth |  |
| School  |  | Grade         |  |

Describe the specific misbehavior/actions of the student that are the basis for considering a change in placement (removal for more than 10 school days) for disciplinary reasons.

Document the data reviewed including relevant information from the "Section 504 Evaluation/Disability/504 Plan Documentation" form (Form E).

1. Yes  No  Was the misconduct caused by, or directly and substantially related to, the student's disability?
2. Yes  No  Was the misconduct a direct result of the District's failure to implement a Section 504 Plan?

***\*If the answer to either of these two questions is YES, then the determination is that the disciplinary behavior is a manifestation of the child's disability. On the other hand, if the answer to both is NO, then the disciplinary behavior is not a manifestation of the child's disability.***

**Section 504 Manifestation Determination Page 2 of 3**

- The Section 504 Team has determined that the behavior being considered for disciplinary action *is not a manifestation of the student's disability* and the student may be disciplined in the same manner as non-disabled students.
  
- The Section 504 Team has determined that the behavior being considered for disciplinary action *is a manifestation of the student's disability* and, as a result, the student's behavior will be addressed in the following manner:

**ATTACHMENT: "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)**

**Section 504 Manifestation Determination Page 3 of 3**

**I am in agreement with the Section 504 Manifestation Determination.**

| <u>Date</u> | <u>Signature</u> | <u>Position</u> |
|-------------|------------------|-----------------|
| _____       | _____            | _____           |
| _____       | _____            | _____           |
| _____       | _____            | _____           |
| _____       | _____            | _____           |
| _____       | _____            | _____           |
| _____       | _____            | _____           |

**I am not in agreement with the Section 504 Manifestation Determination.**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Parents/guardians have the right to challenge the District's actions regarding the identification, evaluation, or educational placement of a student with a disability under Section 504 in several ways. Should you wish to do so, please contact the District's 504 Coordinator for further information:**

**Dr. Tim Havard  
Section 504 Coordinator  
Auburn City Schools  
855 E. Samford Avenue  
Auburn, AL 36831  
Phone: 334-887-1921**

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

**SECTION 504 GRIEVANCE FORM  
Form K**

|                       |                    |                  |  |
|-----------------------|--------------------|------------------|--|
| Last Name             |                    | First Name/MI    |  |
| Street Address/Apt. # |                    |                  |  |
| City                  | State              | Zip Code         |  |
| Home Phone            | Message/Work Phone |                  |  |
| Concerning:           |                    |                  |  |
|                       | (Name of Student)  | (Name of School) |  |

Please check below – This complaint concerns:

- A violation of Section 504 policy/procedure.
- A disagreement with the District’s Section 504 decisions to identify, evaluate, and/or to make accommodations for a student.
- Disability-based discrimination, harassment or retaliation.
- Other: \_\_\_\_\_

1. Please give facts about your grievance. Provide details such as names of those involved, relevant dates, whether witnesses were present, etc., that might be helpful to the resolution process.

**Section 504 Grievance Form–Page 2 of 2**

2. Please supply copies of any written documents that may be relevant to/supportive of your grievance.

I have attached supporting documents:  Yes  No

3. Please state the resolution results you are seeking.

4. Have you discussed with or brought your grievance to any District personnel? If you have, to whom did you make your grievance and what was the result?

\*I certify that the above is true and correct:

|            |  |       |  |
|------------|--|-------|--|
| Signature: |  | Date: |  |
|------------|--|-------|--|

|                      |                |  |          |  |
|----------------------|----------------|--|----------|--|
| For office use only: | Date received: |  | Initial: |  |
|----------------------|----------------|--|----------|--|

Attach additional sheets for details if needed. Mail grievance/documents to:

**Dr. Tim Havard**  
**Section 504 Coordinator**  
**Auburn City Schools**  
**855 E. Samford Avenue**  
**Auburn, AL 36831**  
**Phone:334-887-1921**

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

**SECTION 504 MEDIATION REQUEST FORM  
Form L**

|                       |                    |                  |  |
|-----------------------|--------------------|------------------|--|
| Last Name             |                    | First Name/MI    |  |
| Street Address/Apt. # |                    |                  |  |
| City                  | State              | Zip Code         |  |
| Home Phone            | Message/Work Phone |                  |  |
| Concerning:           |                    |                  |  |
|                       | (Name of Student)  | (Name of School) |  |

I wish to request a formal mediation session. The mediator will assist the school and parent/guardian in resolving disagreements about the Section 504 process or content.

The basis of this complaint involves:

- A violation of Section 504 policy/procedure.
- A disagreement with the District's Section 504 decisions to identify, evaluate, and/or to make accommodations for a student.
- Disability-based discrimination, harassment or retaliation.
- Other: \_\_\_\_\_

Please give facts about your complaint. Provide any details that you believe are pertinent to the mediator in preparation for hearing the case. Provide attachments to this request, if necessary.

**Auburn City Schools  
Section 504 of the Rehabilitation Act**

**SECTION 504 REQUEST FOR DUE PROCESS HEARING FORM  
Form M**

**This form is to be completed when an impartial hearing is being requested by a parent/guardian to challenge District action regarding the identification, evaluation or educational placement of his/her child under Section 504. The request must be made within 30 days of the parent's receipt of notification of the District's action and submitted to the District's 504 Compliance Coordinator.**

**Requesting Party:**

Parent/Guardian   
Representative

**Student Information:**

Student's Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth:    Month: \_\_\_\_\_                      Day: \_\_\_\_\_                      Year: \_\_\_\_\_

Student's 504 Disability or Alleged 504 Disability: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Name of School the Student is Attending: \_\_\_\_\_

**Parent/Student Representative Information:**

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

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

Telephone:    Home: \_\_\_\_\_    Cell: \_\_\_\_\_    Work: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Statement of Issues and Proposed Resolution**

I, \_\_\_\_\_, the undersigned, file this request for an impartial hearing under Section 504 against the Auburn City School District

**Section 504/Form M**



**Section 504 Hearing Request Form–Page 3 of 3**

I certify that the above is true and correct:

|            |  |       |  |
|------------|--|-------|--|
| Signature: |  | Date: |  |
|------------|--|-------|--|

|                      |                |  |          |  |
|----------------------|----------------|--|----------|--|
| For office use only: | Date received: |  | Initial: |  |
|----------------------|----------------|--|----------|--|

Attach additional sheets for details if needed. Mail this and other documents to:  
**Dr. Tim Havard**  
**Section 504 Coordinator**  
**Auburn City Schools**  
**855 E. Samford Avenue**  
**Auburn, AL 36831**  
**Phone: 334-887-1921**