



Muskegon Heights
Public School Academy
504 Plan



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Section 504 Overview

Section 504 of the Rehabilitation Act of 1973 is a federal law that prohibits discrimination against persons with disabilities. The law provides:

No otherwise qualified individual with a disability...shall solely because of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance....

29 U. S. C. § 794

Section 504 is based on the principle that students with disabilities shall not be denied access to educational facilities, programs, and opportunities based on their disability.

For a student to qualify for Section 504 protection, the student must (1) have a mental or physical impairment, (2) substantially limit (3) one or more major life activities. All three criteria must be met before the student is eligible for Section 504 protection.

Section 504 requires that the School District offer a Free Appropriate Public Education (FAPE) to each eligible student with a physical or mental impairment substantially limiting a major life activity. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services that are designed to meet the student's individual educational needs as adequately as the needs of non-disabled students, and under Section 504 requirements about the educational setting, evaluation, placement, and procedural safeguards. The FAPE obligation extends to all students described in this paragraph, regardless of the nature or severity of their disability.



Definition of Terms:

Section 504

FREE APPROPRIATE PUBLIC EDUCATION (FAPE) – A free appropriate public education is the provision of regular or special education and related aids and services designed to meet the individual educational needs of disabled persons as adequately as the needs of non-disabled persons are met.

Individual with a disability – An individual with a disability is a person who:

1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities;
2. Has a record of such impairment; or,
3. Is regarded as having such impairment.

MAJOR LIFE ACTIVITIES – A major life activity includes, but is not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Major life activities include standing, lifting, bending, reading, concentrating, thinking, and communicating. The term also includes the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

PHYSICAL OR MENTAL IMPAIRMENT – a physical or mental impairment is:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
2. Any mental or psychological disorder such as cognitive impairment, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

SUBSTANTIAL LIMITS – A student who has a physical or mental impairment that substantially limits a major life activity may be found to have a disability under Section 504. This determination is made on a case-by-case basis.

Except for ordinary eyeglasses or contact lenses, the effects of mitigating measures (e.g., medications, prosthetics, hearing aids, etc.) may not be considered when assessing whether a student has an impairment that substantially limits a major life activity. To the extent feasible, only the impairment's impact on a major life activity without mitigating measures may be considered when determining whether the disability substantially limits a major life activity.

If a student has an episodic or in remission impairment, the School District must consider whether the impairment, when active, would substantially limit a major life activity. If so, then the student meets the definition of a student with a disability.



Policy of Non-Discrimination

It is the responsibility of the local school district and Board of Education to adopt a policy of non-discrimination such that no otherwise qualified student with a disability shall be excluded from participation in, denied the benefits of, or be subjected to discrimination solely based on his/her disability in any program or activity conducted by the school district.

It is the responsibility of the local school district and Board of Education to identify, evaluate, and provide free appropriate public education to each qualified student with a disability within its jurisdiction, regardless of the nature or severity of the disability.

A grievance procedure must be established for addressing complaints of discrimination based on disability. A description of this procedure and other relevant information may be obtained by contacting the school district's Section 504 Coordinator or the office of the Superintendent.

The school district may appoint a designee as the District Section 504 Coordinator. The building-level administrator is ultimately responsible for implementing plans by the appropriate staff who work with the student.

Case Conference Committee

The School District attempts to identify and locate every student residing in the District who may be a student with a disability under Section 504, regardless of whether he or she is currently receiving a public education. The School District will notify those students and their parents of their rights under Section 504.

The School District may satisfy the Section 504 notification obligation by advertising, posting notices in places likely to be visited by qualified students with disabilities and their parents, including notices in School District publications and on its website, and by directly contacting parents of students the School District believes may be eligible.

The School District will also ensure that the information in its Section 504 notices is written in a manner that would reasonably be easily understandable to a parent. The notices will contain the name and contact information of the School District's Section 504 coordinator.

A parent has a right to refuse to provide consent for evaluation or for services or to not respond to district requests. In these circumstances, the district has the option, but not the obligation, to pursue the Section 504 evaluation by using due process. The district is not relieved of duties to identify, locate, and evaluate all children with disabilities, including those children whose parents revoked services. Case Conference Committee is an ongoing process; expectations are that children whose parents revoke consent will be identified, located, and offered an evaluation in the same manner as any other child if the child is suspected of having a disability and needing services.



Multi-Tiered System of Supports and Student Study Team Strategies

Many schools are using a Multi-Tiered System of Support (MTSS) as a systematic procedure to provide supplemental and individualized instruction to address needs in foundational basic skills. Student progress is closely monitored with adjustments in instructional interventions based on student learning rates. Parents must be informed of the data used to measure student progress, the strategies used with their child, and their rights to request an evaluation at any time.

Some schools utilize a Student Study Team process in which individualized strategies are offered to the parents and teachers of students experiencing difficulties in school. Classrooms are naturally multi-tiered and multi-skilled environments. The implementation of personalized strategies helps teachers to be more intentional in the possible instructional and behavioral methodologies and expectations, and, by so doing, (1) Assist teachers with students who present a wide variety of educational and behavioral needs and (2) Strengthens educational opportunities within the general education program.

It must be emphasized that the MTSS or Student Study Team procedures are not intended to impede any necessary referrals for consideration of eligibility under the Individuals with Disabilities Education Act (IDEA) or Section 504. If, at any time, a teacher, counselor, administrator, or other professional staff member suspects that the student's difficulties are attributable to a disability, the student should be referred for an evaluation. Suppose a parent/guardian at any time requests an evaluation. In that case, the School District must either honor that request or notify the parent/guardian of his/her due process rights and the IDEA or Section 504, as applicable.

Parental Rights

Section 504 guarantees certain rights to parents of students with disabilities. These procedural protections intend to keep the parent/guardian fully informed concerning educational decisions about their child and to inform the parent/guardian of their rights if they disagree with any of these decisions. At age 18, these rights transfer to the student. The Notification of Parent Rights (Form H) should be used every time you plan to meet for purposes of Section 504 evaluation, plan development, or change in programs. Use the Parent Invitation to Section 504 Meeting (Form G) to document your invitation.



The Section 504 Process

The Section 504 Process consists of four steps: (1) Referral, (2) Evaluation, (3) Eligibility Determination, and (4) the Section 504 Plan. For eligible students with a plan, the district must also provide regular reviews of the plan, reviews to support changes in the program and transitions across grade levels and conduct re-determination evaluations.

A parent, staff member, or student may refer to the school. The school district must conduct a timely evaluation to determine the student's eligibility under Section 504. From the date a referral request is received, thirty (30) school days is recommended for completion of the identification, evaluation, and, if necessary, development of a Section 504 Plan for each student referred under the School District's Section 504 policy.

The determination of eligibility is based on the evaluation and is a team decision that includes persons knowledgeable of the student, the evaluation findings, and the meaning of the data. If determined to be eligible, an appropriate plan is developed and implemented. The school district will be responsible for the implementation of the plan and to provide regular review of the appropriateness of the plan. A Section 504 plan may be revised or discontinued at any time. The plan should be reviewed at least annually and updated, as needed, based on changes in student status and the context at school. A Section 504 plan review is also necessary when a program, building assignment, or staff changes. A 504 plan may be discontinued with proper notice, evaluation, and review.

Referral

A student who, because of a suspected mental or physical impairment, is believed to need accommodations or educational services under Section 504 may be formally referred by a parent, teacher, other certified school employee(s), or the adult-aged student himself/herself. The referral process involves proper documentation of the presenting concerns, notice to parents, consent, and notice of procedural safeguards. Parents are to be provided copies of referral and consent forms and allowed to clarify terms, timelines, and procedural safeguards.



Evaluation

A determination of Section 504 eligibility (i.e., a physical or mental impairment that substantially limits a major life activity within the school environment) must be based on a multi-source evaluation. The evaluation procedures to be followed may, but need not, include all of those that are followed in evaluating students under the Individuals with Disabilities Education Act ("IDEA"). The nature and extent of the information needed to make a Section 504 eligibility decision is determined case-by-case by a group of persons knowledgeable about the student and the meaning of evaluation data.

The evaluation process should begin with thoroughly reviewing the student's educational records. Evaluation standards require that assessments are (1) used for the purposes they were developed; (2) administered by qualified personnel; (3) tailored to assess the specific area of concern and not to provide a global ability score; and (4) selected and administered to ensure the test accurately reflects the student's abilities rather than reflecting the impairment. The following sources of information may be considered as appropriate evaluation methods:

- Observations of the student
- Standardized tests or other assessments by school staff
- Parent/Student/Teacher interviews
- Behavior rating scales or other checklists
- Pertinent medical information
- Information provided by the parent

If a student is suspected of having a physical impairment and the School District does not already have a current diagnosis documented by a physician, input from a physician may be sought as part of the evaluation process. Please note that a diagnosis of a physical or mental impairment does not, in and of itself, determine eligibility under Section 504. As mentioned above, there must also be separate findings that the impairment substantially limits a major life activity.

Medical evaluations are NOT required under Section 504. The school district may NOT require the parent to provide medical information or evaluation. If the evaluation team determines a medical evaluation is necessary, the district must pay for it. Letter to Veir, 20 IDELR 864 (OCR, 1993).



Eligibility Determination

A group should make the eligibility determination of persons knowledgeable about the student, the meaning of the evaluation data, and placement options. The school should form a team to evaluate, determine eligibility, and develop a plan for the eligible student. Appropriate team members may include the classroom teacher, instructional resource teachers, and appropriate related services staff, if needed. Use the Parent Invitation to Section 504 meeting (Form G), the Notification of Parent Rights (Form H), and the Parent Consent for Section 504 Evaluation (Form I). Additional considerations are offered to assist the district in making appropriate eligibility determinations.

SUBSTANTIAL LIMITATION: The Office for Civil Rights (OCR) does not endorse a single formula or scale that measures substantial limitation. See *Protecting Students with Disabilities: Frequently Asked Questions about Section 504 and the Education of Children with Disabilities* (March 2009). The determination must be made on a case-by-case basis concerning the individual student. The standard for determining a substantial limitation is broad and typically references access to participate and to fulfill the expectations of the non-disabled students.

MAJOR LIFE ACTIVITIES: Some individuals interpret this to mean that a student must have a substantial limitation in the area of learning to be eligible under Section 504 and use this criterion to exclude students from eligibility. This would be an oversimplified understanding of this provision in the law. A student may have a disability that in no way affects their ability to learn, yet they may need extra help to access learning—letter to McKethan, 23 IDELR 504 (OCR 1995). Physical or mental impairments may substantially limit major life activities other than learning that interfere with the student's ability to access and benefit from the school's programs and activities.

MITIGATING FACTORS: In the past, school districts were allowed to consider a student's use of mitigating measures, such as medications, in determining if the impairment substantially limited a major life activity. Since revisions in the law occurred in 2009, such factors cannot be considered when making disability determinations. The determination of eligibility and the plan must be developed independent of mitigating measures. Consider how the student would access and benefit from instruction were the mitigating factors not available.

EPISODIC OR IN REMISSION DISABILITIES: An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. A temporary injury or illness of less than six months is not regarded as an impairment that substantially limits a major life activity.



Section 504 Plan

Where a student is found to be eligible, a Section 504 Plan will be developed. The building Section 504 Team, which includes the parents, will be responsible for determining the special accommodations and services needed to ensure that the student receives a free appropriate education. The Plan will specify how services will be provided and by whom. See Form J for the Section 504 Plan.

The Building Administrator shall sign the Section 504 Plan. Before implementation, a copy of the Plan shall be provided to the parent(s)/guardian(s), which indicates the School District's intent to implement the plan. Parents must always be provided a copy of the Notification of Parental Rights (Form H).

If a Section 504 Plan is developed for a student, only school personnel with implementation responsibilities shall be informed of the existence and particulars of the plan. Staff should be informed of the contents of the plan when the plan is created, revised, and at points of transition, including transfers between buildings or changes in schedule, staff, or program.

Annual Review

The teacher or other person(s) designated by the Section 504 Team shall monitor the student's progress and the effectiveness of the student's plan. The teacher or other designated person will meet with the parent(s) at least annually to determine whether the Section 504 Plan continues to be appropriate or whether any changes are thought to be necessary. A Section 504 team meeting will be convened at any time to review the changes in student needs or other appropriate concerns.

Reevaluation

A multi-source evaluation should be completed periodically to re-determine eligibility under Section 504 and before any significant changes are made in the Section 504 Plan. A school district shall not require outside evaluations or examinations as a condition of eligibility or plan continuance. Medical evaluations are NOT required under Section 504. The school district may NOT require the parent to provide medical information or evaluation. If the evaluation team determines a necessary medical evaluation, the district must pay for it. Letter to Veir, 20 IDELR 864 (OCR, 1993).



Suspension and Expulsion of Students Served Under Section 504

Students eligible under Section 504 have certain additional protections when charged with violating the Code of Student Conduct, which may result in a suspension or expulsion. Similar to the suspension or expulsion of a student with a disability under the IDEA, it is necessary to conduct a manifestation determination review for a Section 504 disabled student when:

- The suspension or expulsion will be for more than ten (10) consecutive school days. As is true under IDEA, a suspension/expulsion of more than ten (10) consecutive days constitutes a significant change in placement. It requires the School District to determine if the cause of the behavior is the disability identified in the student's Section 504 plan.
- A series of suspensions that total more than ten (10) school days in a school year may create a pattern of exclusion. If cumulative suspensions/expulsions for a student on a Section 504 Plan total more than ten (10) school days in a school year, it must be determined if a significant placement change has occurred. This decision is made on a case-by-case basis. Suppose a group of short suspensions creates a pattern of exclusion. In that case, this constitutes a change in placement and the School District must conduct a manifestation determination meeting before further suspensions or expulsions occur. The Office for Civil Rights has identified some of the key factors in determining the existence of a pattern of exclusion; these include the length of each suspension, the proximity of one suspension to another, the similar or dissimilar nature of the behavior, and the total amount of time the student is excluded from school.

Section 504 allows a student to be disciplined without going through the manifestation determination review process, where the student is charged with and found to be engaging in the illegal use of drugs or alcohol in violation of the School Code.

The manifestation determination process will determine if the violation was due to the student's disability. The review must also consider the appropriateness of the student's plan of supports and services under Section 504. Appropriate actions should include consideration for a referral for IDEA evaluation when the manifestation determines the behavior is likely related to the disability. In situations where the student committed an infraction leading to state-mandated removal from school, the review process must consider the obligations to provide FAPE under IDEA.

In situations where the manifestation determination process determines the behavior is NOT related to the disability, the student will be given the same treatment or sanctions as the nondisabled students, consistent with the school district Code of Student Conduct and local district policy. The provisions of FAPE do not apply during the period of discipline or removal from school. The student may apply for reinstatement following the same policy as non-disabled peers.



Complaints & Grievances

A person who believes that the School District has discriminated against him/her based on his/her disability may pursue a grievance/complaint through the School District's Grievance/Complaint Procedure (Form M).

Grievance and Impartial Due Process Procedures must include procedural safeguards notification to parents. A parent may request an impartial due process hearing at any time and should be notified of this right. While the school district must also offer a process for addressing complaints and grievances, the parent should not be delayed or denied in their exercise of due process.

The complaint or grievance process is outlined below:

1. The grievance process starts with a meeting at the building level to review concerns and consider possible immediate solutions. The meeting should occur in a reasonable timeframe. The building administrator should meet with parents to discuss concerns and attempt to resolve the issues. Suggested meeting participants may include Parents, Staff involved with the student's 504 plan, and the Building Administrator. The meeting outcomes should be summarized and shared with the parent and District Section 504 Coordinator.
2. If the issue is not resolved satisfactorily, the parent should file a written grievance with the District 504 Coordinator.
3. The District Section 504 Coordinator will investigate the concern and prepare a written summary of findings and recommendations.
4. Upon parent and district review of recommendations, the parent and district, by mutual agreement, may enter a facilitation meeting to reconcile any concerns that cannot be resolved through the recommended course of action.
5. If the issue does not reach a satisfactory resolution, the parent may request an impartial due process hearing through the District Section 504 Coordinator or office of the Superintendent.
6. The school district will appoint an impartial hearing officer.
7. The impartial hearing officer will conduct an evaluation and make written recommendations.
8. If the due process hearing does not resolve the issue, the parent may file a complaint with the OCR.

Office for Civil Rights
Cleveland, Ohio
US Dept of Education
600 Superior Avenue East, Suite 750
Cleveland, Ohio 44114



Impartial Due Process Hearings

Parents or persons in a parental relationship who disagree with the identification, evaluation, placement, or provision of a free appropriate public education for a disabled student have the right to request an impartial due process hearing. A request for a Section 504 due process hearing must be made to the School District Section 504 Coordinator. Upon receipt of such a request, the School District will make necessary arrangements, including the selection of a hearing officer. A hearing may not be conducted by a person who is an employee of the School District or by anyone with a personal or professional interest that would conflict with his or her objectivity in the hearing. For assistance in identifying an appropriate hearing officer, the district may begin by contacting legal counsel. See the Sample Section 504 Due Process Hearing Request Form (Form N).

ANY PARTY TO A HEARING HAS THE RIGHT TO:

- Be accompanied and advised by counsel and by individuals with special knowledge or training concerning the problems of children with disabilities;
- Present evidence and confront, cross-examine, and compel the attendance of witnesses;
- Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five days before the hearing;
- Request that the hearing officer bar as evidence any evaluation or recommendation completed but not disclosed to the other party at least five business days before the hearing;
- Obtain a written or electronic verbatim record of the hearing or obtain alternate forms of the verbatim record to be provided in the parent's native language and
- Obtain written or electronic findings of fact and decisions.

THE SCHOOL DISTRICT WILL ADHERE TO THE FOLLOWING TIMEFRAMES IN THE EVENT OF A REQUEST FOR A DUE PROCESS HEARING:

- A hearing will be scheduled not less than fifteen (15) nor more than thirty (30) calendar days following receipt of a written request from the parent.
- The Hearing Officer will, not later than thirty (30) calendar days after the hearing, do both of the following:
 - Reach a final decision regarding the matter; and
 - Send a written copy of the decision to each party.
- In the absence of an appeal, the decision of the Hearing Officer will be implemented by the School District within fifteen (15) calendar days of the School District's receipt of the decision.



Section 504 Toolkit:

Sample Forms



**Form A**

Muskegon Heights

MUSKEGON HEIGHTS SECTION 504 COORDINATOR TO-DO LIST

- Become knowledgeable and current in the requirements of Section 504
- Review Board of Education Policy on Section 504
- Develop and maintain current District Procedures under Section 504
- Satisfy Section 504 Case Conference Committee notification obligations
- Provide training to building principals on Section 504 process and requirements
- Train building principals on the implementation of Section 504
- Provide information and training to staff on Section 504 requirements
- Review district grievance and complaint procedures under Section 504
- Investigate complaints
- Train building principals on discipline suspension and expulsion requirements under Section 504
- Train building principals on district procedure for Manifestation Determination Review under Section 504





Muskegon Heights

BUILDING PRINCIPAL SECTION 504 TO-DO LIST

GENERAL ROLES AND RESPONSIBILITIES

- Become knowledgeable and current in the requirements of Section 504
- Review Board of Education Policy on Section 504
- Know District Procedures under Section 504
- Provide information and training to staff on Section 504 requirements
- Coordinate scheduling of Section 504 meetings
- Comply with district procedures and timelines for the Section 504 process
- Provide for the physical accommodations required to prevent discrimination under Section 504
- Provide for the supports, services, technology, and modifications as defined in the student Section 504 Plan
- Provide accommodation in scheduling to ensure access for the student with a disability according to the Section 504 Plan
- Provide training of appropriate staff on health, medication, or behavior management
- Ensure implementation of the Section 504 Plan
- Provide documentation of the timely implementation of the district Section 504 process
- Communicate with the District Section 504 Coordinator

STEPS TO TAKE SECTION 504 INITIAL REFERRAL

- Provide notice of referral to parent within a reasonable timeline (Recommend 10 days)
- Arrange for appropriate staff to attend a team meeting to review the evaluation request
- Obtain or direct staff to obtain parent consent for the Section 504 evaluation
- Obtain or direct staff to obtain the release of information
- Note: Parent release of medical or other records is not a condition for ineligibility, refusal of service, or renewal of service
- Provide notice to the parent of due process rights with the consent
- Schedule a meeting to determine Section 504 eligibility and plan within 30 school days of consent for evaluation

**Form B**

- Provide notice to the parent of due process rights at eligibility determination and Section 504 plan development/review
- Arrange for the provision of the supports, services, technology, or modifications as defined in the student Section 504 Plan
- Contact the District Section 504 Coordinator if the parent disagrees with a school recommendation, requests a grievance/complaint, or requests a due process hearing

STEPS TO TAKE WITH SECTION 504 ANNUAL REVIEW OR TRANSITION OR CHANGE IN PROGRAM

- Provide notice to parents of Section 504 meeting
- Arrange for the appropriate staff to attend sending and receiving schools
- Provide parents notice of due process rights
- Review and revise the plan as appropriate to the supports, services, and modifications required to prevent discrimination and create access to participate as non-disabled peers
- Note: A Review meeting may lead to the discontinuance of a Section 504 Plan if appropriate documentation of student progress, change in student status, or change in program supports a decision to discontinue the Section 504 Plan
- Arrange for the provision of the supports, services, technology, or modifications as defined in the student Section 504 Plan
- Contact the District Section 504 Coordinator if the parent disagrees with a school recommendation, requests a grievance/complaint, or requests a due process hearing

STEPS TO TAKE WITH SECTION 504 RE-EVALUATION (3 YEARS)

- Provide notice to parents of meeting to discuss re-evaluation
- Provide parents notice of due process rights
- Obtain or direct staff to obtain parent consent for the Section 504 evaluation
- Note: If the parent refuses to consent to the evaluation, the school district may proceed to conduct a Re-Evaluation meeting
- Arrange for the appropriate staff to conduct the evaluation and collect relevant data
- Obtain or direct staff to obtain release of information, if needed
- Note: Parent release of medical or other records is not a condition for refusal of service or renewal of service
- Schedule release of staff to participate in Re-evaluation meeting and Plan Review
- Contact the District Section 504 Coordinator if the parent disagrees with a school recommendation, requests a grievance/complaint, or requests a due process hearing



STEPS TO TAKE WITH SECTION 504 MANIFESTATION DETERMINATIONS

- Track the number of student removals from school
- Plan Manifestation Determination Review meeting at 10 removals
- Provide notice to parents of meeting to discuss Manifestation Determination
- Provide parents notice of due process rights
- Arrange for the appropriate staff to conduct the evaluation and collect relevant data
- Obtain or direct staff to obtain release of information, if needed
- Note: Parent release of medical or other records is not a condition for refusal of service or renewal of service
- Schedule release of staff to participate in Manifestation Determination meeting
- If the disability is related to behavior, contact the Director of Special Education to consider referral for special education evaluation under IDEA
- If the disability is related to the behavior, FAPE must be continued during the period of suspension/expulsion, similar to the requirements of IDEA. Make arrangements to continue supports and services
- If the disability is not related to behavior, proceed to implement punishment and sanctions in the same manner as for non-disabled students and by District Code of Conduct and State School Code
- Contact the District Section 504 Coordinator if the parent disagrees with a school recommendation, requests a grievance/complaint, or requests a due process hearing

STEPS TO TAKE WHEN STUDENT ENROLLS WITH SECTION 504 PLAN

- Assemble a team of persons knowledgeable about the data, options, and appropriateness of the plan
- Provide the parent notice of the Section 504 Review meeting
- Provide the parent notice of due process rights
- Review the existing Section 504 Plan and supporting documentation from the previous district
- If the team agrees with the Section 504 Plan, implement the plan as written
- If the team questions the plan, the school must evaluate to determine the appropriate educational program for the student



Muskegon Heights

MUSKEGON DISTRICT SECTION 504 COORDINATOR TO-DO LIST

GENERAL ROLES AND RESPONSIBILITIES

- Become knowledgeable and current in the requirements of Section 504
- Attend training on Section 504 requirements
- Comply with district procedures and timelines for the Section 504 process
- Provide relevant observations and progress data at Section 504 meetings
- Follow the Section 504 Plan, which may include:
 - Supports, services, technology, physical accommodations, modifications, accommodation in scheduling, testing, or instruction to ensure access for the student with a disability according to the Section 504 Plan
- Train on medical/health management when required by the individual plan
- Document implementation of Section 504 Plan
- Communicate with the Building Principal on district procedural or implementation issues

STEPS TO TAKE SECTION 504 INITIAL

- Contact the Building Principal to refer a student for Section 504
- Immediately contact the Building Principal if a parent contacts you and requests Section 504
- Cooperate with scheduling of meetings
- Record student classroom behaviors and progress according to district procedure
- Report student behavior and progress in Section 504 meetings
- Contribute recommendations to Plan development regarding appropriate supports, services, modifications, technology, or accommodations to prevent discrimination and create access to benefit from instruction as non-disabled peers
- Attend training on special management such as health, medication, or behavior



Form C

- Document communication with student or parent regarding the Section 504 eligibility or plan
- Maintain a record of student behavior or progress and plan implementation
- Report concerns to the Building Principal

STEPS TO TAKE EXISTING SECTION 504 PLAN

- Review the existing Section 504 Plan
- Request a Section 504 meeting to discuss revisions to the plan if needed
- Record student classroom behaviors and progress according to district procedure
- Report student behavior and progress in Section 504 meetings
- Contribute recommendations to Plan development regarding appropriate supports, services, modifications, technology, or accommodations to prevent discrimination and create access to benefit from instruction as non-disabled peers
- Attend training on special management such as health, medication, or behavior
- Document communication with student or parent regarding the Section 504 eligibility or plan
- Maintain a record of student behavior or progress and plan implementation
- Report concerns to the Building Principal





Form D

Communication Log

Student: _____ Parent: _____

Home Phone: _____ Work Phone: _____

Other Contact: _____

Contacted Person	Date	Notes	Contacted By



Muskegon Heights:

SECTION 504 REFERRAL

Student's Name _____ Grade _____ Date _____

School _____ DOB: _____ Sex M F

Parent(s) _____ Home Phone _____ Work Phone _____

Interpreter needed for parents? Yes No

Reason for Referral

Staff Recommendation Intervention Team Parent Other

There is reasonable cause to suspect that this student has a handicap, which substantially limits one or more of the following major life activities:

- Learning Social Emotional/Behavioral Communication
- Health Vision Hearing
- Motor/Movement Self-Help Skills Other

Prior Referrals: _____ Intervention Team (Attach copy of Referral, Action Plan, and Data)

_____ IEP (Attach copy of Referral, MET Summary, and IEP, Page 1)

If Intervention or IEPT information is attached, please sign and date this form at the bottom. If not, please complete the following section.

Presenting Concern

Describe the presenting concern.

Referred by: _____ Relationship to Child: _____

Principal: _____ Date: _____



Muskegon Heights:

Section 504 Information Review

Review date: _____

Student's Name: _____ Birth Date: _____ Sex: _____ Grade: _____

Parent's Name: _____ Phone: _____ Phone: _____

Parent's Address: _____

Circle:

IEP: yes no **504 Plan:** yes no **ELL:** yes no Interpreter for Parents: _____

Meeting Participants and Attendance

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

Building 504 Coordinator

Parent/Guardian

Teacher of Record

Parent/Guardian

Teacher of Record

Student

Other

Other

Parent Input: _____

Staff Input: _____

Student Input: _____



Section 504 Information Review

1. Current Concern: A Section 504 eligible student exhibits a physical or mental impairment that substantially limits one or more major life activities.

a. The suspected physical or mental impairment is in the area of:

b. Perception of limitation in major life activity:

Use this tool to review and make comment as to the extent to which the physical or mental impairment presents as a substantial limitation of major life activity. The rating may be based on information provided in interview, existing evaluation data, or observation.

Standards for Defining a Substantial Limitation

- **Normal Expectation:** Student participation and/or functioning is within normal expectation when compared to non-disabled peers.
- **Accessible Functioning:** Some limitation of participation or functioning but student is able to meet expectations of non-disabled peers with differentiation and/or typical accommodations.
- **Substantial Limitation:** The condition prevents the individual from participation in or functioning at expectation of non-disabled peers.

Major Life Activity Area	Comments:
Learning	
Social/Emotional/Behavior	
Communication	
Health	
Vision	
Hearing	
Motor Movement	
Self-Help Skills	
Other:	



Form F

c. Are the student's activities disrupted on a chronic or intermittent basis?

Chronic interference of activity

Intermittent disruption of activity

Describe: _____

2. Other Exclusionary Considerations: Please identify other or additional factors that may distinguish presenting concerns.

Second Language Learning

Substance Use/Abuse

Vision corrected with glasses

Hearing corrected with aides

Physical injury (less than 6 months)

Social issues

College entrance exam

Court-ordered school attendance Truancy

3. Attendance: Identify number of days absent at each grade level:

Kdg. 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Identify any absence patterns _____

Grades repeated (indicate which grades): _____

Factors affecting school attendance _____



Form F

- 4. If data are available, list the past three years of academic achievement scores. Attach appropriate documentation. (Suggested data sources may include: CLASSA, DRA, Aimsweb, NWEA, STAR, Other Standardized Tests.)

		State Assessment	District Assessment	Classroom Assessment
Reading	Test/Date			
	Test/Date			
	Test/Date			
Math	Test/Date			
	Test/Date			
	Test/Date			
Writing	Test/Date			
	Test/Date			
	Test/Date			

- 5. Describe concerns regarding student pattern of achievement.

- 6. List any individual evaluations that have been conducted:

Type of Evaluation/Evaluator	Date	Recommendations	Action Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Form F

7. Disciplinary actions for current year and last year:

	Current Year	Last Year	Comment
# Days In-school suspension:	_____	_____	_____
# Days Out-of-school suspension:	_____	_____	_____

8. List student involvement with other agencies (state agencies, medical, counseling, courts):

Agency	Date	Service Summary
--------	------	-----------------

9. List any identified health factors which may contribute to student's school problems:

Condition	Diagnosed By	Date	Impact
-----------	--------------	------	--------

Current Medications	Dosage	Reason for Medication
---------------------	--------	-----------------------

10. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; 504 Plan; IEP):

Instructional/Behavioral Intervention	Date Begun/Ended	Outcome
_____	_____/____	_____
_____	_____/____	_____
_____	_____/____	_____



Summary:

Section 504 Considerations of Area(s) of Major Life Activities:

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the major life activities when compared to the average student.

- Yes
- No

Recommendation of Section 504 Team:

- The student should be evaluated for possible Section 504 eligibility.
- No further evaluation at this time.
- No additional evaluation needed. Develop Section 504 Plan.
- Review current Section 504 Plan.

Building 504 Coordinator Signature

Date



Muskegon Heights:

Parent Invitation to Section 504 Meeting

Dear Parent(s)/Guardian(s):

This letter is to inform you of the need to consider whether your child, due to a possible disability, is entitled to certain protections under Section 504 of the Rehabilitation Act of 1973, and of the need to review your child’s educational program. We are planning a conference as follows:

Student’s Name: _____ Grade: _____ School: _____

Meeting Location: _____ Meeting Date/Time: _____

The purpose of this conference will be:

___ Review of Services: To review and discuss your child’s present educational status/504 Plan.

___ Consent to Evaluate: To discuss a referral of your child for possible Section 504 eligibility.

___ Initial 504 Plan: To make a determination regarding 504 eligibility and education program.

___ Three-Year Reevaluation: To discuss the possible need to evaluate/reevaluate your child.

___ Termination of Services: To discuss ending of services.

___ Manifestation Determination: To review if behavior is due to disability.

___ To discuss at your request: _____

___ Other: _____

The following persons have been invited to attend this meeting:

_____	_____	_____	_____
Name	Title	Name	Title

_____	_____	_____	_____
Name	Title	Name	Title

Enclosed please find a copy of your rights under Section 504. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

_____	_____	_____
Building 504 Coordinator	Date	Telephone



Notification of Parent Rights

Section 504 of the Rehabilitation Act of 1973

The purpose of this notice is to inform parents and students of the rights granted to them under Section 504. The federal regulations implementing Section 504 are found in Title 34, Part 104 of the Code of Federal Regulations (CFR). They include the following rights:

1. Have the district advise you of your rights under federal law;
2. Have your child take part in and receive benefits from public education programs without discrimination because of his/her disability;
3. Receive notice concerning identification, evaluation, or placement of your child;
4. Have your child evaluated by the district prior to determining eligibility under Section 504;
5. To be notified prior to any action (be it a proposal or refusal) regarding the identification, evaluation, or placement of your child;
6. Have evaluation, educational, and plan of services decisions made based upon a variety of information sources, and by persons who know the student, the evaluation data, and placement options;
7. Have periodic review of your child's educational need for Section 504 plan of services;
8. Have your child receive a free appropriate public education. This includes the right to be educated with nondisabled students to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities;
9. Have your child educated in facilities and receive services comparable to those provided nondisabled students;
10. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
11. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program and placement and obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records;
12. Receive a response from the school district to reasonable requests for explanations and interpretations of your child's records;
13. File a local grievance with the District 504 Coordinator;
14. Request an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You and the student may take part in the hearing and have an attorney represent you at your own expense. The impartial Hearing Officer will be selected by the district;
15. Hearing requests must be made to the District Section 504 Coordinator;

Submit a complaint with the Office for Civil Rights.

Office for Civil Rights
Cleveland

U.S. Department of Education
600 Superior Avenue East | Suite 750 | Cleveland, OH 44114



Parent Consent for Section 504 Evaluation

Student Name: _____ Dob: __/__/____ Age: _____

School: _____ Grade: _____

Parent(S) Name: _____

Parent Home Phone: _____ Other Phone: _____

Mailing Address: _____

Section 504 of the Rehabilitation Act of 1973 is a federal law which prohibits discrimination against persons with disabilities. For a student to qualify for Section 504 protection, the student must: (1) have a mental or physical impairment (2) which substantially limits (3) one or more major life activities. Your child has been referred for an evaluation to determine eligibility under the provisions of Section 504. The referral for this evaluation was made due to the concerns described below:

The proposed evaluation may include a review of student records, student observations in the classroom or other school areas, student interviews, parent interviews, requests for medical or other evaluation records, and the collection of classroom assessment data. The classroom teacher, counselor, or relevant staff, such as the school nurse, may conduct these evaluation activities. Additional evaluation activities are listed:

Evaluation Activity

Possible Personnel

I understand that the evaluation will be conducted within 30 school days of receipt of parent consent. A Section 504 meeting will be held to discuss the evaluation results, eligibility, and any educational program recommendations. I can revoke my consent at any time. I understand the reason(s) for the referral and the description of the evaluation process and have checked the box below:

Permission is voluntarily given to conduct the evaluation process.

Permission is denied.

PARENT NOTIFICATION OF RIGHTS

I have received a written copy of the Parent Notification of Rights under Section 504 of the Rehabilitation Act.

Parent/Guardian Signature

Date



Section 504 Plan

Meeting Date: __/__/__

Previous Date: __/__/__

Student: _____ Dob: __/__/__ Gender: _____ Grade: _____

Parent(S): _____ Phone: _____ Phone: _____

Home Address: _____

MEETING PURPOSE

Initial Review Redetermination Manifestation Review

PARENT CONTACT

The parent(s)/guardian(s) were contacted by the school to ensure that they would have an opportunity to attend this meeting, to explain the purpose of the meeting and the role of the participants.

MEETING PARTICIPANTS IN ATTENDANCE

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

Principal

Parent/Guardian

Teacher of Record

Parent/Guardian

Teacher of Record

Student

District 504 Coordinator

Other



Meeting Summary

All information referenced in this meeting must be documented and attached to this report.

1. Review of evaluation information:

2. Describe how the identified disability significantly limits a major life activity.

ELIGIBILITY

YES NO STUDENT MEETS SECTION 504 ELIGIBILITY CRITERIA

PLAN OF SUPPORTS AND SERVICES

Intervention	By Whom	Setting/Location

*Attach appropriate Health Plan, Behavior Intervention Plan, or other documents, as appropriate.

PARTICIPATION IN STATEWIDE ASSESSMENT

Accommodation(s) needed: Yes No

List Accommodation(s): _____

Date Section 504 Plan will begin: ____/____/____

Anticipated duration of the Section 504 Plan before next review: One Year Other



NOTICE FOR PROVISION OF SECTION 504 SERVICES

The district will provide written notice to the parent when the district proposes to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student or when they refuse to initiate or change the educational placement of the student or provision of FAPE to the student.

You are receiving notice for: _____
(student name) (student ID)

DISTRICT COMMITMENT TO SECTION 504 PLAN

The school district intends to implement the Section 504 Plan as written is authorized with the signature of the building principal.

Building Principal Date

DISTRICT NOTICE OF CHANGE IN PROGRAM

- You are receiving this notice because your student was found ineligible for Section 504 at the team meeting dated: _____.
- You are receiving this notice because we will be offering a change in placement. See the complete plan for the details of this change.

PARENT NOTICE

A complete copy of the Section 504 Plan, together with the Parent Notification of Rights under Section 504 of the Rehabilitation Act were provided to the parent(s)/guardian(s).

Method of delivery:

- U.S. Mail to home address
- Delivered personally to parent(s)/guardian(s)
- Other: _____

Date: ____/____/____
_____ Contact Person

PARENT CONSENT

For students found eligible for Section 504 only.

- I give consent for the initial provision of the Section 504 plan.
- I refuse consent for the initial provision of the Section 504 plan.

X _____
Signature of Parent Date



Parental Authorization for Release of Information

School District abides by the limitations and regulations of the Family Educational Rights and Privacy Act (FERPA.)
To obtain a copy of this document, please call your school office.

Child's Full Name _____

Date of Birth _____

School Currently Attending _____

Information requested: (Note – Information to be released must be checked prior to obtaining consent.)

- | | |
|--|---|
| <input type="checkbox"/> Psychological evaluation | <input type="checkbox"/> Demographic/social history |
| <input type="checkbox"/> Speech-Language evaluation | <input type="checkbox"/> Medical and developmental histories |
| <input type="checkbox"/> Vision evaluation results | <input type="checkbox"/> Medical diagnoses |
| <input type="checkbox"/> Hearing/audiological exam results | <input type="checkbox"/> Discharge summary |
| <input type="checkbox"/> Occupational therapy evaluation | <input type="checkbox"/> Individualized Education Program |
| <input type="checkbox"/> Physical therapy evaluation | <input type="checkbox"/> Individualized Family Service Plan |
| <input type="checkbox"/> Special ed. evaluation report | <input type="checkbox"/> Special education eligibility report |
| <input type="checkbox"/> Permission for special ed. evaluation | <input type="checkbox"/> Permission for special ed. services |
| <input type="checkbox"/> Verbal communication _____ | |
| <input type="checkbox"/> Other _____ | |

By my signature, I give consent for the information specified above to be released to School District from *Name of district, agency, person, etc.*

Address: _____

Phone: _____

I understand that I may revoke this consent at any time and that my consent will automatically expire one year from the date that I sign this form. I understand that this information will only be disclosed to School District personnel who have a reason to access it for the purposes of record keeping and/or for determining this child's educational needs.

Signature of Parent / Guardian / Child (if age of majority)

Date

Printed Name of Parent / Guardian / Child (if age of majority)



Manifestation Determination Review for 504 Plans

Date of Meeting: _____ Date of 504 Plan: _____

Student: _____ DOB: _____ Grade: _____

School: _____ Date of Incident: _____

The 504 team held this meeting to determine whether or not the alleged misconduct of the pupil named above was caused by, or a direct manifestation of, the pupil's disability and whether or not the 504 Plan was being implemented. The team reviewed and considered the pupil's health records, discipline records, evaluation results, observations of the student, information provided by the pupil's parents/guardians, and the pupil's 504 Plan.

Disability under Section 504: _____

Manifestation Determination:

Was the conduct in question caused by or was there a direct and substantial relationship to the child's disability?

YES NO

Was the conduct in question a direct result of the district's failure to implement the 504 Plan?

YES NO

A "No" answer to both of these questions indicates that the behavior is determined not to be a manifestation of the child's disability. The relevant disciplinary procedures applicable to students without disabilities may be applied to the student in the same manner and for the same duration in which the procedures would be applied to students without disabilities.

A "Yes" answer to either of these questions indicates that the behavior is determined to be a manifestation of the student's disability. The Section 504 team must convene a meeting and determine what supports are necessary to meet the student's needs in the least restrictive environment.

Comments:

Administrator / District Representative Parent

General Education Teacher Parent

General Education Teacher Other

School Staff Member Other

A copy of the written notice of this meeting that was provided to the parents is attached to this document. A copy of this document provided to the parent constitutes written notice of the 504 team decision. Enclose a copy of the Section 504 Procedural Safeguards with all written notices.

Section 504 Grievance / Complaint Form

Section 504 Coordinator

Contact Information [Insert Name and Title]

[Insert Phone]

[Insert Fax]

The School District pledges that the School District complies with Section 504 of the Rehabilitation Act of 1973, 29 USC § 794, and its implementing regulations, and that no discrimination on the basis of disability is permitted in the programs or activities that the School district operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to your school’s principal or the School District Section 504 Coordinator, located at [Insert Address of Section 504 coordinator].

Date: _____

On behalf of _____

Complainant is:

Student: _____

Student’s Parent(s): _____

Other: _____

ADDRESS:

Street _____ City _____ State _____ Zip _____

TELEPHONE:

Home _____ Work _____

1. Describe the alleged violation of Section 504 in specific terms. Include: (1) the specific incident or activity that is viewed as discrimination; (2) the individuals involved; (3) dates, times, and locations involved; and (4) the disability that forms the basis of the complaint (attach additional pages if needed).
2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.
3. Please describe how you propose to resolve this issue.
4. Do you wish this complaint to be mediated by the School District Section 504 coordinator or designee? No Yes

**PLEASE RETURN THIS FORM TO THE BUILDING PRINCIPAL
COPY TO SCHOOL DISTRICT SECTION 504 COORDINATOR**



Section 504 Due Process Hearing Request Form

Contact Person
Contact Information [Insert Name and Title]
[Insert Phone] [Insert Fax]

Student's Name _____ DOB: ____/____/____

Address: _____

City / State / Zip: _____

School: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Parent Name: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Problem and Facts: What is the nature of the problem and what are the facts that relate to the problem?
(You may list more than one problem).

(Use additional pages if necessary)

Proposed Solution: Describe the actions or services that you believe will resolve the issues based on the information available to you.

(Use additional pages if necessary)

Signature of Individual Submitting Request: _____

Date: _____

Please print name here: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Please Return This Form to the School District's Section 504 Coordinator



Section 504 Toolkit:

Tips for Effective Plans





Assistive Technology

Assistive technology tools can create increased educational access for students with Section 504 plans. Assistive technology tools can range from simple tools, like Post-it notes, to reader software to sophisticated equipment. As part of developing an appropriate plan for the student, the team may consider the need for and benefits of assistive technology tools.

Remember that the student's response, the skills of the persons using the technology, and attitudes about technology tools can positively or negatively impact the plan's effectiveness. Make sure to take the time to train students, parents, teachers, and others as appropriate as to use the tool to support the implementation of the plan.

Teams may also become familiar with the SETTTS Framework for establishing a student's needs for assistive technology. The SETTTS Framework is available at this website: <http://www.joyzabala.com/Home.php>. The SETTTS is an acronym for evaluating the student, environment, and tasks to establish the barriers and solutions. There are a variety of helpful articles and tools for download that can be used to develop an appropriate plan.

The National Center on Accessible Instructional Materials (NIMAS) <http://aim.cast.org/> is another resource for learning about assistive technology in the classroom.





Behavior Management Tips

There are many students who are eligible for Section 504 plans due to a variety of conditions that involve special behavior management considerations. The Section 504 plan may need to include procedures and strategies that will support the student to appropriately follow classroom routines and to participate in instruction. Positive behavior support methods are helpful in the development of school-wide and classroom-wide strategies to teach students how to behave in school. The student with a Section 504 Plan may be a candidate for a functional behavior assessment and simple behavior plan as part of the intervention.

In general, student behaviors can be categorized as Externalizing or Internalizing. Externalizing behaviors are those that can be disruptive to classroom learning processes. Students with externalizing behaviors are often described as disruptive, overly-active, temperamental, impulsive, and aggressive. The behaviors are directed at other persons or things. Internalizing behaviors are characterized as thoughts and actions that inhibit the student's ability to engage in learning. Internalizing behaviors may include perseveration, social withdrawal, daydreaming, anxious thoughts, or lack of concentration. Listed below are some general suggestions for the management of troublesome behaviors at school.

Ten Tips for the Classroom Teacher

1. Inform pupils of what is expected of them
2. Establish a positive learning climate
3. Provide a meaningful learning experience
4. Avoid threats
5. Demonstrate fairness
6. Build and exhibit self-confidence
7. Recognize positive student attributes
8. Time the recognition of student attributes
9. Use positive modeling
10. Structure the curriculum and classroom environment

Externalizing Behaviors

Research has found the following interventions can be effective in reducing externalizing behaviors:

- Teaching at-risk children and youth how to identify and manage their emotions. The majority of skills-training programs (20 out of 26) that teach at-risk children and youth emotion regulation skills (such as thinking before acting or breathing deeply) were successful at reducing externalizing behavior.
- Referring to family therapy. Nearly all family therapy programs or programs that included a family therapy component (10 out of 12) had positive impacts on reducing at least one externalizing behavior in children and in adolescents.



- Developing or adapting programs to be sensitive to the culture of the target population. Culturally-adapted programs typically engage participants in a culturally relevant and linguistically appropriate ways and train facilitators to be aware of their own culture and sensitive to the culture of participants.
- Teaching parents skills related to effective communication, discipline, monitoring, supervision, and limit-setting. A slight majority of parent training programs (30 out of 47) produced positive impacts on at least one externalizing behavior.
- Teaching interpersonal and social problem-solving skills to non-delinquent children and youth. Examples of social skills include communicating well, having positive interactions with peers, resolving conflicts, and cooperating with others. Examples of social problem-solving skills include identifying a problem, coming up with solutions to the problem, evaluating these solutions, and deciding what to do.
- Delivering at least 30 sessions. About two-thirds of the programs that delivered at least 30 sessions (20 out of 30) were successful at decreasing at least one externalizing behavior. In contrast, about one-half (32 out of 63) of programs that delivered less than 30 sessions worked (4 out of 9 programs with 20 to 29 sessions; 18 out of 33 programs with 10 to 19 sessions; and 10 out of 21 programs with less than 10 sessions).

Internalizing Behaviors

Research has found the following interventions can be effective in reducing the negative impact of internalizing behaviors:

- Functional Behavior Assessment is a good place to begin to define the behaviors and conditions in which the behaviors occur. The assessment may also be helpful in identifying the positive reinforcers, peers, and strategies that will be critical to the plan.
 - There is a clear description of the problem behavior
 - The events, times, and situations that predict both the occurrence and nonoccurrence of problem behavior are identified
 - Events immediately following problem behaviors are identified
 - One or more educated guesses (hypotheses) about the function maintaining problem behavior are developed, and
 - Direct observation data identifying and confirming the function of the problem behavior is complete
- Individualized Multi-component Interventions Information gathered from a functional behavioral assessment helps this team develop and implement behavior support plans that are positive, proactive, educative, and functional. These interventions may include: 1) proactive strategies for changing the environment so triggering events are removed, 2) teaching new skills that replace problem behaviors, 3) eliminating or minimizing natural reinforcement for problem behavior, and 4) maximizing clear reinforcement for appropriate behavior.
- Training Social Interaction Plans that combine interaction with peers, training in self-regulation, and positive reinforcement have been found to be effective in improving social interactions and engagement



Home/School Behavior Plan

The school and parents agree to support each other, work together, and create consistent expectations for:

Positive behaviors to be increased:

Behaviors to be decreased:

The school agrees to:

Parents agree to:

When will this plan be explained to the student?

Next meeting date to review progress:

Signature of school staff: _____

Signature of student: _____

Signature of parents/guardians: _____



Targeted Instruction in Social Skills/ Behavior Expectations

The Section 504 Team may review these questions to develop a targeted intervention within the student Section 504 Plan.

Student: _____

What skills/behaviors will be the focus of instruction?

Where will the instruction occur?

What time of day will it occur?

How many times per week will instruction occur?

Who will do the instruction?

What other staff will be involved in teaching or reinforcing the skills/behaviors?

For how long a period of time will the instruction take place? (Suggested between 4-8 weeks)

What methods will be used to evaluate the effectiveness of the instruction?

When will the data be reviewed?



Attention Deficit Hyperactivity Disorder (ADHD)

Definition of ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood disorders and may continue through adolescence and adulthood. It is a developmental disorder primarily characterized by inattentive and hyperactive behaviors with symptoms occurring before the age of seven years. The hallmark symptoms of ADHD are inattention, hyperactivity, and impulsivity.

SYMPTOMS OF ADHD

Inattention

- Easily distracted, miss details, forget things, and switches between activities
- Difficulty focusing on one thing
- Bored with a task after a few minutes, unless doing something enjoyable
- Difficulty focusing attention on organizing or completing a task or learning something new
- Trouble completing or turning in homework, losing necessary things (like pencils)
- Does not seem to listen
- Daydream, move slowly, seems confused
- Difficulty processing information as quickly or accurately as others
- Struggles to follow instructions

Hyperactivity

- Fidget and squirm in seats
- Talk nonstop
- Dash around, touching or playing with anything in sight
- Trouble sitting still during dinner, school, or story time
- Constantly in motion
- Difficulty doing quiet tasks or activities

Impulsivity

- Impatient
- Blurt out inappropriate comments, show emotions without restraining, and act without regard for consequences
- Difficulty waiting or delaying gratification
- Interrupts conversations or others' activities

Management of ADHD

Current treatments focus on reducing the symptoms and improving the individual's functioning. Treatments may include medication, various types of psychotherapy, education or training, or a combination. A one-size-fits-all approach does not apply for all children with ADHD. What works for one child may not work for another. Medications may have different side effects. It is not clear whether medications can help children learn more or improve their academic skills. That is why most professionals recommend a combination of approaches.



Tips for Classroom Management of ADHD

- Make important information memorable – use colors, highlighter, bold print
- Teach the student to use organizational tools, like calendars, planners, or binders
- Chunk activities into smaller units
- Check for student understanding of instruction
- Repeat, review, and revise instructions to the student
- Allow movement in your classroom
- Monitor or check student completion
- Use positive behavioral support strategies
- Make rules simple and clear

Stop the Homework Turnstile

The completion of schoolwork is a tremendous challenge for the student and major frustration to the teacher and parents. For many students with ADHD, the management of homework is a turnstile of challenge. Schools and parents often set up elaborate methods of communicating with one another as to missing work, assignments to be completed, and tactics for helping the student focus in to get the work done. Here are some suggestions for dealing with homework:

- **Time.** Set a reasonable amount of time for homework and manageable volume of homework for the child. Rule of thumb is 10 minutes for each grade. That means a 1st grader should have no more than 10 minutes of homework while it is reasonable to ask a 7th grader to have 70 minutes of study at home.
- **Independent Work.** A student is not able to complete work at home if the student is not able to follow instructions. Homework should be clearly understood by the student. The work should be brief enough and of a difficulty for the student to work independently with little prompting or re-teaching by the parent. Remember the ADHD student may have not attended to all instructions and may not remember what to do when they go home. They may need additional review or supports, such as pre-filled notes, web-based resources (Moodle), or technology tools.
- **Organizational Tools.** Set up simple organizational tools for the student, the family, and yourself. Check-in sheets, planners, assignment logs can help everyone stay on track. Use electronic posting of assignments and study sheets so they can be retrieved at home and school.
- **Homework Is Not Incomplete Classwork.** Do not use homework to make up for work not completed in school unless you are using homework in this way for all of your students. Think about how you will accommodate and structure the student's assignments so classwork is completed in school and homework, the same homework as non-disabled students, can be completed at home.

Check IN/Check OUT and Behavior Plans

Check In/Check Out is a method of providing students with the structure and feedback they need to be more successful in school. Simple Behavior Plans are also helpful in specifying the expectations and consequences for the student, parents, and teachers.



Attention Deficit Hyperactivity Disorder Plan		
<p>Student Information:</p> <p>Name: _____ DOB: __/__/__</p> <p>Grade: ____ Teacher: _____</p> <p>Counselor: _____</p> <p>Principal or Asst. Principal: _____</p> <p>Secondary Student Schedule Attached: Yes No</p>	<p>Parent information:</p> <p>Parent(s): _____</p> <p>Mother: (H) _____ Father: (H) _____</p> <p style="padding-left: 40px;">(W) _____ (W) _____</p> <p style="padding-left: 40px;">(Cell) _____ (Cell) _____</p> <p>Physician: _____</p> <p>Phone: _____</p> <p>Medicaiton consent needed: Yes No</p> <p>Medication consent attached: Yes</p>	
Current Medications		
Medication	Dosage	Time
Academic Related Supports		
Activity	Supports Necessary/Required	
Attention		
Waiting/Taking Turns		
Memory		
Organization		
Completing Tasks		
Activity Level		

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____



School Refusal Behavior

Definition of School Refusal Behavior

School refusal behavior is a general term that refers to attempts to miss school. Approximately 2% - 5% of students miss school because of anxiety. School refusal behavior often results from a complex mix of factors, including mental health problems, medical problems, family issues, school difficulties, transitions, or stressful life events. The most common age for school refusal is early adolescence. The focus of this information will be as school refusal behaviors related to mental health and the school setting. Remember, Section 504 is not appropriate for immediate concerns or for behaviors that are not related to a disability (i.e., truancy). A Section 504 evaluation may be considered for conditions lasting or expected to persist for at least six months.

WARNING SIGNS OF SCHOOL REFUSAL BEHAVIOR

- Frequent absences
- Frequent tardiness
- Absences on significant days (e.g., days of tests)
- Pattern of absences on first day back after weekends or vacations
- Frequent requests to go to the nurse's office
- Frequent requests to call home or go home during the day

ANXIETY AND SCHOOL REFUSAL BEHAVIOR

Separation Anxiety

- More common in younger children
- The child is preoccupied with thoughts of harm befalling a loved one and are overly-dependent on the caregiver

SOCIAL ANXIETY AND PERFORMANCE ANXIETY

- The student worries about what others think, are concerned with how they will be judged, and fear humiliation
- Intense anticipatory anxiety about giving speeches, taking tests, or participating in sports

GENERALIZED ANXIETY DISORDER

- The student has excessive anxiety and worry about a number of situations and events.
- The student is concerned about their competence, perfectionistic with schoolwork and perceives the world as threatening
- The anxiety interferes with school performance and can cause fatigue, restlessness, difficulty concentrating, irritability, sleep disturbances, and muscle tension
- Other anxiety disorders may also exist, for example, obsessive-compulsive disorder, panic attack, agoraphobia, or post traumatic stress disorder



ADDITIONAL CONDITIONS ASSOCIATED WITH SCHOOL REFUSAL

Depression

- Depression may be a cause of school refusal behavior for some students
- Depression symptoms may include depressed mood, lack of interest in activities, irritability, difficulty getting along with others, risk-taking behavior, difficulty concentrating, or suicidal ideation

MANAGEMENT OF SCHOOL REFUSAL BEHAVIOR

A Section 504 Plan becomes appropriate when the condition has continued for at least six months, indicating there may be an on-going mental health issue connected to the school refusal. The Section 504 team will need to work closely with the parent, student, teacher, and treating medical staff to develop an appropriate plan that will best address the symptoms of the student to engage the student in school. This will be a team effort on the part of the school and family. For mild school refusal and simple separation anxiety, forced school attendance may be the most appropriate intervention. The most common approach to addressing school refusal behavior is to use gradual re-entry. The behaviors or steps necessary to approach and enter the school are practiced with the supports of positive reinforcement and supportive adults. For example, the student may arrive at school but not go inside on day one, enter the school and visit the front office on day two, identify a comfortable class and stay in that class on day three, and so forth. Students with severe anxiety or a complex of symptoms may benefit from the mitigating measures of medications or counseling. Your Section 504 Plan should clearly identify how the school will support the student to attend school and participate in learning activities.

TIPS FOR CLASSROOM MANAGEMENT OF SCHOOL REFUSAL BEHAVIOR

- Reward students for school attendance
- Create a welcoming, engaging environment that helps students feel connected to their classmates and to you as the teacher
- Avoid using criticism or sarcasm with your students
- Watch for signs of avoidance of classroom activities that involve public performance.
- Provide scaffolds to students to support them with participating in classroom activities
- Support the student to pay attention and complete assignments with cues, prompts, and reminders
- Show sensitivity to students with performance anxiety. For example, reduce the need to give speeches or provide an alternate test-taking environment
- Use relaxation techniques in the classroom. For example, help the student(s) to use deep breathing, to close their eyes and picture something they like, to pause and listen to music, to get a drink of water, etc.
- Provide a safe place where students can go when feeling stressed or overwhelmed
- Allow for progressive reentry to your classroom
- Recognize that the school refusal behaviors are connected to on-going conditions of anxiety and/or depression
- Consider a simple positive behavior plan to support student participation and task completion



DEALING WITH SCHOOLWORK

The completion of schoolwork is a tremendous challenge for the student and major frustration to the teacher and parents. What should a teacher do when students are missing school and falling behind with their schoolwork? Is it reasonable to just send the schoolwork home? How much time should a student be given to catch up? How would it be fair to the student or class to simply excuse assignments? There are no simple answers to these questions because the decisions need to be made on a student by student basis.

- Start with your school policies. If you do not have policies for making up school work as a district or building, then you need to develop some beginning expectations for the amount of time students have to make up work and the number of days a student must attend school to be promoted to the next grade level. Your policies should include some criterion for students who are missing school for medical or disability-related absences. Make sure your policies do not discriminate against the individual and are fairly implemented. Begin by asking what you would do with non-disabled students.
- The Same Is Not Equal. Think about what it means to access the curriculum. Assignments are methods we use for students to practice skills and gain new knowledge. When students miss school assignments due to absences from school, what activities would support the student to gain access to the skills and information they missed while they were out of school? In some cases, the student can catch up with individualized tutoring or extra study time. Other students may benefit from modified assignments that expose them to missed content. It may be possible to integrate missed terms into a current project and provide scaffolds for the student to have the exposures they need to the content. The Section 504 Plan should address such considerations that create the supports, modifications, and access to the instructional program for the student.
- Independent Work. A student is not able to complete work at home or catch up independently if the student is not able to follow instructions. Homework should be clearly understood by the student. The work should be brief enough and of a difficulty for the student to work independently with little prompting or re-teaching by the parent. Remember, anxiety and depression may interfere with the student's ability to concentrate. The student may have not attended to all instructions and may not remember what to do when they go home. They may need additional review or supports, such as pre-filled notes, web-based resources (Moodle), or technology tools.
- Organizational Tools. Set up simple organizational tools for the student, the family, and yourself. Check-in sheets, planners, assignment logs can help everyone stay on track. Use electronic posting of assignments and study sheets so they can be retrieved at home and school.
- Homework Is Not Incomplete Classwork. Do not use homework to make up for work not completed in school unless you are using homework in this way for all of your students. Think about how you will accommodate and structure the student's assignments so classwork is completed in school and homework, the same homework as non-disabled students, can be completed at home.



School Refusal Behavior Plan			
Student Information: Name: _____ DOB: __/__/__ Grade: ____ Teacher: _____ Counselor: _____ Principal or Asst. Principal: _____ Secondary Student Schedule Attached: Yes No		Parent information: Parent(s): _____ Mother: (H) _____ Father: (H) _____ (W) _____ (W) _____ (Cell) _____ (Cell) _____ Physician: _____ Phone: _____ Medicaiton consent needed: Yes No Medication consent attached: Yes	
Current Medications			
Medication	Dosage	Time	
Plan for School ReEntry			
Describe the plan.			
Steps	Time/Length of Time	Support to Student	Reinforcement/ Feedback
Classroom Plan			
Relaxation/Anxiety Management			
Completing Tasks			
Participation in Activities			
Feedback/Reinforcement			

Parent/Guardian Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Physician's Signature: _____ Date: _____



Bipolar Mood Disorder

Definition of Bipolar Mood Disorder

Schools are seeing increasing numbers of students who are identified with Bipolar Mood Disorder. Estimates of prevalence rates range from 1 – 2% in adults to 3 – 6% in the adolescent/adult population. This is a neurobiological disorder that causes severe disturbances in mood, behavior, energy, and sleep. It is a chronic disability that consists of rapid cycles of manic and depressed episodes. Behavior patterns may include excessive mood lability, extended tantrums and rage, intentional aggression, acting out daredevil behavior, substance abuse, inappropriate distractibility, and increased energy. Other co-existing disorders may include Attention Deficit Hyperactivity Disorder (ADHD), Specific Learning Disabilities (SLD), Anxiety Disorders, Oppositional Defiant Disorder (ODD), or Pervasive Developmental Disorder (Autism).

SYMPTOMS OF BIPOLAR MOOD DISORDER

Manic Episodes:

- Feel very happy or act silly in a way that's unusual
- Have a very short temper
- Talk really fast about a lot of different things
- Have trouble sleeping but not feel tired
- Have trouble staying focused
- Talk and think about sex more often
- Do risky things.

Depressive Episodes

- Feel very sad
- Complain about pain a lot, like stomachaches and headaches
- Sleep too little or too much
- Feel guilty and worthless
- Eat too little or too much
- Have little energy and no interest in fun activities
- Think about death or suicide
- Watch for signs of suicidal thinking
- Management of Bipolar Mood Disorder

Bipolar mood disorder can be difficult to diagnose and usually involves a medical professional, such as a psychiatrist. The most common treatments include medication and therapy. Parents and schools should work together to chart the student's behaviors and moods. This information can be used to monitor the effectiveness of medications and behavior interventions and to track the student's mood swings for management decisions. The management of a student with bipolar mood disorder is very stressful for parents and teachers. Make sure plans include supports to staff and create options of safe places for the student to calm down under appropriate supervision. Include resources in the community in the event the student becomes a danger to self or others.



Tips for Classroom Management of Bipolar Mood Disorder

- Be patient
- Be understanding about mood episodes – they are not planned or volitional
- Do NOT take away recess or access to field trips and events. Make sure the planning includes supports for the student to have access to the same activities as non-disabled peers
- Create a welcoming, engaging environment that helps students feel connected to their classmates and to you as the teacher
- Provide scaffolds to students to support them with participating in classroom activities
- Support the student to pay attention and complete assignments with cues, prompts, and reminders
- Reduce frustrations that may serve as triggers to the mood swings. Set instructional difficulty at a level of success. Chunk activities. Provide constant checks on performance with descriptive, positive feedback.
- Use relaxation techniques in the classroom. For example, help the student(s) to use deep breathing, to close their eyes and picture something they like, to pause and listen to music, to get a drink of water, etc.
- Provide a safe and supervised place where students can go when feeling stressed or overwhelmed
- Allow for reentry to your classroom
- Consider a simple positive behavior plan to support student participation and task completion

Dealing with Schoolwork

The completion of schoolwork is a tremendous challenge for the student and major frustration to the teacher and parents. What should a teacher do when students are falling behind with their schoolwork? Is it reasonable to just send the schoolwork home? How much time should a student be given to catch up? How would it be fair to the student or class to simply excuse assignments? There are no simple answers to these questions because the decisions need to be made on a student by student basis.

- Start with your school policies. If you do not have policies for making up school work as a district or building, then you need to develop some beginning expectations for the amount of time students have to make up work and the number of days a student must attend school to be promoted to the next grade level. Your policies should include some criterion for students who are missing school for medical or disability-related absences. Make sure your policies do not discriminate against the individual and are fairly implemented. Begin by asking what you would do with non-disabled students.
- The Same Is Not Equal. Think about what it means to access the curriculum. Assignments are methods we use for students to practice skills and gain new knowledge. The student will have a limited frustration tolerance for academic work and may, as a result, have difficulty focusing on tasks, completing work, or participating fully with instructional activities. In some cases, the student can catch up with individualized tutoring or extra study time. Other students may benefit from modified assignments that expose them to missed content. It may be possible to integrate missed terms into a current project and provide scaffolds for the student to have the exposures they need to the content. The Section 504 Plan should address such considerations that create the supports, modifications, and access to the instructional program for the student.



- Organizational Tools. Set up simple organizational tools for the student, the family, and yourself. Check-in sheets, planners, assignment logs can help everyone stay on track. Use electronic posting of assignments and study sheets so they can be retrieved at home and school.
- Homework Is Not Incomplete Classwork. Do not use homework to make up for work not completed in school unless you are using homework in this way for all of your students. Think about how you will accommodate and structure the student’s assignments so classwork is completed in school and homework, the same homework as non-disabled students, can be completed at home.
- Chart Moods. Keep a log of the student’s moods and activities to help with the management of the condition. Share the log with the family. Older students may participate in the maintenance of their Mood Chart.

Date	Time of Day	Location	Behavior or Mood		Antecedent	Consequence
			Up: Happy	Down: Sad		



Bipolar Mood Disorder Plan			
Student Information: Name: _____ DOB: __/__/____ Grade: ____ Teacher: _____ Counselor: _____ Principal or Asst. Principal: _____ Secondary Student Schedule Attached: Yes No		Parent information: Parent(s): _____ Mother: (H) _____ Father: (H) _____ (W) _____ (W) _____ (Cell) _____ (Cell) _____ Physician: _____ Phone: _____ Medicaiton consent needed: Yes No Medication consent attached: Yes	
Current Medications			
Medication	Dosage	Time	
Plan for Management of Outbursts			
Describe the plan.			
Steps	Time/Length of Time	Support to Student	Reinforcement/Feedback
Classroom Plan			
Relaxation/Anxiety Management			
Completing Tasks			
Participation in Activities			
Feedback/Reinforcement			

Parent/Guardian Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Physician's Signature: _____ Date: _____



Health and Medical Tips, Plans, and Forms

Health plans may be used to define procedures for the management of the health issue. Health plans are NOT to be used in place of Section 504 plans. The health plans are to be attached to and incorporated into the Section 504 plan.



Medication Administration Rules and Regulations

Medication shall be administered in compliance with the following state mandate that states:

THE REVISED SCHOOL CODE (EXCERPT)

Act 451 of 1976

380.1178 Administration of medication to pupil; liability; school employee as licensed registered professional nurse. Sec. 1178.

(1) Subject to subsection (2), a school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parent or guardian, and in compliance with the instructions of a physician, physician's assistant, or certified nurse practitioner is not liable in a criminal action or for civil damages as a result of an act or omission in the administration of the medication, except for an act or omission amounting to gross negligence or willful and wanton misconduct.

(2) If a school employee is a licensed registered professional nurse, subsection (1) applies to that school employee regardless of whether the medication is administered in the presence of another adult.

Responsibility Assignment:

It shall be the responsibility of the student's school administrator to control and supervise the administration of medication to students in his/her building. The building administrator (in conjunction with the district's special education department) will develop a workable plan in compliance with the above mandate.

Medication Dispensation Procedures by School Personnel:

1. The student's parent/guardian must provide the school with written permission and request to administer prescription or over the counter medications using the school district medication authorization form for the current school year.
2. The medication must be accompanied by a physician's written instructions which provides the following information:
 - a. Name of the student
 - b. Name of the medication
 - c. Dosage
 - d. Time to be administered
 - e. Route of administration
 - f. Duration of administration
3. Medication must be administered by the school administrator or designee in the presence of a second adult designee except in an emergency that threatens the life of the student.
4. Any staff person designated to administer medication will be required to receive in-service training from a "registered nurse" or licensed health professional. Contact your special education department for further instructions.



5. Medication must be brought to the school office by the parent/guardian unless other safe arrangements are authorized by the school administrator.
6. Controlled substances must be brought to school by the parent/guardian. The amount of the medication will be immediately counted and recorded on the students' medication log form by a designated staff person. This count should correspond to the recording of the medication administered on the form. When discrepancies appear, the discrepancies need to be investigated by the school administrator.
7. All medications must be kept in the labeled container as prepared by a pharmacy, physician, or pharmaceutical company and label with the student's name, dosage of medication, and frequency of administration. Do not administer the medication if the labeled container does not correspond to the written physician directions. Contact the parent/guardian to provide written physician or pharmaceutical clarification.
8. The school may request that the pharmacy supply all prescription medication in the exact dosage prescribed so the dividing pill or calculating dosage is not the responsibility of the school personnel. Contact your special education department for further instructions.
9. A medication is stored in a location that is kept locked with limited access except all the time of administration. Emergency medication is an exception to the rule. Emergency medications may require an Individual Health Care Plan (IHCP) directed to all staff that have the need to know. The purpose of the IHCP is to clearly define the potential emergency situation and develop a plan of action that identifies the location of emergency medication. An in-service will be provided by a "licensed health care professional" to all school staff identified to receive the plan and administer the medication. Contact your special education department for further instructions.
10. A log of medication administration by individual must be kept with the complete Medication Authorization Form attached. The school district Medication Log Form is available by request from your special education department. The log identifies the individual student, medication route, dosage, and time of administration. Designated school personnel giving medication will record the date/time of administration and initial the form.
11. An error in the administration of a medication must be reported immediately to the building administrator. The building administrator will report the medication error to the parent/guardian immediately and regarding further action such as poison control, consult with the physician, or pharmacist. An "Accident Report" form must be completed.
12. The parent will be notified of any suspected adverse reaction to a medication. Call 911 if a symptom suggests the necessity of such an action.
13. Administer the medication precisely as directed by the physician. When in doubt or discrepancies exist, do not give the medication until there is clarification by the physician or pharmacist. Medication changes require new physician orders and new medication log. When changing the medication, write discontinued and date on the obsolete log.
14. A request to discontinue a medication before the duration indicated by the physician should be confirmed in writing or fax by the physician. Write discontinued on the form and date of this action. Attach the written request to the medication log. Contact the parent to pick up discontinued medication.
15. Prescription and medication supply renewal is the responsibility of the parent/guardian.



16. The school may set a designed time for administration of medication. The parent/guardian will be informed of this designed time and should be advised to communicate this to the physician. If an exception to the school designated administration time is needed, the physician is requested to send a written explanation along with medication instruction to the school.
17. Expiration dates must be checked periodically, especially on Epi-pens and inhalers.
18. The parent/guardian is contacted at the end of the school year to pick up remaining medications. Medication not picked up requires appropriate disposal by means of flushing down the toilet. Dispose of unclaimed Epi-pens by placing the item in a sharps container. Follow disposal procedures and protocols outlined by your local school district.
19. An information letter describing the school district's medication policy should be made available to school administrators for distribution to parents.
20. Information about a student's health history and/or medication is subject to the rules of confidentiality. There will be as little emphasis on students taking medication as possible. It should be treated as natural, appropriate, safe, and a service that the schools are pleased to offer.

Procedures for Student Self-Administration/Self Possession:

Definition: Self-administration means, "that the student is able to consume or apply prescription medication in the manner directed by the physician without additional assistance or direction". Self-possession means, "that under the direction of the physician, the student may carry medication on his/her person to allow for immediate and self-determined administration".

1. The student's parent/guardian must provide a written request and give written permission prior to consideration to allow a student to self-possess and self-administer medication.
2. Written physician's instruction will include the name of the student, name of the medication, dosage, time to be administered, route of administration, and duration of administration. The physician provided instructions must clearly state that the student needs to self-possess and/or self-administer her/his medication. A health reason for such an action will be required to be clearly stated in the instructions. The physician instructions must be received prior to consideration of the request.
3. This request should be forwarded to your special education department for further instructions.
4. A contract for self-administration/self-possession will be required to be signed by the parent and student stating the conditions of this responsibility.
5. The medication, if accepted, will be contained in a labeled container as prepared by a physician, pharmacy or pharmaceutical company with the student's name, dosage, and frequency of self-administration.
6. The school administrator may discontinue the student's self-administration privilege upon advanced notice to the student and his/her parent/guardian. If a student is under an Individual Education Plan (IEP) or a Section 504 Plan, the action must be taken in accordance with Individuals with Disabilities Act (IDEA) or Section 504 of the Rehabilitation Act of 1973 requirements.

**Procedures for Injectable Medications:**

Injectable medications require that a Medication Authorization Form be completed prior to the consideration of the request for administration during the school day. The school administrator will contact their special education department requesting a review of the request. The request will be evaluated and a written reply will be provided to the school administrator from the special education department. The request will be forwarded to a district nurse who will assess the health issues and develop an IHCP and/or Emergency Care Plan in cooperation with the parent, health care provider, and school personnel. School personnel will be in-serviced by a district nurse on the requirements of the usage of the injectable medication and the IHCP.

Guidelines:

1. A student who is able to self-inject the medication will be provided with privacy access to the necessary equipment, and a disposable container for sharps. The medication will be stored in compliance with the school district medication procedures as identified in the IHCP.
2. Emergency Medical Personnel (911) will be called to the scene when a student has an emergency medication to be administered by injections and cannot personally inject the medication, unless otherwise required by the IEP or student's accommodation plan pursuant to Section 504 of the Rehabilitation Act of 1973. In this school district, a health accommodation plan is the IHCP.
3. School personnel will be trained by a district nurse for administration of epinephrine in a self-injecting (auto pen) unit.
4. School personnel, other than nursing personnel, will not be expected to administer subcutaneous or intramuscular injections that are not supplied in auto pen form.





Physician's Evaluation For Services Due To Medical Needs

TO THE PARENT: Please complete this section before giving the form to the child's physician.

DATE: _____

STUDENT NAME: _____ DOB: ____/____/____

PARENT(S)/GUARDIAN(S): _____

HOME ADDRESS: _____

HOMETELEPHONE: _____ OTHERPHONE: _____

ENROLLED SCHOOL: _____ DISTRICT: _____

TO THE PHYSICIAN: We are in the process of evaluating this student for Section 504 services. Please fill out the information below as thoroughly as possible to assist our office in making a service determination. Your assistance in this matter is critical for appropriate educational and medical support.

Diagnosis: _____

Brief History in relationship to medical care: _____

Severity of Illness: _____

Date of Last Physical and Results: _____

If Neurological, date of latest EEG and Results: _____



Medication (s):

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Instructions for Nurse (If Needed): _____

Physician's Name

Printed Physician's Name

Address /Street

City, State, Zip

Office Telephone

Office Fax

Date Signed

PLEASE RETURN TO:

NAME: _____

POSITION: _____

ADDRESS: _____

OFFICE TELEPHONE: _____ OFFICE FAX: _____



PERMISSION FORM FOR PRESCRIBED MEDICATION

Student: _____ Date of Birth: ____/____/____

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

Name of medication: _____

Reason for medication (Optional): _____

Form of medications/treatment (circle):

Tablet/Capsule

Liquid Inhaler

Injection Nebulizer

Other: _____

Instructions (please include schedule and dose to be given during school hours):

Start Time (date form received): _____

Stop Time (end of school year): _____

Other dates/duration: _____

Restrictions and/or important side effects:

Yes, please described: _____

None anticipated: _____

Special storage requirements: Refrigerate: ____ None: ____

Other: _____

This student is both capable and responsible for self-administrating this medication:

No (state why):

Yes with Supervision: _____

Yes with no supervision: _____

This student may carry this medication: Yes: ____ No: ____

No, explain: _____



AUTHORIZATION FOR MEDICATION

STUDENT NAME: _____ DATE: _____

ADDRESS: _____ DOB.: _____

SCHOOL: _____

If you want your child to receive Tylenol (acetaminophen) for pain or fever please indicate below. This form must be signed by a Physician.

Name of Drug: _____ Name of Drug: _____

Dosage: _____ Dosage: _____

Time & Route: _____ Time & Route: _____

For Period _____ to _____ For Period _____ to _____

Reason for Medication: _____ Reason for Medication: _____

Reportable Side Effects: _____ Reportable Side Effects: _____

Additional Comments: _____

If no time limit is specified, this order will expire in one year.

Physician's Signature _____ Date: _____

Address: _____ Phone: _____

I hereby request that school personnel provide my child, _____ with this medication to be administered as prescribed above and will not hold the Board of Education, or the personnel, responsible for complications related to this administration.

Parent's Signature: _____ Date: _____

******A DOSAGE CHANGE MUST BE ACCOMPANIED BY A PHYSICIAN'S PRESCRIPTION**



Allergy Health Care Plan			
Student Information:		Emergency Information:	
Name: _____		Parent(s): _____	
DOB: _____		Mother: (H) _____ Father: (H) _____	
Grade: _____ Teacher: _____		_____	
PE: Days: _____ Times: _____		(W) _____	
Lunch times: _____		(W) _____	
Allergies: _____		(Cell) _____	
_____		(Cell) _____	
_____		Physician: _____	
_____		Phone: _____	
Additional emergency contacts:			
Name: _____		Relationship: _____	Phone: _____
Name: _____		Relationship: _____	Phone: _____
Current Medications			
Medication	Dosage	Time	
Medications To Be Given At School			
Medication	Brand and Dosage	Time	
Epinephrine			
Antihistamine			
Other:			
Support Services			
Location/Event	School Responsibilities	Parent Responsibilities	Student Responsibilities (if appropriate)
Classroom Celebrations / Special Events			
Cafeteria			
Extra-Curricular Activities			



Plan J

<p>Severe Symptoms: (one or more)</p> <ul style="list-style-type: none"> • Lung: short of breath, wheeze, repetitive cough • Heart: pale, blue, faint, weak pulse, dizzy, confused • Throat: tight, hoarse, trouble breathing/swallowing • Mouth: obstructive swelling (tongue and/or lips) • Skin: many hives over body • Combine: skin (hives, itchy rash, swelling) & gut (vomiting, cramps) 	<ol style="list-style-type: none"> 1. Inject epinephrine immediately 2. Call 911 3. Monitor 4. Give additional medications (antihistamine, inhaler (bronchodilator) if asthma) 5. Additional:
<p>Mild Symptoms:</p> <ul style="list-style-type: none"> • Mouth: itchy mouth • Skin: a few hives around mouth/face, mild itch • Gut: mild nausea/discomfort 	<ol style="list-style-type: none"> 1. Give antihistamine 2. Stay with student; alert parents 3. If symptoms progress use epinephrine 4. Monitor student

Parent/Guardian Signature: _____

Date: _____

Physician's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

(Adapted from form provided courtesy of FAAN (www.foodallergy.org))



Asthma Health Care Plan	
<p>Student Information:</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Grade: __ Teacher: _____</p> <p>PE: _____</p> <p>Days _____</p> <p>Times _____</p> <p>—</p>	<p>Emergency Information:</p> <p>Parent(s): _____</p> <p>Mother: (H) _____ Father: (H) _____</p> <p>_____</p> <p>(W) _____</p> <p>(W) _____</p> <p>(Cell) _____</p> <p>(Cell) _____</p> <p>Physician: _____</p> <p>Phone: _____</p> <p>—</p>
<p>Additional emergency contacts:</p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>_____</p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>_____</p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>_____</p>	

Asthma Emergency Action:

- The following are possible signs of an asthma emergency and indicate need for emergency medical care:
 - Coughs constantly;
 - No improvement 15-20 minutes after initial treatment with medication and symptoms worsening
 - Difficulty breathing (chest and neck pulled in with breathing), walking, or talking;
 - Blue or gray discoloration of the lips or fingernails;
 - Failure of medication to reduce worsening symptoms.
 - Peak flow: _____ Personal best peak flow: _____
- Emergency medical care steps:
 - Activate the emergency medical system in your area; Phone: _____
 - Call parent/guardian or physician
- Triggers: _____

Current Medications		
Medication	Dosage	Time
Medications To Be Given At School		



Plan K

Medication	Dosage	Time

Steps for an Acute Asthma Episode: (To be completed by Physician)

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

(Source: Adapted from: Managing Asthma: A guide for Schools. National Heart, Lung, and Blood Institute). NIH Publication No. 91-2650)



Diabetes Health Care Plan			
Student Information: Name: _____ DOB: _____ Grade: ____ Teacher: _____ Lunch Time: _____ PE: Days _____ Times: _____ Student can perform own blood glucose test: <input type="checkbox"/> Yes <input type="checkbox"/> No Exceptions: _____ Type of glucose meter used: _____		Emergency Information: Parent(s): _____ _____ Mother:(H) _____ _____ (W) _____ _____ (Cell) _____ _____ Father:(H) _____ _____ (W): _____ _____ (Cell): _____ _____ Physician: _____ _____ Phone: _____	
Additional emergency contacts: Name: _____ Relationship: _____ Phone: _____ _____ Name: _____ Relationship: _____ Phone: _____ _____			
Current Medications			
Medication	Dosage	Time	
Insulin			
Type of Insulin	Dosage	Time	Trained Staff Person or Student
Students with Insulin Pumps: Type of pump: _____ Basal rates: _____ Insulin/Carb ratio: _____ Correction factor: _____			
Meals and Snacks at School			
Meal/Snack	Content/Amount	Time	



Plan L

Blood Glucose Monitoring:

- Target range for blood glucose is _____ mg/dl to _____ mg/dl
- Usual times to test blood glucose: _____, _____, _____, _____, _____
- Times to do extra blood glucose tests (check all that apply):
 - before exercise after exercise
 - when student exhibits signs of hyperglycemia _____
 - when student exhibits signs of hypoglycemia _____
 - other _____

Low blood sugar: Range	Intervention:
High blood sugar: Range	Intervention
Administer Glucagon for blood sugar less than:	
Check Ketones for blood sugar over:	

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

(Source: Adapted from form developed by: Disability Rights Education & Defense Fund)



Seizure Health Care Plan		
<p>Student Information:</p> <p>Name: _____</p> <p>DOB: _____</p> <p>—</p> <p>Grade: ____ Teacher: _____</p> <p>PE: _____ Times: _____</p> <p>Seizure Type(s): _____</p> <p>Allergies: _____</p>	<p>Emergency Information:</p> <p>Parent(s): _____</p> <p>Mother: (H) _____ (W) _____</p> <p>— (Cell) _____</p> <p>Father: (H) _____ (W) _____ (Cell) _____</p> <p>Physician: _____</p> <p>Phone: _____</p>	
<p>Additional emergency contacts:</p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>_____</p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>_____</p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>_____</p>		
Current Medications		
Medication	Dosage	Time
Medications To Be Given At School		
Medication	Dosage	Time



Treatment Order:

- DIASTAT (diazepam rectal gel) _____ mg rectally prn for:
 - seizure > _____ minutes or for _____ seizures in _____ hours
- Use VNS (vagal nerve stimulator) magnet: _____
- Other: _____
- Call 911 if:
 - Seizure does not stop by itself or with VNS within _____ minutes
 - Seizure does not stop within _____ minutes of administering DIASTAT
 - Child does not start to wake up within _____ minutes after seizure is over (no DIASTAT given)
 - Child does not start to wake up within _____ minutes after seizure is over (after DIASTAT is given)
- Following a seizure: (Please check off)

<input type="checkbox"/> Child should rest in quite place	<input type="checkbox"/> Parent/caregiver should receive copy of seizure record
<input type="checkbox"/> Child may return to class	<input type="checkbox"/> Parent/caregiver notified immediately

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

(Source: Adapted from form developed by: O'Dell, C., Shinnar, S. Comprehensive Epilepsy Management Center, Montefiore Medical Center Bronx, New York)



Spina Bifida Health Care Plan		
<p>Student Information: Name: _____ DOB: _____ Grade: ____ Teacher: _____ PE: Days _____ Times _____ Lunch times: _____ Allergies: _____ _____</p>	<p>Emergency Information: Parent(s): _____ _____ Mother: (H) _____ Father: (H) _____ _____ (W) _____ (W) _____ (Cell) _____ (Cell) _____ Physician: _____ Phone: _____ Notify parent when: _____</p>	
<p>Additional emergency contacts: Name: _____ Relationship: _____ Phone: _____ _____ Name: _____ Relationship: _____ Phone: _____ _____</p>		
Current Medications		
Medication	Dosage	Time
Medications To Be Given At School		
Medication	Dosage	Time
Academic Related Support Services		
Activity	Supports Necessary/Required	
Attention		
Comprehension & Memory		
Handwriting		
Organization & planning		
Tests		



Plan N

Exercise & physical activity	
Water/bathroom access	
Field trips /extracurriculars	
Emergency drills	
Bowel/bladder control	

Parent/Guardian Signature: _____

Date: _____

Physician's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

(Adapted from form provided courtesy of FAAN (www.foodallergy.org))