

Wyandotte Public Schools		Section 504 Program Forms
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Appendix A: Section 504 Forms

Wyandotte Public Schools	Form A	Section 504 Checklist
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Student's Name	Date of Birth
Current School	Grade

1. Section 504 Referral

- ☐ Receive signed Section 504 Referral for Evaluation (Form B)
- ☐ Date received by the School District:

2. Parent Consent for Evaluation

- ☐ Provide parent Section 504 Notice of Referral and Consent for Evaluation (Form C)
- ☐ Provide parent Section 504 Notice of Procedural Safeguards (Form D)
- ☐ Date parent consent received by the District (Form E):
- ☐ Date evaluation should be completed:
(30 school days from date consent received for initial evaluation.)

3. Evaluation Process

- ☐ Identify Section 504 team members (persons who are knowledgeable about the student, the meaning of evaluation data, and placement options).
- ☐ Determine needed evaluation data. **Note:** Evaluation information should be obtained from a variety of sources.
- ☐ Use Teacher Input forms (Form F)
- ☐ Seek parent consent to obtain medical information, if appropriate (Form G).
- ☐ Send Letter to Physician (Form H) with Physician's Statement form (Form I).

Note: A parent is not required to provide the School District with medical information or permission to contact the student's physician.

4. Section 504 Meeting

- ☐ Determine date, time, and location for meeting.
- ☐ Notify Section 504 team members of meeting date, time, and location.
- ☐ Send parent Section 504 Meeting Notice and Invitation (Form J)
- ☐ Convene meeting.
- ☐ Review evaluation data and determine eligibility/continued eligibility.
- ☐ Complete Section 504 Meeting Summary (Form K) and Student Accommodation Plan (Form L)
- ☐ Provide parent Notice of Procedural Safeguards (Form D)
- ☐ If parent is not present at meeting, send copy of paperwork, including Notice of Procedural Safeguards, to home address.

5. Section 504 Plan Implementation

- ☐ Notify persons with implementation responsibilities of the Plan's existence and their responsibilities under the Plan.
- ☐ Monitor the student's progress and the effectiveness of the Plan.
- ☐ Review the Plan at least annually and whenever the student's situation warrants review.

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form B	Referral for Evaluation
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Date of Referral

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Student's Name

Date of Birth

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Current School

Grade

Reason for Referral: (Please briefly describe the nature of your concerns(s), e.g., academic, behavioral, gross/fine motor, social/emotional, medical, other)

Pre-referral Interventions: (Please indicate interventions, support, or other actions tried prior to the referral in an effort to address the concern(s) identified above.)

Has the student been referred, evaluated, or provided special education or 504 services in the past? ☐ Yes ☐ No

If yes, please explain:

--	--

Person Making Referral

Title

--	--

Signature

Date

--	--

Phone

Email

Please submit form to the Building Principal.

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Principal's Signature of Receipt

Date

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form C	Notice of Referral and Consent for Evaluation
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Parent's/Guardian's Name	Date
Student's Name	Date of Birth
Current School	Grade

Your child has been referred for an evaluation under Section 504 of the Rehabilitation Act of 1973 ("Section 504"). Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance and requires the school district to provide eligible students a Free Appropriate Public Education (FAPE) designed to meet the student's individual educational needs as adequately as the needs of non-disabled students are met.

In order to be eligible for services under Section 504, a student must have a physical or mental impairment that substantially limits one or more major life activities. In determining whether a student meets these criteria, the school district will draw upon information from a variety of sources which may include the following:

- School records
- Observations
- Standardized tests or other assessments
- Parent/Student/Teacher interviews
- Behavior rating scales or other checklists
- Pertinent medical information
- Information provided by the parent/guardian
- Other relevant information

Your child's teacher(s), building administrator, counselor, and other individuals (school psychologist, school nurse, *etc.*) may be involved in the evaluation process. Once the evaluation is completed, a meeting will be scheduled to discuss the results of the evaluation. You will be notified of the time, date, and location of the meeting and are welcome to attend and participate in the decision-making process.

The purpose of this letter is to advise you that the school district proposes to evaluate your child under Section 504 and to obtain your consent for the evaluation. In addition, enclosed is a copy of the Notice of Procedural Safeguards which describes the rights afforded parents under Section 504.

Please indicate on the enclosed form your consent for the Section 504 evaluation and return this form to me as soon as possible. Please feel free to contact me if you have any questions.

Sincerely,

Enclosures

Wyandotte Public Schools	Form D	Notice of Procedural Safeguards
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The following is a brief summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities, and some related rights provided by Title VI of the Civil Rights Act of 1964 and the Family Educational Rights and Privacy Act. The intent of the law is to keep you fully informed about decisions concerning your child and to inform you of your rights in the event you disagree with any decisions concerning your child. You have the right to:

1. Have the District advise you of your rights under Federal law.
2. Receive notice with respect to Section 504 identification, evaluation, and/or placement of your child.
3. Have an evaluation and placement decision for your child based upon information from a variety of sources and which is made by a team of persons knowledgeable about the student, the meaning of evaluation data, and placement options.
4. Have your child receive a Free Appropriate Public Education (FAPE), which is the provision of regular or special education and related aids and services that are designed to meet individual educational needs of your child as adequately as the needs of students without disabilities are met, if the child is Section 504 eligible.
5. Have your child be educated with non-disabled students to the maximum extent appropriate, if the child is Section 504 eligible.
6. Have your child take part in and receive benefits from the District without discrimination on the basis of disability.
7. Have your child educated in facilities and receive services comparable to those provided to non-disabled students.
8. Examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records.
9. Receive information in your native language and primary mode of communication.
10. Have a periodic re-evaluation of your child, including an evaluation before any significant change of placement.
11. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District.
12. Request and participate in an impartial due process hearing regarding the identification, evaluation, or placement of your child, including a right to be represented by counsel in that process and to appeal an adverse decision.
13. File a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office for Civil Rights.

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form E	Parent Consent
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Student's Name	Date of Birth
Current School	Grade
Parent's/Guardian Name	Phone
Address/City/Zip	Email

CONSENT FOR SECTION 504 EVALUATION

I understand that my child has been referred for an evaluation under Section 504. The evaluation will draw upon information from a variety of sources, which may include, but is not limited to: a school record review, observations of the student, parent/child/teacher input or interviews, assessments, and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504.

(Check all that apply)

- ☐ I have received a copy of the Section 504 Notice of Procedural Safeguards.
- ☐ I consent to the Section 504 Evaluation.
- ☐ I do not give permission for the Section 504 Evaluation.

Parent's/Guardian Signature	Date

Please return this form to:

Principal's Name	Building	Phone
Address/City/Zip	Email & Fax	

For School Use Only:

Signature of Recipient	Date

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form F	Teacher Input
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Student's Name	Date of Birth
Current School	Grade

1. Do you have any concerns about this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

2. Academic concerns (please describe):

3. Behavioral concerns (please describe):

4. Other concerns (please describe):

5. Please list any accommodations, interventions, or strategies you have used to address the above concern(s) and indicate how the student responded to the intervention.

6. Would the student have earned this grade without the accommodations, interventions, or strategies you used to address the concern(s)?
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7. Other Concerns:

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form G	Authorization for Release and Exchange of Medical Information
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Student's Name	Date of Birth
Current School	Grade

Parent's/Guardian Name	Phone
Address/City/Zip	Email

I hereby authorize the release and exchange of otherwise confidential medical information between the Wyandotte Public Schools and:

Physician's Name	Phone
Address/City/Zip	Fax

I understand that any information released or exchanged will be treated in a confidential manner by the District and will not be transmitted to a third party without my permission. This authorization is valid for a period of ninety (90) days unless earlier revoked by me in writing.

Parent's/Guardian Signature	Date

Please forward documents to:

Principal's Name	Building	Phone
Address/City/Zip	Email & Fax	

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form H	Cover Letter to Physician
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Physician's Name	Phone
Address/City/Zip	Fax

RE:

Student's Name

The above-named student is currently being evaluated by the Wyandotte Public Schools for the purpose of determining the student's eligibility for services under Section 504 of the Rehabilitation Act of 1973. In order to be eligible under Section 504, the student must have a physical or mental impairment that substantially limits a major life activity.

Enclosed is an authorization for release of information to the School District signed by the student's parent/guardian. Please assist us with our evaluation by completing and returning the enclosed Physician's Statement no later than _____.

Please forward documents to:

Principal's Name	Building	Phone
Address/City/Zip	Email & Fax	

We appreciate your assistance in this evaluation process. Please contact me if you have any questions. Thank you in advance for your cooperation.

Sincerely,

Enclosures

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form I	Physician's Statement
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Student's Name	Date of Birth
Current School	Grade

Physician's Section: Please provide the following information to assist the School District in its Section 504 Evaluation. Attach supporting documentation if needed.

1. Does the student have a physical or mental impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
2. Describe the student's current prognosis and the nature and extent of possible change in the student's condition?
3. What are the anticipated effects of the physical or mental impairment on the student's ability to access, participate in, or benefit from school/educational experience?
4. Does the student have any other special health/medical issues of which the School District should be aware which could affect the student in the school setting?
5. Is the student currently on any medication of which the School District should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
6. Additional comments to assist in educational planning for student.

Physician's Signature	Date
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Appendix A: Section 504 Forms

Wyandotte Public Schools	Form J	Meeting Notice and Invitation
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Student's Name	Date of Birth
Current School	Grade
Parent's/Guardian Name	Phone
Address/City/Zip	Email

Dear Parent or Guardian:

You are invited to attend a meeting to determine or review your child's eligibility for services under Section 504 of the Rehabilitation Act of 1973. If it is determined that your child is or continues to be eligible, a Section 504 Plan will be developed (or reviewed and revised) at this meeting. The meeting information is as follows:

Location	Date
Room Number	Time

The School District has invited the following individuals to attend the meeting:

Name	Position/Title

You are encouraged to attend this meeting and participate in the decision-making process. If the meeting date or time is not convenient for you, please contact me at your earliest convenience and we will attempt to make other arrangements.

Please feel free to contact me if you have any questions.

Sincerely,

Enclosures

PLEASE RETURN THIS PORTION OF THE FORM IN THE ENCLOSED ENVELOPE

- ☐ I will attend the Section 504 meeting.
☐ I am not able to attend and request the meeting be rescheduled.
☐ I am not able to attend, but request that the meeting be held without me and that the paperwork be sent to my home address.

Parent/Guardian Signature: _____

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form K	Section 504 Meeting Summary
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Student's Name	Date of Birth
Current School	Grade

Parent's/Guardian Name

<input type="checkbox"/> Initial Evaluation	<input type="checkbox"/> Annual Review
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Reason for Meeting

Participants:

Name	Position/Title

Summary of Evaluation Results:

Eligibility Criteria and Determination:

The Section 504 definition of a handicapped individual includes those who have a physical or mental impairment that substantially limits one or more major life activities; or has a record of such impairment; or is regarded as having such an impairment. Major life activities may include, but not be limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Does the student have a limiting mental or physical impairment? ☐ Yes ☐ No

If yes, which major life activity is limited?

☐ Caring for Self ☐ Walking ☐ Seeing ☐ Hearing ☐ Speaking

☐ Breathing ☐ Learning ☐ Working ☐ Other:

I have been informed of and received a copy of my rights and procedural safeguards; and

☐ Agree with the determination ☐ Disagree with the determination

Parent Signature:	Date:
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Appendix A: Section 504 Forms

Wyandotte Public Schools	Form L	Student Accommodation Plan
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Student's Name	Date of Birth
Current School	Grade

Student Strengths:
Student Weaknesses:
Accommodation:
Person Responsible for Implementing Plan:
Accommodation:
Person Responsible for Implementing Plan:
Accommodation:
Person Responsible for Implementing Plan:
Accommodation:
Person Responsible for Implementing Plan:
Additional comments to assist in educational planning for student.

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form M	Annual Review of Accommodation Plan
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Student's Name	Date of Birth
Current School	Grade

Parent's/Guardian Name

<input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Annual Review
--

Reason for Meeting

Dear Parent or Guardian:

As you are aware, your child has an active Section 504 Plan. 504 Plans are reviewed annually to determine if the Plan should be continued and/or revised. For example, often Plans need to be revised when a student changes from the elementary school level to the middle school level.

Your child's Section 504 Plan was reviewed on _____ by your child's teachers and/or principal/counselor.

☐ Your child's Section 504 Plan does not need any changes at this time (see attached Section 504 Plan).

☐ Your child's Section 504 Plan WAS revised. Please review the changes on the attached copy. If you are in agreement with the changes, please sign the revised Section 504 Plan and return to me at school.

If you have any questions, please contact as follows:

Staff Member's Name	Phone
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Enclosures

CC: Parent
 Principal
 CA60 File

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form N	Grievance Procedure
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Wyandotte Public Schools has adopted the following Grievance Procedure for addressing complaints of discrimination under Section 504. A person is not required to use this procedure and may instead file a complaint directly with the U.S. Department of Education's Office for Civil Rights, 600 Superior Avenue East, Suite 750, Cleveland, OH 44114-2611:

Step 1:

A person who believes that he/she has been discriminated against by the Wyandotte Public Schools is encouraged, but is not required, to discuss the matter informally with the appropriate building principal, in the case of a student, or his/her immediate supervisor, in the case of an employee.

- A. If the building principal or the immediate supervisor is the subject of the complaint, or the grievant is not a student or employee, the grievant may, instead, contact the Wyandotte Public Schools Section 504 Coordinator.
- B. The person receiving the complaint shall verbally convey his/her findings to both the person who alleged the violation and the person who is the subject of the complaint within ten (10) business days.

Step 2:

If the informal Step 1 process does not resolve the matter, or if the grievant does not wish to use the informal procedures set forth in Step 1, a written complaint may be submitted to the Wyandotte Public Schools Section 504 Coordinator who will investigate the complaint.

- A. If the Section 504 Coordinator is the subject of the complaint, the complaint should be submitted to the Superintendent of Schools who will appoint another administrator to conduct the investigation.
- B. The complaint shall be signed by the grievant and include the:
 - a. grievant name and contact information;
 - b. facts of the incident or action complained about;
 - c. date of the incident or action giving rise to the complaint;
 - d. type of discrimination alleged to have occurred; and
 - e. specific relief sought.
 - f. Note: Witness names and other evidence as deemed appropriate by the grievant may also be submitted.
- C. An investigation of the complaint will be conducted within ten (10) business days following the submission of the written complaint. The investigation shall include an interview of the parties and witnesses, a review of relevant evidence, and any other steps necessary to ensure a prompt and thorough investigation of the complaint.

Appendix A: Section 504 Forms

- D. A written disposition of the complaint shall be issued within ten (10) business days of completion of the investigation, unless a specific written extension of time is provided to the parties. Copies of the disposition will be given to both the grievant and the person who is the subject of the complaint.

Step 3:

If the grievant wishes to appeal the decision in Step 2, he/she may submit a signed, written appeal to the Superintendent of Schools within the (10) business days after receipt of the written disposition. The Superintendent or his/her designee shall respond to the complaint, in writing, within ten (10) business days of the date of the appeal. Copies of the response shall be provided to both the grievant and the person who is the subject of the complaint.

Wyandotte Public Schools provides assurance that it strictly prohibits any form of retaliation against persons who utilize this Grievance Procedure. Further, a grievant making a complaint is neither required to prosecute the matter nor confront the alleged discriminator or harasser when that would be inappropriate.

If you have questions regarding these procedures or want to file a complaint, please contact the Wyandotte Public Schools Section 504 Coordinator at:

Section 504 Coordinator
Wyandotte Public Schools
639 Oak Street
Wyandotte, MI 48192
734-759-6022

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form O	Section 504 Complaint
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Student's Name	Date of Birth
Current School	Grade
Parent's/Guardian Name	Phone
Address/City/Zip	Email

Complaint Summary:

1. Describe the alleged violations of Section 504. Please be specific and describe the specific incidents(s), as well as identify the individuals involved, dates/times/locations, etc. Attach additional pages if needed	
2. Describe your proposed resolution to address the alleged problem(s)/violation(s).	
Complainant's Signature	Date

Please submit this form to:

Section 504 Coordinator
Wyandotte Public Schools
639 Oak Street
Wyandotte, MI 48192
734-759-6022

A person who believes that he/she has been discriminated against by the Wyandotte Public Schools on the basis of disability may file a complaint through the District's grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 600 Superior Ave East, Suite 750, Cleveland, OH 44114. You may file a complaint with OCR at any time. Filing a complaint with the School District is not a prerequisite to filing with OCR.

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form P	Manifestation Determination Meeting Notice and Invitation
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Student's Name	Date of Birth
Current School	Grade
Parent's/Guardian Name	Phone
Address/City/Zip	Email

Dear Parent/Guardian:

You are invited to attend a Section 504 manifestation determination meeting to review whether your child's misconduct was a manifestation of his/her disability.

The meeting information is as follows:

Location	Date
Room Number	Time

The School District has invited the following individuals to attend the meeting:

Name	Position/Title

You are encouraged to attend this meeting and participate in the decision-making process. If the meeting date or time is not convenient for you, please contact me at your earliest convenience and we will attempt to make other arrangements.

Please feel free to contact me if you have any questions.

Sincerely,

Enclosures

PLEASE RETURN THIS PORTION OF THE FORM IN THE ENCLOSED ENVELOPE

☐

I will attend the Section 504 Manifestation Determination meeting.

☐

I am not able to attend and request the meeting be rescheduled.

☐

I am not able to attend, but request that the meeting be held without me and that the paperwork be sent to my home address.

Parent/Guardian Signature: _____

Appendix A: Section 504 Forms

Wyandotte Public Schools	Form Q	Manifestation Determination Review
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Date of Manifestation Review	Date of Current 504 Plan

Student's Name	Date of Birth

Current School	Grade

Parent's/Guardian Name	Phone

Address/City/Zip	Email

The meeting information is as follows:

Location	Date

Room Number	Time

The School District has invited the following individuals to attend the meeting:

Name	Position/Title

Current Drug or Alcohol Use

<p>1. Does the student currently engage in the illegal use of drugs or alcohol?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Is the student being disciplined for the possession or use of illegal drugs or alcohol?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If the answer to either question is yes, the student is not entitled to a manifestation determination review and the student may be disciplined to the same extent that such disciplinary action is taken against students without disabilities.</p>

Consideration for Review – In carrying out a manifestation determination review, the 504 Team shall:

Appendix A: Section 504 Forms

1. Describe the behavior or incident that is subject to discipline.
2. Review and summarize relevant information in student's file
3. Review and summarize relevant information in student's Section 504 Plan.
4. Review and summarize relevant teacher observation of the student.
5. Review and summarize relevant information provided by the parent.

Manifestation Determination

In relation to the behavior subject to discipline (see previous page):

1. Was the conduct in question caused by or did it have a direct and substantial relationship to the student's disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the conduct a direct result of the School District's failure to implement the Section 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the Section 504 team answers "Yes" to either of the questions above, then the behavior must be considered a manifestation of the student's disability.

Manifestation Hearing Conclusion

- ☐ Is not a manifestation of the student's disability and school personnel may apply relevant disciplinary procedures applicable to all students.
- ☐ Is a manifestation of the student's disability?

Signature of Section 504 Committee Chair	Date

<input type="checkbox"/> I have been informed of and received a copy of my rights and procedural safeguards	
<input type="checkbox"/> Agree with the determination	<input type="checkbox"/> Disagree with the determination
Parent Signature:	Date: