



Building Committee Procedures

**ADA/Section 504
July 2015**

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Wellsville USD 289 does not discriminate on the basis of race, color, national origin, religion, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Persons having inquiries concerning the District's non-discrimination policies and compliance therewith may contact the school district's Compliance Coordinator at 602 Walnut Street, Wellsville, Kansas, 66092, or call 785-883-2388.

§504 Child Find Notice

[To be placed on District Letterhead]

Pursuant to Section 504 of the Rehabilitation Act of 1973, the District has a duty to identify, refer, evaluate and if eligible, provide a free, appropriate public education to disabled students. For additional information about the rights of parents of eligible children, or for answers to any questions you might have about identification, evaluation and placement into Section 504 programs, please contact the District's Section 504 Coordinator, the District's Superintendent by phone at or by mail at 602 Walnut Street, Wellsville, Kansas, 66092.

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NOTICE OF NONDISCRIMINATION

The following notice of nondiscrimination must be published in recruitment materials or publications containing general information that is made available to "participants, beneficiaries, applicants or employees" of the school district. It should normally be included in all handbooks, opening of school letters and printed several times a year in newsletters.

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Wellsville USD 289

Parental Request for 504 Evaluation

Name of School _____

Address of School _____

Date _____

Dear _____:

Name of Principal

I am the parent of _____, _____, who is in the
Student Name Date of Birth

_____ grade. I suspect he/she has a disability which is affecting his/her education. Please evaluate him/her to see if he/she has a disability as defined by Section 504 of the Rehabilitation Act of 1973 and is eligible for Services and/or related services.

Nature of Disability: _____

Medical or other evaluation records regarding this disability are _____ are not _____ available.

I will _____ will not _____ make them available to an evaluation team.

You do _____ do not _____ have my permission to have a school psychologist or teacher administer individual tests, if appropriate, to assist in this evaluation.

My signature below verifies that you have my permission to conduct an evaluation.

Thank you for your help. I look forward to hearing from you with a response to this request.

Sincerely,

Parent/Guardian Name

Address

Phone

Wellsville USD 289 Section 504 Referral Form

Name of Student _____

School _____ Grade _____ Student ID # _____

Date of Birth _____ Date of Referral _____

Referring Individual _____ Relationship to Student _____

Problem: _____

Indication(s) of educational need (academic or behavioral): _____

Does the student have a physical or mental impairment that is episodic?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
If yes, please describe the condition, when and how often it is active, and its impact on the student when it is active.				
Does the student have a physical or mental impairment that is in remission?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
If yes, please describe the condition, when it was active, at what point it went into remission and its impact on the student when it was active.				
Mitigating Measures (Identify any mitigating measures currently in use by the student or provided for the student's benefit. List all that apply, describe measure(s) in use) such as: Medication; Medical supplies, equipment, or appliances; Prosthetics including limbs and devices; Hearing aids and cochlear implants or other implantable hearing devices; Mobility devices; Oxygen therapy equipment and supplies; Assistive technology; Auxiliary aids or services (includes health plans, emergency plans); and or any other reasonable Services (includes early intervention, differentiated instruction and informal help from teachers).				

List others who are knowledgeable about this problem: _____

This referral form should be given to the 504 coordinator in your building in order that a 504 meeting and evaluation can be scheduled promptly and parents notified of their rights.

Wellsville USD 289
Notice and Consent for Initial Section 504 Evaluation

Date Sent/Mailed:	Student's Name:	
Campus:	Grade:	Student ID #:
Parents:		
Address:		
Home Phone:	Work Phone:	

We have carefully reviewed your child's school records and information from teachers. Additional information is necessary to determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504. We ask that you consent to an evaluation under §504 for the following reasons: _____

In many cases, the §504 evaluation may simply consist of the Section 504 Committee reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores, and other data, in order to determine if your child qualifies for Services in the regular classroom. For students who have been involved in the early intervention process, the 504 evaluation will include a review of the classroom assistance and interventions provided, the results of those efforts, and any other data generated by that process. In addition to reviewing the data described above, the district desires to conduct the following assessments:

Other assessments (please describe below):

Please review the enclosed document entitled "Notice of Parent Rights," which informs you of your rights under Section 504. If you CONSENT to the evaluation, please check the "consent" statement, sign and return one copy of this letter. If you REFUSE consent, please check the "refuse consent" statement, sign and return one copy of this letter. Keep the other copy of this letter and the Notice of Parent Rights for future reference.

Please call _____ (Coordinator) at _____ if you have any questions.

 School Staff person

 Telephone Number

As the parent/legal guardian of the above referenced student, I have received notice of my Section 504 parent rights, and I understand that this is *not* an offer of a Special Education evaluation.

___ I hereby CONSENT to an evaluation under Section 504.

___ I hereby REFUSE consent to an evaluation under Section 504.

 Parent/Guardian signature

 Parent/Guardian printed name

 Date

_____ 2 Copies sent to parent
 _____ 1 Copy signed & returned
 _____ Notice of Rights Included

Wellsville USD 289
Notice of Section 504 Committee Meeting

Date: _____

Student's Name	ID #	Campus
----------------	------	--------

Dear Mr./Mrs./Ms. _____
Parent/Guardian/Surrogate/Adult Student

This letter is to inform you that the Section 504 Committee is planning a meeting to discuss your child's educational needs. We have scheduled a meeting at (time)_____, on (date) _____, at (location)_____. While parents are not required members of Section 504 Committees, we would very much appreciate your input. Your insights and contributions will be quite helpful to us in effecting the best decisions possible.

The meeting is scheduled for the following reason[s]:

- Initial evaluation for eligibility
- Annual Review (no Periodic Re-Evaluation is due)
- Periodic Re-Evaluation (every three years)
- Manifestation Determination (prior to disciplinary removal constituting a change in placement)
- Other: _____

Following the meeting, we will notify you of the Section 504 Committee's decision in writing. Please call me at _____ if you have any questions.

Sincerely,

Section 504 Coordinator

Wellsville USD 289
Section 504 Committee Meeting

Name of Student _____ Birth Date _____

Student ID # _____

School _____ Grade _____

Parents/Guardian _____ Phone _____

Date _____ Time _____

Reason for referral: _____

Action taken: _____

Committee members: _____

Eligibility:

Eligibility not considered. Yes _____ No _____

The student is not eligible under Section 504. Yes _____ No _____

The student is eligible under Section 504, and will receive a Section 504 Services Plan.

Yes _____ No _____

The student is eligible under Section 504, but will not require a Section 504 Services Plan because the physical mental impairment is in remission, and there is no current need for services.

Yes _____ No _____

The student remains eligible under Section 504, and will receive an updated Section 504 Services Plan. Yes _____ No _____

Section 504 Disability _____

The written notice of parental rights was given: Yes ____ No ____ By: _____

Date of initiation _____ Anticipated duration _____

Person(s) responsible for follow-up _____ Review date _____

Wellsville USD 289

NOTICE OF PARENTS/STUDENT RIGHTS UNDER §504 OF THE REHABILITATION ACT OF 1973

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

You have the right to:

1. Have the school district advise you of your rights under §504 of the Rehabilitation Act of 1973 [34 CFR 104.32]. This document represents written notice of your rights as required under §504. If you need further explanation or clarification of any of the rights described in this notice, please contact appropriate staff persons at the District's §504 Office listed below. They will be happy to assist you in understanding your rights.
2. Receive notice any time the District plans a change with respect to identification, evaluation or placement of your child; [34 CFR 104.36]
3. Have your child receive educational services at no cost, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under §504. [34 CFR 104.33].
4. To have your child educated with non-disabled students to the maximum extent appropriate. Included is the right to have the school district make reasonable Services to allow your child an equal opportunity to participate in school and school-related activities. . [34 CFR 104.34].
5. Have your child educated in facilities and receive services comparable to those provided non-disabled students. [34 CFR 104.34].
6. Have your child receive an appropriate education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met. [34 CFR 104.33].
7. Have your child receive an evaluation prior to determining his or her appropriate educational placement or program of services under §504, and also before every subsequent significant change in placement. [34 CFR 104.35]. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR104.35].
8. To periodic provide evaluations for your child to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years. [34 CFR 104.35].
9. To have evaluations, educational, and placement decisions made based upon a variety of information sources, and by persons who are knowledgeable about your child, the meaning of the evaluation data, possible placement options, [34 CFR 104.35].

10. To examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement; [34 CFR 104.36]. You may also obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records;
11. To directly present your concerns regarding your child's identification, evaluation, educational program or placement to the District's §504 Coordinator (or designee), who will investigate the situation, take into account the nature of the complaint and all necessary factors, and respond appropriately to you within a reasonable time.
12. To request an impartial due process hearing through the district's grievance procedure related to decisions or actions regarding your child's identification, evaluations, educational program or placement. [34 CFR 104.36]. You and your student may take part in the hearing and you may have an attorney represent you. Hearing requests must be made to the district ADA/ Section 504 coordinator listed below. If you disagree with the decision of the hearing officer, you may have a right to seek a review of that decision before a court of competent jurisdiction (normally, your closest federal district court).

You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers this school district is:

Director, Office for Civil Rights, Region VII
601 E. 12th, Room 248, Kansas City, Missouri 67106, Tel. 816-426-7277

**The person responsible for assuring that the school district complies with Section 504 is the school district's ADA and Section 504 coordinator, the District Superintendent,
602 Walnut Street, Wellsville, KS 66092 785-883-2388**

Wellsville USD 289

Receipt for Section 504 Notice of Parents and Student Rights

Student: _____ BIRTH DATE: _____ Student ID# _____

School: _____ Grade: _____

The signature below verifies that a copy of *Notice of Parent and Student Rights in Identification, Evaluation and Placement* under Section 504 has been received by:

Parent/Guardian Date Signed

If additional information is needed, please contact:

_____ At _____ Telephone _____
Section 504 building designee issuing rights notice.

PLEASE SIGN AND RETURN

Wellsville USD 289 Parent Input for Section 504 Evaluation

The information requested will greatly assist the §504 Committee in evaluation of your child. If you have additional information that you want the committee to consider (and that is not requested here) please feel free to attach additional pages. This form is quite comprehensive and does request some sensitive information. Please be assured that any personal information will be kept confidential. Disregard any question that makes you uncomfortable. If you would prefer to provide this information by phone, please contact _____ at _____.

Student Name:	Date of Birth:
Address:	Phone:
School:	Grade:

General Information			
Mother's Name:			
Occupation:		Level of Education	
Father's Name			
Occupation:		Level of Education	
With whom does the child live?		Relationship to child:	
Other Children in the Home (attach additional page if necessary)			
Name	Age	Relationship	
Other Adults in the student's Home		Relationship to student	
Do any family members have learning problems? If yes, please explain			
Compared to other children in the family, this child's development was: (check one)			
Slower	<input type="checkbox"/>	About the same	<input type="checkbox"/>
		Faster	<input type="checkbox"/>
At what age, in months, was the student able to do the following:			
Sat without support		Crawled	
Used spoon fairly well		First word	
		Walked without support	
		Reasonably well-toilet trained	

The Student's Friends & Activities			
Does the student prefer to play/socialize with	<input type="checkbox"/>	Girls	<input type="checkbox"/>
		Boys	<input type="checkbox"/>
		No preference	<input type="checkbox"/>
Does the student have friends his/her own age?			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student have friends who are younger than the student?			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student have friends who are older than the student?			
			Yes <input type="checkbox"/> No <input type="checkbox"/>

The Student at Home			
Please check each item available for the student's use at home:			
Computer	Books	Tape recorder	CD player
Video games	Television	Educational toys	Radio

What kinds of activities does your family do together? (Read, play games, camp, etc.)			
Have there been any important changes within the family during the last three years (For example, changes, moves, births, deaths, serious illnesses, separations, divorce)			
With whom in the family is the student particularly close?			
Has the student even been separated from the family due to family problem, health reasons, etc? If yes, please explain. How did the student react to the separation?			
Describe the student's behavior at home with peers, siblings, neighbors, and parents. (For example, is the student generally well-behaved? Social? Affectionate? Withdrawn?			
What methods of discipline are used with this student at home? (For example, spanking, extra chores, early bedtimes, taking away of privileges; is he/she given rewards for good behavior?)			
How does the student react to discipline?			
Who usually disciplines the student at home?			
The primary language in the home is:			
How long has the student lived in the United States?			
What time does the student go to bed at night?		Does the student eat breakfast?	
What does the student do when not in school? (Please list the student's common indoor and outdoor activities.)			
Does your student have a part-time job after school or on weekends? If yes, please provide the average number of hours worked per week.			

The Student at School			
Has your student talked to you about difficulties or problems at school? Please explain:			
Do you think your student is having difficulties in school?		Yes	No
If you think your student is having difficulties, please explain your concerns.			

What do you think is causing the student's difficulties at school?

When did you first notice the difficulties?

If you have discussed these concerns with the school, please indicate when and with whom you shared your concerns:

If your student qualifies for Section 504, what services or accommodations do you think are necessary so that the student can participate and benefit from school?

Childhood & Medical History

Has your student ever had the following?	Never	Began at age?	Ended at age?	Still has problem
Frequent fevers				
Frequent earaches				
Frequent vomiting				
Thumb sucking				
Nightmares				
Sleepwalking				
Head banging				
Rocking of body				
Teeth grinding				
Bedwetting				
Fingernail biting				
Temper tantrums				
Run away from home				
Lost consciousness				
Convulsions				

Current Medical Treatment & Medication

Doctor's reports, letters and diagnoses can be very helpful to the 504 Committee. Please attach the student's medical records so that the Committee can have a more complete picture of your child. If you would prefer, you may give the District written consent to seek those records from your doctors directly.
 Please notify _____ (504 Coordinator) at _____ to get the necessary form.

Please identify any medical problem for which your student is currently receiving medical care:

Does your student appear to have any other physical health problems for which the student is not currently receiving medical care?

Please list all medications currently taken by your student (over the counter and prescription).

Does your child have a medical condition or illness with symptoms that are sometimes more serious than other times? If yes, please answer the following questions:

What is the name of the condition or illness?

When and how often is the condition or illness a problem for your child?

How does the condition or illness affect your child when the symptoms are most serious?

Please describe any hospital stays by your student, including the date, reason for the stay, the duration, and the result of treatment.

Did your child used to have a serious medical condition or illness that has gone away? If yes, please answer the following questions:

What is the name of the condition or illness that your child used to have?

When did your child suffer from the condition or illness?

How did the condition or illness affect your child when the symptoms were most serious?

Is the condition or illness likely to return?

Is there any other information about your student or family that you would like the Section 504 Committee to consider when we evaluate your student for Section 504 eligibility? If so, please provide it here or on the back of this page.

Signature of Parent

Date

Signature and Position of other Representative of Child

Date

Wellsville USD 289

Section 504 Evaluation and Re-Evaluation Report Form

Name _____ Sex _____ Grade _____ Student ID# _____

Date of Birth _____ School _____

Parent(s)/Guardian(s) _____

Address _____
(street) (city) (zip)

Telephone _____
(home) (mother's work) (father's work)

§504 Committee Membership:
 By regulation, the Section 504 Committee is a group of knowledgeable people. Within the group, each required type of knowledge must be present. List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.

Name	Position/Title	This member has knowledge of
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options

Procedural Checklist:
 For the §504 Initial Evaluation, complete Questions 1-5. If this is a Re-Evaluation, there is no requirement for parental consent (mark Question 1 "N/A", and complete the other four questions). Please verify by checkmark that each requirement is completed before proceeding.

1. Verify that the parent consented to §504 <i>initial</i> evaluation, (<i>Does not apply to re-evaluations</i>)				
2. Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas.				
3. Verify the Student's dominant language: _____ Dominant language of the home: _____				
4. Verify that the parent received Notice of Parent Rights under §504				
5. Verify <i>how</i> the parent was informed of the date, time, and place for this evaluation (check one)				
<input type="checkbox"/> In writing	<input type="checkbox"/> By Phone	<input type="checkbox"/> In Person	<input type="checkbox"/> Other:	

Evaluation Data Considered from a Variety of Sources
 The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]

Parent input	<input type="checkbox"/>	Student work portfolio	<input type="checkbox"/>
Grade reports	<input type="checkbox"/>	Special education records (specify)	<input type="checkbox"/>
Standardized Tests and Other Tests	<input type="checkbox"/>	Disciplinary records/referrals	<input type="checkbox"/>
Early Intervention data	<input type="checkbox"/>	Mitigating measures	<input type="checkbox"/>
Teacher/Administrator Input	<input type="checkbox"/>	Other	<input type="checkbox"/>
School Health Information	<input type="checkbox"/>	Other	<input type="checkbox"/>
Medical evaluations/diagnoses	<input type="checkbox"/>	Other	<input type="checkbox"/>

NOTE: If information from a conversation or other data in unwritten form was considered, please document that oral data relied upon by attaching written notes summarizing the conversation or data.)

Additional information from outside agencies.

Date Requested: _____ Date Received: _____

Results: _____

<p>Section 504 Eligibility Determination As directed by Congress in the ADAAA, the Section 504 Committee understands that the definition of disability “shall be construed in favor of broad coverage of individuals under this Act, to the maximum extent permitted by the terms of this Act.”</p>						
<p>1. Does the student have a physical or mental impairment? If so, please identify the impairment(s) in the box below. <i>Notes (1) This is an educational determination only, and not a medical diagnosis for purposes of treatment. (2) Impairments that are episodic, in remission or mitigated should also be listed.</i></p>					<p>Eligibility Question #1</p>	
					Yes	No
<p>If you answered “yes” to Question 1, identify the impairment(s) here.</p>						
<p>2. Does the physical or mental impairment affect one or more major life activities (including major bodily functions)? If so, identify the major life activity or major bodily function by checking the appropriate box or boxes. <i>Note: For an impairment that is episodic, in remission, or mitigated, identify the activity or function affected when the disability was present or active.</i></p>					<p>Eligibility Question #2</p>	
					Yes	No
<p>Major Life Activities include, but are not limited to:</p>						
Caring for oneself		Eating		Lifting		Learning
Performing manual tasks		Sleeping		Bending		Reading
Seeing		Walking		Speaking		Concentrating
Hearing		Standing		Breathing		Thinking
						Communicating
						Working
						Other:
						Other:
<p>Major Bodily Functions include, but are not limited to:</p>						
Functions of the immune system		Bowel function		Brain function		Endocrine function
Normal cell growth		Bladder function		Respiratory function		Digestive function
Reproductive function		Neurological function		Circulatory function		Other:
<p>3. Does the physical or mental impairment <i>substantially limit</i> a major life activity? <i>Notes: (1) “Substantially limits” does not mean “significantly restricted.” (2) The ADAAA requires that when making this determination, the Committee should not consider the ameliorative (helpful or positive) effects of mitigating measures (except for ordinary eyeglasses or contact lenses). (3) The fact that the impairment is episodic (the impact of the impairment is sometimes substantially limiting, but not always), or in remission, does not preclude eligibility if the impairment would substantially limit a major life activity when active.</i></p>					<p>Eligibility Question #3</p>	
					Yes	No
<p>If Eligibility Question 3 is answered “no,” explain why the student is not substantially limited and describe how the committee addressed the positive impact of mitigating measures (what measures are used by/for the student, and what was their impact?):</p>						

<p>Section 504 Plan & Placement (completed only if each of the three preceding questions were answered “Yes.”).</p> <p>Does the student need Section 504 services in order for his/her educational needs to be met as adequately as those of non-disabled peers? <i>Notes: (1) If the student’s needs are so extreme as to require special education and related services, a referral to special education should be considered. (2) If the student’s impairment is in remission, or the student’s needs are currently addressed by mitigating measures, the student is not in need of a Section 504 Services Plan.</i></p> <p>If the Plan and Placement question is answered “no,” explain why the student does not need a Section 504 Services Plan:</p> <p>*** See notes below</p>	Plan & Placement Question		
	Yes	No	

<p>Section 504 Committee’s Decision</p> <p>The Section 504 Committee’s analysis of the eligibility criteria as applied to the evaluation data indicates that at this time (check the appropriate box or boxes):</p>	
<p>Not §504 Eligible. The student is not eligible under Section 504.</p>	<input type="checkbox"/>
<p>§504 Eligible + Plan. The student is eligible under Section 504, and will receive a Section 504 Services Plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, Re-Evaluation every three years or more often as needed, as well as the nondiscrimination protections of Section 504.</p>	<input type="checkbox"/>
<p>§504 Eligible + No Plan (In Remission). The student is eligible under Section 504, but will not require a Section 504 Services Plan because the physical or mental impairment is in remission, and there is no current need for services. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. Should need for a Plan develop, the Section 504 Committee shall reconvene and develop an appropriate Section 504 Services Plan.</p>	<input type="checkbox"/>
<p>§504 Eligible + No Plan (Mitigating Measures). The student is eligible under Section 504, but will not require a Section 504 Services Plan because the student’s needs are met as adequately as his nondisabled peers due to the positive effect of mitigating measures currently in use. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. Should the need for a Plan develop, the Section 504 Committee shall reconvene and develop an appropriate Section 504 Services Plan.</p>	<input type="checkbox"/>
<p>Continued §504 Eligibility. The student remains eligible under Section 504, and will receive an updated Section 504 Services Plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. (For use with Re-Evaluations)</p>	<input type="checkbox"/>

See next page for re-evaluation summary.

Section 504 Committee signatures:

Date	Date
Date	Date

Section 504 End of Year Re-evaluation Summary

_____ Discontinue Section 504 Education Services Plan

_____ Continue Section 504 Education Services Plan

_____ Modify Section 504 Education Services Plan as follows: _____

Parents notified of any change in Placement? By Whom? _____

Who will transport file or communicate accommodations to next year's School assignment?

***Analyzing the Results of the Committee's Answers

1. If all four questions are answered "YES", the student is eligible for both the nondiscrimination and FAPE (Section 504 Services Plan) protections of Section 504. The Section 504 Committee will create a Section 504 Services plan for this student.

2. If only the first three questions are answered "YES", the student is eligible for the nondiscrimination protections of Section 504, together with manifestation determination, procedural safeguards, and periodic Re-Evaluation or more often as needed. The Section 504 Committee will not create a Section 504 Services Plan at this time as the student's needs are currently being met as adequately as his nondisabled peers. Should such a need develop, the §504 Committee shall re-convene and develop an appropriate Section 504 Services Plan at that time.

3. If any of the first three answers is "NO", the student is not eligible for Section 504 nondiscrimination protection and is not eligible for a Section 504 Services Plan.

Wellsville USD 289

Section 504 Rehabilitation Act Services Plan Form A

Student's Name _____ Birth Date _____

School _____ Student ID # _____

Team Meeting Date _____

Handicap _____ Evaluation Date _____

Environmental/Accessibility:

Instructional:

Behavioral/Social:

Discipline:

Service Plan Form A
page 2

The committee has determined the following placement to be the least restrictive appropriate placement: _____

The committee recommends the following related services: _____

The committee assures that the placement decision was made by a group of persons, including those knowledgeable about the student, the meaning of the evaluation data, and the placement options.

Committee Signatures:

Parent Notice? _____ Yes _____ No By Whom? _____

Teacher Notice? _____ Yes _____ No By Whom? _____

Wellsville USD 289

**Section 504 Rehabilitation Act
Service Plan Form B**

Name _____ Date of Meeting _____
Date of Birth _____ Student ID# _____ Grade _____

Describe the nature of the concern: _____

Describe the process for the determination of the disability (if any): _____

Describe how the disability affects a major life activity: _____

Describe the reasonable services that are necessary: _____

Review/Reassessment Date: _____
(Must be completed)

Participants (Name and title)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Notice?	_____ Yes	_____ No	By Whom?	_____
Teacher Notice?	_____ Yes	_____ No	By Whom?	_____

Wellsville USD 289

Section 504 Teacher Notice

To: _____ Re: _____
Teacher(s) Student
Student ID# _____

Section 504 Modifications

This student exhibits behaviors that indicate a disability as defined by Section 504. Because of his/her issues, the Section 504 committee has made the following recommendations to facilitate learning.

Adaptation of Materials:

Provide

- Reading materials at _____ grade level
- Peer to read materials
- Peer to take notes
- Peer or small group discussion of materials
- Tape recording of required reading
- Highlighted materials for emphasis
- Altered format of materials: _____
- Study aids/manipulatives: _____
- Outlines and study guides
- Other: _____

Modification of Instructions:

Provide

- Shortened; simplified instructions
- Repeated instructions
- Opportunity to repeat instructions
- Opportunity to write instructions
- Written instructions
- Visual aids (pictures, flash cards, etc.): _____
- Auditory aids (cues, tapes, etc.): _____
- Instructional aids: _____
- Multisensory information: _____
- Extra time for oral response
- Extra time for written response
- "Over learning"
- Exams of reduced length
- Oral exams
- Open book exams
- Tests to be given by Content Mastery teacher
- Written review for exams
- Preview of test questions
- Study carrel for independent work
- Frequent feedback
- Immediate feedback
- Checks for understanding
- Minimize auditory distractions
- Encourage "wait time"
- Other: _____

Behavior Management:

Provide

- Clearly defined limits
- Frequent reminders of rules
- Frequent eye contact
- Private discussion regarding behavior
- Seating near teacher
- Opportunity to help teacher
- Supervision during transition
- Ignoring of minor infractions
- Implementation of behavior contract
- Positive reinforcement
- Emphasis on student's special talents
- Other: _____

Alterations of Assignments:

Provide

- Simplified homework assignments
- Reduced assignments
- Taped assignments
- Prioritize assignments
- Extra time for assignments
- Opportunity to respond orally
- Individual contracts
- Emphasis on major points
- Exemption from reading before peers
- Assistance in class discussions
- Special projects in lieu of assignments
- Other: _____

General Modifications:

Provide

- Structured learning environment
- Computer-aided instruction
- Other: _____
- _____
- _____
- _____
- _____

Additional comments on back? _____ Yes _____ No

Please contact me with questions or need for assistance: _____

Date of Meeting: _____

Re-evaluation as needed or by _____

Wellsville USD 289

Sample Parental Notification of Section 504 Evaluation Decision

To: _____

From: _____

Re: _____

Date: _____

This letter is to inform you that the Section 504 committee met to discuss your student, _____ (student). Our meeting was held on _____ (date) at _____ (school). As a result of the meeting the committee has determined:

_____ The student meets the normal standards for personal independence and social responsibility expected for his/her age and cultural group and as a result we did not find that your student has a “physical or mental disability that *substantially* limit a major life activity” As such he/she is not eligible for formal service under Section 504. We are committed to doing the best job we can to meet the need of every student and would like to work with you to see what changes in the regular classroom program can be made to help _____ be more successful in school.

_____ The student meets the eligibility criteria under Section 504 and appropriate educational service plan will be developed to better able meet the needs of the student.

_____ The student meets the eligibility criteria under Section 504 but does not need a service plan at this time. We will continue to monitor _____ to see if a service plan should be needed at a later time. Please let us know if you believe changes have occurred that would make a new evaluation advisable.

_____ Other recommendation _____

We have enclosed a notice of parent and student rights under Section 504. If you have not signed a form indicating you received a copy, please do so and return to me in the enclosed envelope.

or

Our records indicate that you have received a copy of parent and student rights under Section 504. If you need another copy please let me know.

If you have questions about the process or the decision, please contact me at _____.

Wellsville USD 289

Section 504 Modifications Checklist for Regular Classroom
Sample Checklist for Regular Program Modifications for Students Grades 1-6

Student _____ Student ID# _____ Date _____

Special Ed. Teacher (s) _____

Regular Ed. Teacher(s) _____

_____ Student needs modification _____

(subjects)

_____ No modification necessary

Check appropriate modification for student:

A. Classroom Settings

_____ 1. Student should sit in _____ of room.

_____ 2. Provide organized work space area of minimal distraction.

_____ 3. Directions to be read for the student with a demonstrated sample.

_____ 4. Student permitted to use marker when reading.

_____ 5. Extended reading time needed for _____.

_____ 6. Reduce the number of weekly spelling words. Suggested number _____.

_____ 7. Reduce assignments or give alternative assignments.

Subjects _____

_____ 8. Allow counters/manipulatives/calculator for math computation.

_____ 9. Provide assistance for copying from board or book to paper.

_____ 10. Provide copies instead of requiring copying.

_____ 11. Provide large spaced paper for writing.

_____ 12. Implement behavior management/reward system.

_____ 13. Taped books (textbooks) will be provided by:

_____ 14. Accompany oral assignments with written instructions or visual clues.

_____ 15. Allow student to use a typewriter, computer or tape recorder for lengthy written work.

_____ 16. Provide peer tutor to help with _____.

_____ 17. Other _____

B. Evaluations

_____ 1. Provide a reader for tests.

_____ 2. Allow oral response/teacher recorded answers on tests.

_____ 3. Allow tests to be taken in special education classroom.

_____ 4. Allow extended testing time.

_____ 5. Student not to be penalized for misspellings and poor penmanship on written work.

_____ 6. Grade on effort/individual ability in addition to test scores.

_____ 7. Reduce number of test items for student.

_____ 8. Grade satisfactory vs. unsatisfactory.

_____ 9. Grade to be jointly determined by _____ and _____

_____ 10. Other _____

Wellsville USD 289

Section 504 Modifications Checklist for Regular Classroom
Sample Checklist for Regular Program Modifications for Students Grades 7-12

Student _____ Student ID # _____ Date _____

Special Ed. Teacher (s) _____

Regular Ed. Teacher(s) _____

_____ Student needs modification _____

(subjects)

_____ No modification necessary

Check appropriate modification for student:

A. Classroom Settings

- 1. Student should sit in _____ of room.
2. Seat student in area of minimal distraction.
3. Read directions to student and make appropriate check for comprehension.
4. Extended reading time needed for _____.
5. Reduce the number of weekly spelling words. Suggested number _____.
6. Reduce assignments or give alternative assignments.
Subjects _____
7. Allow calculator use for math computation.
8. Check accuracy of work copied from board due to perceptual problems.
9. Provide copies as much as possible instead of requiring copying.
10. Continually acknowledge effort put forth.
11. Taped books (textbooks) will be provided by:

12. Oral assignments should be accompanied by written instructions or visual clues.
13. Allow student to use a computer or tape recorder for lengthy written work.
14. Other _____

B. Evaluations

- 1. Provide taped tests.
2. Provide reader for tests.
3. Reduce test items per page.
4. Allow oral response/teacher recorded answers on tests.
5. Read and explain written directions.
6. Allow tests to be taken in special education classroom.
7. Allow extended testing time.
8. Student not to be penalized for misspellings and poor penmanship on written work.
9. Other _____

Wellsville USD 289

Section 504 Manifestation Determination Evaluation

Procedural Checklist:			
Both boxes must be checked before the §504 evaluation for manifestation determination can occur.			
	Verify how the parent was informed of the date, time, and place for this evaluation		
	in writing	by phone	in person
			Other?
	Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas. (See below)		

Student:	Student ID #:
Campus:	Date of Evaluation:

§504 Committee Membership:		
By regulation, the Section 504 Committee is a group of knowledgeable people. Within the group, each required type of knowledge must be present. List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.		
Name	Position/Title	Knowledge of ...
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Child
		<input type="checkbox"/> The meaning of the evaluation data
		<input type="checkbox"/> The placement options

Evaluation Data Considered from a Variety of Sources		
The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]		
<input type="checkbox"/> Parent input		<input type="checkbox"/> Student work portfolio
<input type="checkbox"/> Grade reports		<input type="checkbox"/> Special education records (specify)
<input type="checkbox"/> Standardized Tests and Other Tests		<input type="checkbox"/> Disciplinary records/referrals
<input type="checkbox"/> Early Intervention data		<input type="checkbox"/> Medical evaluations/diagnoses
<input type="checkbox"/> Teacher/Administrator Input		<input type="checkbox"/> Witness statements
<input type="checkbox"/> School Health Information		<input type="checkbox"/> Other
NOTE: If information from a conversation or other data in unwritten form was considered, please document that oral data relied upon by attaching written notes summarizing the conversation or data.)		

Behavior subject to disciplinary action (The 504 Committee does not address whether or not the alleged behavior occurred):			
List each of the student's Section 504 qualifying physical or mental impairments:			
The Section 504 Committee reviewed and discussed the data listed above. Based on this review, the Committee has made the following determinations:			
Question #1: Was the conduct in question caused by, or directly and substantially related to the student's disabilities?		Yes	No
Question #2: Was the conduct in question the direct result of the school's failure to implement the student's Section 504 plan, if there was any such failure?		Yes	No
Results: If either of the questions is answered "yes," the behavior must be considered to be a manifestation of the student's disability. In that event, the student cannot be expelled or placed in the school's disciplinary alternative education setting for more than 10 school days.			

Committee Notes:

Notice of Section 504 Manifestation Determination Evaluation Results

[Use this form to ensure that parents are provided with notice of the results of the manifestation determination evaluation meeting. Attach the completed manifestation determination together with the §504 Services Plan (if the student had a Plan and if the Plan was changed)]

Date

Dear Parent/Guardian/Adult Student,

This letter is to inform you that the Section 504 Committee had a meeting on _____ to discuss your student _____ (student's name). A copy of the manifestation determination evaluation form is attached. After careful review of relevant evaluation data indicated on page 1, the Section 504 Committee analyzed the data to answer the manifestation determination questions on page 2. While the evaluation document provides more detail on the Committee's decision, by way of summary, the Committee determined that _____
_____ (provide brief summary of decision)

A copy of the 504 Committee's manifestation determination evaluation is enclosed. If your student's Section 504 plan was changed during the meeting, a copy of the new §504 Plan is also attached.

If you have any questions concerning this decision, please call me at _____.

I will be more than happy to discuss any questions that you may have.

Sincerely,

Section 504 Coordinator

Encl. (1) Completed Manifestation Determination Evaluation Form
(2) §504 Services Plan (if the student had a Plan and if the Plan was changed)

Wellsville USD 289
COMPLAINT PROCEDURE
Section 504 of the Rehabilitation Act of 1973
Americans with Disabilities Act of 1990

The Board encourages all complaints regarding the district to be resolved at the lowest possible administrative level. Individuals should attempt to resolve problems informally before utilizing this complaint procedure. Whenever a complaint is made directly to the board as a whole or to a board member as an individual, it will be referred to the administration for study and possible solution.

Discrimination against any individual on the basis of race, color, national origin, sex, disability, age or religion in the admission or access to, treatment of or employment in the district's programs and activities is prohibited. The *District's Superintendent*, 602 Walnut, Wellsville, KS67114 (785-883-2388) has been designated to coordinate compliance with nondiscrimination requirements contained in Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. Information concerning the provisions of these Acts, and the rights provided there under, are available from the compliance coordinator.

Complaints by an employee should be addressed to the employee's supervisor, the building principal, or the compliance coordinator. Complaints by a student should be addressed to the building principal or the compliance coordinator. Complaints by any other person alleging discrimination should be addressed to the building administrator or the compliance coordinator. Formal complaints about discrimination will be resolved through the following complaint procedure:

A formal complaint should be filed in writing and contain the name and address of the person filing the complaint. The complaint should briefly describe the alleged violation. If an individual does not wish to file a written complaint and the matter has not been adequately resolved, the building principal may initiate the complaint. Forms for filing written complaints are available in each building office and the central office.

A complaint should be filed as soon as possible after the conduct occurs, but not later than 180 days after the complainant becomes aware of the alleged violation, unless the conduct forming the basis for the complaint is ongoing.

If appropriate, an investigation shall follow the filing of the complaint. If the complaint is against the superintendent, the board shall appoint an investigating officer. In other instances, the investigation shall be conducted by the building principal, the compliance coordinator, or another individual appointed by the board. The investigation shall be informal but thorough. All interested persons, including the complainant and the person against whom the complaint is lodged, will be afforded an opportunity to submit written or oral evidence relevant to the complaint.

A written determination of the complaint's validity and a description of the resolution shall be issued by the investigator, and a copy forwarded to the complainant no later than 30 days after the filing of the complaint. If the investigation results in a recommendation that a student be suspended or expelled, procedures outlined in board policy and state law governing student suspension and expulsion will be followed. If the investigation results in a recommendation that an employee be suspended without pay or terminated, procedures outlined in board policy, the negotiated agreement or state law will be followed.

Records relating to complaints filed and their resolution shall be forwarded to and maintained in a confidential manner by the district compliance coordinator.

The complainant may appeal the determination of the complaint. Appeals shall be heard by the district compliance coordinator, a hearing officer appointed by the board, or the board itself as determined by the board. The request to appeal the resolution shall be made within 20 days after the date of the written resolution of the complaint at the lower level. The appeal officer shall review the evidence gathered by the investigator and the investigator's report, and shall afford the complainant and the person against whom the complaint is filed an opportunity to submit further evidence, orally or in writing, within 10 days after the appeal is filed. The appeal officer will issue a written determination of the complaint's validity and a description of its resolution within 30 work days after the appeal is filed.

Use of this complaint procedure is not a prerequisite to the pursuit of any other remedies.

Wellsville USD 289

Section 504 Due Process Hearing Procedures

Right to Due Process. In the event a parent or guardian [hereinafter “parent”] wishes to contest an action or omission on the part of the District with regard to the identification, evaluation, or placement of a disabled child under §504 of the Rehabilitation Act of 1973 [“§504”], the parent has a right to an impartial hearing before an impartial hearing officer. Omissions on the part of the District with regard to a disabled child might include, for example, the District's failure to identify a child eligible for services under §504. Thus, a child's identification as eligible for services under §504 is not an absolute prerequisite to the right to due process.

Parent Participation & Representation. A parent has the right to participate, speak, and present information at the due process hearing, and to be represented by legal counsel or any other type of advocate or representative of their choice at their expense. If a parent is to be represented by a licensed attorney at the due process hearing, he or she must inform the District's §504 Coordinator and the appointed hearing officer of that fact in writing at least seven (7) calendar days prior to the hearing date. Failure to notify the §504 Coordinator and the appointed hearing officer of that fact in writing shall constitute good cause for a continuance of the hearing date. (*See "Continuances" below*).

Initiation of Due Process Procedures. A parent who wishes to challenge a District's action or omission with regard to the identification, evaluation, or placement of a disabled child must submit a written Request for a Due Process Hearing to the District's §504 Coordinator. Such a written request must make clear that the parent is seeking a due process hearing under §504 before an impartial §504 Hearing Officer. The written request may be made on a form provided by the District for that purpose. If an intent to seek a due process hearing under §504 is not clear from the face of a Request, the District's §504 Coordinator may contact the parent to clarify the Request and ascertain whether the parent wishes to initiate a §504 due process hearing. The Coordinator may also assist the parent in clarifying any questions regarding due process rights under §504. The reasonable time involved in ascertaining whether an ambiguous or unclear Request seeks a due process hearing under §504 shall toll the time lines set forth in these procedures (meaning that such time will not count toward the time line days specified in these procedures). If after such communication, the District is still unsure whether the parent is requesting a due process hearing under §504, the District shall initiate due process procedures, and the appointed Hearing Officer will hold a pre-hearing conference to decide whether the parent is seeking a due process hearing under §504, and whether the Hearing Officer has jurisdiction to entertain the claims and issues raised by the parent. (*See "Pre-Hearing Conferences" below*).

Appointment of a Hearing Officer. Within fifteen (15) days of the date of receipt of a clear Request for a Due Process Hearing, the District will appoint an impartial Hearing Officer to preside over the hearing and issue a decision. The Hearing Officer will be hired by the District as an independent contractor at no expense to the parent. The Hearing Officer shall not be a current employee of the District, and shall not be related to any member of the District's Board of Education . The Hearing Officer need not be an attorney, but shall be familiar with the requirements of §504 and the District's Hearing Procedures under §504. The District's choice of an impartial Hearing Officer is final and may not be made an issue at the due process hearing, since such an issue would not relate to the identification, evaluation, or placement of a disabled child under §504. If a parent disputes the impartiality of the appointed Hearing Officer, he or she may raise such issue in a review of the Hearing Officer's opinion by a court of competent jurisdiction (*See "Review Procedure" below*), or in a complaint to the appropriate Office for Civil Rights regional office (*See "Complaints to the Office for Civil Rights (OCR)" below*).

Scheduling of Hearing. The appointed Hearing Officer shall issue an Order Setting Hearing Date to the parent and the District's §504 Coordinator in writing at his or her earliest opportunity. Such Order shall set a date for a hearing to be held within fifteen (15) days of the date of issuance of the Hearing Officer's Order. The Order shall also set forth a mutually agreeable time and place for the hearing.

Pre-Hearing Conference. The Hearing Officer may also order a Pre-Hearing Conference at which the parent or his or her representative will state and clarify the issues to be addressed at the hearing. The Pre-Hearing Conference can also serve to resolve preliminary matters, clarify jurisdictional issues, and answer the parties' questions regarding the hearing process.

Dismissals. If, after the Pre-Hearing Conference, the Hearing Officer finds that the parent, as a matter of law, alleges and raises no factual claims or legal issues that come within his or her jurisdiction as a §504 Hearing Officer, he or she may dismiss the hearing and issue an order to that effect explaining the bases for such finding.

Continuances. Upon a showing of good cause, the Hearing Officer, at his or her discretion, may grant a continuance of the hearing date and set a new hearing date by issuing a written Amended Order Setting Hearing.

Conduct of Hearing. The hearing shall be conducted in an informal, non-adversarial manner. The parties shall address the Hearing Officer by name (i.e. Mr. or Ms.). The hearing shall be closed or open to the public, at the parent's request. The parties are free to provide the Hearing Officer with information or opinion as to the validity and weight to be given the information presented to him or her. Neither the Federal nor State Rules of Evidence or Civil Procedure, however, will apply. The Hearing Officer is not required to entertain any legal evidentiary objections to the admissibility, authenticity, or probative value of either oral testimony or documentary exhibits offered at the hearing. In the exercise of his or her discretion, however, the Hearing Officer may reasonably limit testimony and introduction of documentary exhibits for reasons of relevance. (*See also "Submission of Documentary Exhibits" below*).

Recording. Instead of a formal written transcript produced by a court reporter, the entire due process hearing will be tape-recorded. The parent may obtain a copy of the tape recording at his or her request. In order for an accurate recording to be made, the parties and witnesses shall introduce themselves at the beginning of their presentations. If a parent proceeds to a review of the due process hearing decision to a court of competent jurisdiction (*See "Review Procedure" below*), the District will prepare a written transcript of the hearing tape recording to be offered to the court as an exhibit.

Witnesses. Witnesses will present their information in narrative form, without the traditional question and answer format of legal proceedings. Cross-examination of witnesses will not be allowed, but a party may request that the Hearing Officer, at his or her discretion, ask a witness a certain question.

Format for Presentations. The parent will present its case first, by making an opening statement which outlines the parent's position on all issues, presenting personally, calling additional witnesses, and making a closing argument. All of the preceding may be done either personally or through counsel, except for personal presentations or statements. At the end of the District's presentation, the Parent may offer a short response to the District's case. The above format is not required, but may be helpful in organizing the presentation of the case to the Hearing Officer.

Submission of Documentary Exhibits. As part of their presentations, the parties may submit any reports, evaluations, correspondence, notes, or any other documents that may support their positions and that the Hearing Officer will admit at his or her discretion. Each separate documentary exhibit submitted to the Hearing Officer by either party must be marked numerically (i.e., Parent 1, Parent 2; District 1, District 2, etc.). The Hearing Officer may, in the exercise of his or her discretion, reasonably limit the number of documents to be submitted for his or her review, as well as the number of witnesses and the length and/or scope of their presentations or statements.

Written Closing, Arguments or Briefs. The parties may submit, at the Hearing Officer's discretion, a written Closing Argument summarizing and characterizing the information presented at the hearing, and providing legal authority in support of their position. Time lines for the submission of Closing Arguments shall be set by the Hearing Officer at the conclusion of the hearing.

Closing of Hearing. At the conclusion of all presentations, the Hearing Officer will close the hearing and set a date for the issuance of the written decision. The Hearing Officer may make an oral ruling at the conclusion of the hearing or take the case under advisement, but must in all cases issue a written opinion addressing and ruling on all issues raised by the Petitioner and indicating what corrective action, if any, the District must take. Formal findings of fact and conclusions of law, however, are not required. Any issue or claim raised by the parent that is left unaddressed by the Hearing Officer in his or her decision will be deemed to have been denied to the parent. The decision must be issued to both parties within fifteen (15) days after the hearing.

Decision Time line. A decision must be issued within forty-five (45) days after the date the Request for a Due Process Hearing is received by the district.

Remedies and Relief. The Hearing Officer must confine his or her orders and rulings to those matters that involve identification, evaluation, or placement of children under §504 and to the provisions of the regulations implementing §504. If a parent has raised issues or claims outside of the areas of identification, evaluation, or placement, that are not within the Hearing Officer's jurisdiction, the Hearing Officer will make appropriate findings to that effect either in the written decision, or at any time prior to the issuance of a decision (for example, at a Pre-Hearing Conference). A Hearing Officer may not award attorneys' fees as a part of relief granted to a parent.

Review Procedure. If not satisfied by the decision of the Hearing Officer, a parent may seek review of the hearing decision in a court of competent jurisdiction, generally the closest federal district court.

Complaints to the Office for Civil Rights (OCR). At any time, a parent may file a complaint with OCR if he or she believes that the District has violated any provision or regulation of §504. The filing of a complaint does not affect the hearing process or the time lines set forth above. OCR addresses §504 complaints separately and independently of the local hearing process, in accordance with the guidelines set forth in OCR's Complaint Resolution Manual.

Wellsville USD 289

A DIAGNOSTIC CHECKLIST FOR READING

Student _____ Date _____
School _____ Teacher _____
Grade _____ Birth Date _____
Student ID # _____

CHECK ALL THAT APPLY

- _____ 1. Child differentiates likenesses and differences of ___ Letters, ___ Words, ___ Sounds.
- _____ 2. Child recognizes letters of the alphabet.
- _____ 3. Child recites alphabet.
- _____ 4. Child produces isolated sounds of letters.
- _____ 5. Child recognizes own name in print.
- _____ 6. Child recognizes color words.
- _____ 7. Child recognizes number words.
- _____ 8. Child recognizes basic sight words at a ___ Primer Level, ___ First Grade Level, ___ Second Grade Level.
- _____ 9. Child recognizes graded vocabulary words in ___ Isolation, ___ Context to a ___ Grade Level.
- _____ 10. Child comprehends and correctly uses ___ Function Words, ___ Color Words, ___ Direction Words, ___ Action Words, ___ Career Words, ___ Curriculum Words.
- _____ 11. Child produces consonant sounds in ___ Initial, ___ Final, ___ Medial Position of Words.
- _____ 12. Child correctly uses long vowel sounds in ___ Isolation, ___ Context of a Word.
- _____ 13. Child correctly uses short vowel sounds in ___ Isolation, ___ Context of a Word.
- _____ 14. Child correctly reads words with inflectional endings and suffixes.
- _____ 15. Child correctly produces ___ Blends, ___ Digraphs, ___ Diphthongs in ___ Isolation, ___ Context of a Word.
- _____ 16. Child formulates hard and soft sounds of C & G in the context of words.
- _____ 17. Child states the number of syllables in a word.
- _____ 18. Child locates main idea in a story.
- _____ 19. Child keeps events in the proper sequence.
- _____ 20. Child follows written directions.
- _____ 21. Child can ___ Draw Logical Conclusions, ___ See Relationships, ___ Predict Outcomes.
- _____ 22. Child reads for a definite purpose ___ For Pleasure, ___ Locate Answer, ___ Obtain General Idea.
- _____ 23. Child can classify items.
- _____ 24. Child utilizes ___ An Index, ___ Dictionary, ___ Encyclopedia, ___ Glossary, ___ Map, ___ Charts.
- _____ 25. Child can alphabetize to the ___ letter.
- _____ 26. Child reads with expression.
- _____ 27. Child reads fluently.
- _____ 28. Child comprehends material ___ Orally, ___ Silently, ___ Read Aloud By Another.

A DIAGNOSTIC CHECKLIST FOR WRITTEN LANGUAGE

Student _____ Date _____
School _____ Student ID # _____
Grade _____ Birth Date _____

CHECK ALL THAT APPLY

- _____ 1. Writes own first name from memory.
- _____ 2. Copies words, phrases and sentences from charts, books and other sources.
- _____ 3. Adds "s" to form a plural.
- _____ 4. Writes correctly spelled, short familiar words (mostly nouns) from memory.
- _____ 5. Given sentences with no capital letters, writes the sentences putting in capital letters for the first word of the sentence.
- _____ 6. Given two questions and two telling sentences with no punctuation, child can put a period or a question mark after the appropriate ones.
- _____ 7. Uses "ing" to form new words when given the written root word.
- _____ 8. Given scrambled words, unscrambles and writes correctly.
- _____ 9. Writes capital letters in alphabetical order.
- _____ 10. Correctly and legibly writes ____ of the 26 upper case letters in (circle one) manuscript/cursive writing.
- _____ 11. Correctly and legibly writes ____ of the 26 lower case letters in (circle one) manuscript/cursive writing.
- _____ 12. Uses commas correctly in writing dates.
- _____ 13. Can correctly capitalize proper names and titles.
- _____ 14. Uses periods at the end of abbreviations.
- _____ 15. Writes an indented paragraph of at least three sentences.
- _____ 16. Capitalizes days and months.
- _____ 17. Is able to correctly write and punctuate today's date.
- _____ 18. When presented with a simple form requesting personal data, the student will correctly and legibly address the envelope, using his/her own address as the return address.
- _____ 19. Is able to form the written mutation plurals (men, feet, mice, children, deer) when given the singular written form.
- _____ 20. Given lined paper and pencil, can write a simple friendly letter, including date, greeting, at least two sentences and signature.
- _____ 21. Can write a simple report using correct grammar.
- _____ 22. When given two words which may be combined to form a contraction, student writes the correct contraction.
- _____ 23. Student writes a paragraph, using a topic sentence which is supported and developed by the other sentences in the paragraph.
- _____ 24. When presented with a selection to be copied in manuscript or cursive writing, student will produce legible writing samples.
- _____ 25. When presented with list of spelling words introduced in his/her spelling text, student will correctly spell 90% of the words.
- _____ 26. When presented with 10 written sentences in which capitalization has been omitted, the student will demonstrate command of five capitalization skills.
- _____ 27. When presented with 10 written sentences in which punctuation has been omitted the student will demonstrate command of five punctuation skills.
- _____ 28. When presented with a short passage containing at least one word of all eight parts of speech, the student will identify the words for four parts of speech (nouns, pronouns, verbs and adjectives).
- _____ 29. Can alphabetize letters.
- _____ 30. Can use a dictionary.

A DIAGNOSTIC CHECKLIST FOR MATHEMATICS

Student _____ Date _____
School _____ Teacher _____
Grade _____ Birth Date _____
Student I D # _____

CHECK ALL THAT APPLY

- _____ 1. Child recognizes numbers ___ 0 to 10, ___ Higher.
- _____ 2. Child rote counts to ___ 10, ___ 20, ___ 100, ___ Higher.
- _____ 3. Child writes numbers to ___ 10, ___ 20, ___ 100, ___ Higher.
- _____ 4. Child matches numbers to amounts.
- _____ 5. Child recognizes ordinal position ___ First to Fifth, ___ Fifth to Tenth, ___ Higher.
- _____ 6. Child knows addition facts ___ 0 to 9, ___ 10 to 18.
- _____ 7. Child knows subtraction facts ___ 0 to 9, ___ 10 to 18.
- _____ 8. Child knows multiplication facts ___ 0 to 5, ___ 6 to 12.
- _____ 9. Child knows division facts.
- _____ 10. Child knows place value ___ Ones, ___ Tens, ___ Hundreds, ___ Thousands.
- _____ 11. Child computes addition problems ___ Without, ___ With Regrouping Up To ___ 2 digits, ___ 3 digits, ___ 4 digits.
- _____ 12. Child computes subtraction problems ___ Without, ___ With Regrouping Up To ___ 2 digits ___ 3 digits, ___ 4 digits.
- _____ 13. Child computes multiplication problems ___ Without, ___ With Regrouping Up To ___ 2 digits, ___ 3 digits, ___ 4 digits.
- _____ 14. Child computes division problems ___ Without, ___ With Remainders Up To ___ 2 digits, ___ 3 digits, ___ 4 digits.
- _____ 15. Child estimates ___ Sums, ___ Differences.
- _____ 16. Child computes story problems that require ___ Addition, ___ Subtraction, ___ Multiplication, ___ Division, ___ Mixed Operations.
- _____ 17. Child recognizes and names shapes.
- _____ 18. Child produces corresponding shapes.
- _____ 19. Child lists in sequence ___ Days of the Week, ___ Seasons of the Year, ___ Months of the Year.
- _____ 20. Child identifies coins by ___ Name, ___ Value.
- _____ 21. Child identifies currency by ___ Name, ___ Value.
- _____ 22. Child makes change to ___ \$1.00, ___ \$5.00, ___ \$10.00, ___ Over \$10.00.
- _____ 23. Child tells time to the ___ Hour, ___ Half Hour, ___ Quarter Hour, ___ Minutes.
- _____ 24. Child distinguishes between A.M. and P.M.
- _____ 25. Child solves story problems involving time.
- _____ 26. Child uses a ruler to measure objects to the ___ Inch, ___ Foot, ___ Half Inch, ___ Quarter Inch.
- _____ 27. Child computes fractions with ___ Like Denominators, ___ Unlike Denominators, by: ___ Addition, ___ Subtraction, ___ Multiplication, ___ Division.
- _____ 28. Child computes decimals with ___ Same Place Value, ___ Different Place Value by: ___ Addition, ___ Subtraction, ___ Multiplication, ___ Division.
- _____ 29. Child measures liquids by the ___ Gallon, ___ Half Gallon, ___ Quart, ___ Pint, ___ Cup.
- _____ 30. Child weighs objects to a ___ Pound, ___ Ounce.

A DIAGNOSTIC CHECKLIST FOR SPEECH AND LANGUAGE

Student _____ Date _____
School _____ Teacher _____
Grade _____ Birth Date _____
Student ID # _____

CHECK ALL THAT APPLY

A. Articulation

- _____ 1. Substitutes one sound for another—"tat" for "cat".
- _____ 2. Omits sound(s) in word(s)—"oat" for "goat".
- _____ 3. Distorts sounds.
- _____ 4. Adds unnecessary sounds to words—"happle" for "apple".
- _____ 5. Conversational speech is very difficult to understand.

B. Fluency/Stuttering

- _____ 1. Unusually fast rate of speech, which is difficult to understand.
- _____ 2. Repeats or prolongs sounds, syllables, words and phrases.
- _____ 3. Struggling with speaking (irregular rhythm, breath control, blocking).
- _____ 4. Poor eye contact, eye blinks, body movements, head jerking with diffluent speech.

C. Language

Receptive—Ability to understand/comprehend spoken language.
Expressive—Ability to formulate or construct meaningful spoken language.

Exhibits a combination of the following, not within normal limits.

- _____ 1. Numerous grammatical errors—inappropriate for age or functioning level.
- _____ 2. Unable to follow oral directions appropriately.
- _____ 3. Responds inappropriately to oral questions.
- _____ 4. Difficulty with labeling or categorizing of words.
- _____ 5. Difficulty expressing needs and wants verbally.
- _____ 6. Difficulty retelling stories, events, activities.
- _____ 7. Difficulty focusing on the main idea.
- _____ 8. Cannot make inferences, determine causes, solutions or draw conclusions.

D. Voice

- _____ 1. Pitch too high/too low (inappropriate for age).
- _____ 2. Harsh, hoarse, breathy or nasal quality—not related to colds or allergies.
- _____ 3. Volume too loud/too soft and interferes with communication.
- _____ 4. Any voice patterning that draws attention to itself.

Wellsville USD 289

Observation Form

Student's Name _____ School _____ Birth Date _____

Student I D # _____ Teacher _____ Grade _____ Type of Placement _____

Observer _____ Title _____

Date _____ Time _____ to _____

RATING OF OBSERVED BEHAVIOR

	Strong	Satisfactory	Weak
	+	O	—
Orientation and Organization			
Appears to Understand Assignment			
Follows Directions			
Organizes Material			
Works Neatly			
Comes to Class Prepared			
Attention			
Stays on Task			
Completes Assignments			
Participates			
Cooperates			
Socialization			
Interacts Appropriately with Peers			
Interacts Appropriately with Adults			
Shares Teacher's Attention			
Follows Rules			
Displays Age-Appropriate Behavior			
Skills			
Coordination			
Listening			
Speaking			
Reading			
Writing			
Thinking			

Identified Section 504 Student

(Permanent Folder Card)

Name: _____

Student ID# _____

Date of Birth: _____

Date of Identification: _____

Date of Initial Evaluation: _____

Location of Section 504 File: _____