Exceptional Education/Student Services staff and school personnel use Encore for managing the required Section 504 forms documenting the processes for referral, eligibility, the accommodation plan, reevaluation, and other related activities. Each school is responsible for entering Section 504 student data into the district’s student information management (SIMS/Genesis) and Encore Programs.
Section 504 Meeting Notification Form

Student First Name ___________________________  Student Last Name ___________________________  Student Number ___________________________  Date of Birth ___________________________

Dear ___________________________,

Parent(s)/Guardian(s)/Surrogate

A meeting has been scheduled at ___________________________ on ___________________________ at ___________________________

School ___________________________  Location/Rm # ___________________________  Date ___________________________  Time ___________________________

Purpose(s) for Meeting:

☐ Initial Meeting
☐ Review/update Section 504 Plan
☐ Review of evaluation information and determination of eligibility
☐ Reevaluation
☐ Development of Section 504 Plan, as determined by the Section 504 Team
☐ Manifestation Determination
☐ Other ___________________________

Other ___________________________

The following people are invited to participate in the meeting:

☐ School 504 Designee
☐ School Nurse
☐ School Psychologist
☐ Teacher(s)
☐ School Administrator
☐ Other ___________________________

Response from Parent(s)/Guardian(s)/Surrogate

Please check one, sign and return original to your child’s school.

☐ I will attend on the above date and time.
☐ I wish to participate via phone, but in the event I cannot be reached, I understand the meeting will proceed without me. Please contact me at the following number: ___________________________

☐ I am unable to attend, but understand the meeting will proceed without me.
☐ I am unable to attend and wish to reschedule the meeting. Please contact me at the following number: ___________________________

_________________________  ___________________________
Signature of Parent(s)/Guardian(s)/Surrogate  Date

You have the right to bring someone who has specific knowledge and/or expertise regarding your child.

I plan to bring:

_________________________  ___________________________
Name  Title

If you have any question(s) or require accommodation(s), in accordance with the American with Disabilities Act (ADA), please contact:

_________________________  ___________________________
Name/Section 504 Designee  Phone

Office Use: Record of Contact Attempts

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Results</th>
<th>By</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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</table>
## Section 504 Screening

<table>
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<tr>
<th>Student First Name</th>
<th>Student Last Name</th>
<th>Student Number</th>
<th>Date of Birth</th>
<th>Grade</th>
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<tr>
<th>Parent Name</th>
<th>Parent Phone</th>
<th>School Name/Number</th>
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</table>

### Referral Source(s):

- [ ] School Counselor
- [ ] Parent/Guardian/Surrogate
- [ ] School Nurse
- [ ] Teacher
- [ ] Eligibility Team
- [ ] Multi-disciplinary Referral Team
- [ ] Problem Solving/Response to Intervention Team
- [ ] Other

### Presenting Problem:

- [ ] Suspected Physical or Mental Impairment
  - (provide medical/psychological information):
    - [ ] Suspected Major Life Activity Limitation
      - include summary of educational history, (retention, previous report cards, current grade report or progress report, standardized test scores, anecdotal information, attendance history, etc.)

- [ ] The Section 504 Team has determined:
  - (Check appropriate items)
    - [ ] No further services of the Team are indicated at this time.
    - [ ] The case will be referred to school based Problem Solving/Response to Intervention Team
    - [ ] Evaluation to determine Section 504 eligibility is recommended

### Comments:

- [ ] Name/Section 504 Designee
- [ ] Phone

---

Duval County Public Schools  
1701 Prudential Drive  
Jacksonville, FL 32207

Date

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Section 504 Parental Consent for Evaluation

Dear Parent(s)/Guardian(s)/Adult Student Name:

This student has been referred for evaluation to consider eligibility for Section 504. This information will be used by the Section 504 Team to assist in determining eligibility.

The evaluation specialist(s) will select specific tests and checklists as indicated below:

☐ Review of psychological/medical reports/school records  ☐ Vision Screening
☐ Academic Evaluation  ☐ Hearing Screening
☐ Rating Scales  ☐ Cognitive Processing
☐ Behavioral Observation  ☐ Other __________________________

When the results of the assessment are available, you will be notified and given an opportunity to have the results explained to you.

Parent(s)/Guardian(s)/Adult Student Consent for Evaluation

Please check appropriate box, sign and return original to your child’s school.

☐ Yes, I give permission.

☐ I request a conference before giving permission. Please contact me at __________________________

☐ No, I do not give my permission for the following reason(s):

________________________________________________________________________

As parent(s)/guardian(s) of a child with a suspected disability/impairment, you have protections under the attached procedural safeguards under Section 504 of the Rehabilitation Act of 1973. Further explanations of rights and copies may be obtained from the Principal or designee.

☐ I have received a copy of the Parents Rights and Due Process documents.

________________________________________________________________________

If you have any questions please contact:

_________________________________________ at __________________________

Name/Section 504 Designee  Phone

Signature of Parent(s)/Guardian(s)/Adult Student  Date

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This student has been referred for an evaluation to consider eligibility for Section 504. This medical information will be used by the Section 504 Team to assist in determining eligibility.

**Diagnosis (Provide formal diagnosis and brief description of student’s medical condition):**

**Medications (List types, dosages and possible side effects):**

**Implications for the school setting:**

---

**Name of Health Care Professional* (Please Print)**

**Date Signed**

---

Signature of Health Care Professional

---

Please return this document to:

**Name/Section 504 Designee**

**School Name**

**School Street Address**

**School City, Zip Code**

---

If you have any questions please contact:

**Name/Section 504 Designee**

**Phone**
§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Section 504 Summary of Findings/Eligibility Determination

<table>
<thead>
<tr>
<th>Student First Name</th>
<th>Student Last Name</th>
<th>Student Number</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
</table>

Parent Name                       Parent Phone  School Name/Number

Sources of Information:
- Classroom Performance/Report Card
- Teacher(s) Input
- Parent Input
- Medical Report
- Assessments/Evaluations:

Impairment/Disability
- ADD/ADHD
- Learning Impairment
- Behavior Functioning
- Emotional Impairment
- Bipolar
- Severe Allergy

Activity Affected
- Concentrating
- Breathing
- Learning
- Digestive Functions
- Social/Behavioral Ability
- Ambulatory Ability
- Speaking
- Walking
- Other

Limitation Rating/Rationale: Use the average student in the general population as the frame of reference. Make an educated estimate without the effects of mitigating measures, such as medication; low vision devices (except eye glasses or contact lenses); hearing aids; cochlear implants; mobility devices; assistive technology; learned behavioral or adaptive neurological modifications; and reasonable accommodations or auxiliary aids/services. Similarly, for impairments that are episodic or in remission, make the determination for the period in which the impairment is active.

- Mildly
- Moderately
- Substantially

Rationale: ____________________________

Section 504 Eligibility Determination:
- YES, eligibility established, §504 Plan will be developed; the student demonstrates the need for accommodations.
- YES, eligibility established, §504 Plan will NOT be developed; the student does not demonstrate the need for accommodations at this time.
- NO, student is not eligible for Section 504 Plan accommodations.
- More information needed to establish eligibility.

Procedural Safeguards provided to Parent/Guardian/Surrogate on date: ___/___/___ via: □ U.S. Mail   □ Student delivery
- In attendance at meeting, initials ____________

DCPS.075. 08/12 DISTRIBUTION: Original: Cumulative Folder    Copies: Parent(s)/Guardian(s)/Surrogate/Adult Student
# Section 504 Plan

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Accommodation</th>
<th>Person Responsible</th>
<th>Start Date</th>
<th>End Date</th>
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DCPS.076. 08/12 DISTRIBUTION: Original: Cumulative Folder Copies: Parent(s)/Guardian(s)/Surrogate/Adult Student
## Section 504 Team Participant Signatures

<table>
<thead>
<tr>
<th>Student First Name</th>
<th>Student Last Name</th>
<th>Student Number</th>
<th>Date of Birth</th>
<th>Grade</th>
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</table>

### Meeting type
- [ ] Initial
- [ ] Update
- [ ] Reevaluation
- [ ] Transfer
- [ ] Temporary

### School Name/Number

<table>
<thead>
<tr>
<th>Participant Name</th>
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<table>
<thead>
<tr>
<th>Participant Title</th>
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</table>

<table>
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<tr>
<th>Participant Signature/Date</th>
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**Comments:**

---

**Procedural Safeguards provided to Parent/Guardian/ Surrogate/Adult Student on date:** __/__/__ via: ___U.S. Mail

**McKay Scholarship information provided to Parent/Guardian/ Surrogate/Adult Student on date:** __/__/__ via: ___U.S. Mail

- [ ] Student delivery
- [ ] In attendance at meeting, initials ______
Parent Refusal of Section 504 Plan

Student First Name    Student Last Name                  Student Number                 Date of Birth      Grade

Parent Name             Parent Phone       School Name/Number

I understand my child is eligible for Section 504 accommodations in the Duval County Public Schools.

At this time, I am refusing Section 504 accommodations as an option. I understand without the protection of the Section 504 plan, my child is not entitled to special accommodations. In medical cases, I understand my child is not entitled to special accommodations outside of those accommodations indicated on a Nursing Care Plan provided by the school nurse, if applicable. The Nursing Care Plan includes all accommodations for classroom medical needs and emergency interventions.

I am aware the absence of a Section 504 plan precludes special accommodations during classroom instruction/testing as well as state and district assessments.

I reserve the right to request a Section 504 Team review meeting in the future by contacting the Section 504 Designee at my child’s school.

Comments: ________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Parent/Guardian Name        Phone

Name/Section 504 Designee     Phone
Refusal of School Special Assignment - Medical Option

<table>
<thead>
<tr>
<th>Student First Name</th>
<th>Student Last Name</th>
<th>Student Number</th>
<th>Date of Birth</th>
<th>Grade</th>
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</table>

<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Parent Phone</th>
<th>Current School Name/Number</th>
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</thead>
</table>

I understand that due to my child’s medical diagnosis s/he is eligible for special assignment to another school site with a full-time registered nurse on staff. I understand that transportation to the reassigned school will be provided at no expense to me, and my other children may also attend the reassigned school, as appropriate.

I am refusing the district’s option of the reassigned school site at this time. I understand that without the availability of the full-time registered nurse, and/or trained personnel to assist my child in case of emergency (e.g., administration of Diastat), a call will be made to 911, followed by a call to the parent/guardian, and/or the emergency contact number currently on file, in accordance with my child’s Nursing Care Plan.

In the future, I reserve the right to have my child reassigned to a school site with a full-time registered nurse on staff based on current medical verification. Should alternate/additional protections beyond those included in my child’s current Nursing Care Plan become medically necessary, I will contact the school counselor for assistance.

Parent/Guardian Name: ________________________________
(Print)

Parent/Guardian Signature: ___________________________ Date: __________

School Principal or Designee Name: ____________________

School Principal Signature: ___________________________ Date: __________

**Parent/Guardian Name and Cell/Home Number:** ________________________________

***Current Emergency Contact Name/Number:** ________________________________

Comments:

________________________________________

________________________________________

________________________________________

________________________________________

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§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Section 504 Notice of Refusal

Student First Name    Student Last Name                  Student Number                 Date of Birth      Grade
Parent Name             Parent Phone       School Name/Number

After careful review, we are choosing not to take the action described:


The §504 Team reviewed the following evaluation procedure(s), test(s), record(s), and/or report(s) as a basis for the refusal:


Explanation of why the action is refused:


Other options considered included:


Other options were rejected because:


If other factors were relevant to this decision, those included:


As parent(s)/guardian(s) of a child with a suspected disability/impairment, you have protections under the attached procedural safeguards under Section 504 of the Rehabilitation Act of 1973. Further explanations of rights and copies may be obtained from the Principal or designee.

Name/Section 504 Designee        Phone

DCPS.079.08/12        DISTRIBUTION: Original: Cumulative Folder        Copies: Parent(s)/Guardian(s)/Surrogate/Adult Student
**Section 504 Student Productivity Scale**  
This form should be completed by the teacher.

<table>
<thead>
<tr>
<th>Student First Name</th>
<th>Student Last Name</th>
<th>Student Number</th>
<th>Date of Birth</th>
<th>Grade</th>
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<tr>
<th>Teacher Name</th>
<th>Subject</th>
<th>School Name/Number</th>
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</table>

**OVERALL ACADEMIC PERFORMANCE (Check One)**

- □ A/B
- □ C
- □ D
- □ F

Please check one in the table below:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Almost Always (100%)</th>
<th>Frequently (75%)</th>
<th>Sometimes (50%)</th>
<th>Hardly Ever (25%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brings required materials</td>
<td></td>
<td></td>
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<tr>
<td>Arrives to class on-time</td>
<td></td>
<td></td>
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<tr>
<td>Pays attention to oral directions</td>
<td></td>
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<tr>
<td>Begins assignments without prompting</td>
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<tr>
<td>Sustains attention to task/lecture</td>
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<tr>
<td>Rushes through assignments</td>
<td></td>
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<tr>
<td>Submitted work meets class expectations</td>
<td></td>
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<tr>
<td>Engages peers in off-topic discussions</td>
<td></td>
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<tr>
<td>Blurs out responses</td>
<td></td>
<td></td>
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<tr>
<td>Leaves seat without permission</td>
<td></td>
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<tr>
<td>Percentage of work completed in class</td>
<td></td>
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<tr>
<td>Percentage of homework completed</td>
<td></td>
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<tr>
<td>Percentage of homework submitted</td>
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<tr>
<td>Overall productivity</td>
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</table>
# Section 504 Behavior Management Plan

To be completed by the Section 504 Team including the school psychologist

<table>
<thead>
<tr>
<th>Student First Name</th>
<th>Student Last Name</th>
<th>Student Number</th>
<th>Date of Birth</th>
<th>Grade</th>
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**Inappropriate Behavior:**

**Replacement Behavior:**

**What strategy will be used to prevent the behavior from occurring?**

**Who will implement the strategy?**

**How often will the strategy be used?**

**How will the effectiveness be measured?**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Results</th>
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</table>
Section 504 Manifestation Determination

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<th>Student First Name</th>
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<th>Date of Birth</th>
<th>Grade</th>
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<thead>
<tr>
<th>Parent Name</th>
<th>Parent Phone</th>
<th>School Name/Number</th>
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</table>

Disability/Impairment(s): ______________________________________

A. Check purpose of Review:

- [ ] Suspension over 10 days; cumulative number of days suspended during the current school year ____________

- [ ] Code of Student Conduct violations, indicate below:

<table>
<thead>
<tr>
<th>Code Violation Number</th>
<th>Date</th>
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B. Sources of information (check and ATTACH all that apply):

- [ ] Assessment/evaluations
- [ ] Current Section 504 Plan
- [ ] Medical information, including diagnosis, and medication
- [ ] Functional Behavioral Assessment/Behavior Intervention Plan
- [ ] Other: ________________________________

- [ ] Interviews conducted
- [ ] Direct observations
- [ ] Parent information
- [ ] Discipline reports
- [ ] Other: ________________________________

C. Answer the following questions, taking into consideration all relevant information, including any evaluations, teacher observations, or other relevant documentation, including any information supplied by the parent.

- YES  NO

1. Was the conduct in question a direct and substantial relationship to the student’s disability?

- YES  NO

2. Was the conduct in question a direct result of the school district’s failure to implement the Section 504 Plan?

D. Findings

- If the §504 team checked YES to either question 1 or 2 further disciplinary actions are not appropriate because the student’s behavior is considered to be a manifestation of the disability.

- If the §504 team checked YES to question 2 above, further disciplinary actions are not appropriate; the §504 team must review, revise and implement the Section 504 Plan.

- If the §504 team checked NO to questions 1 and 2 above, the behavior is NOT considered a manifestation of the student’s disability; and further disciplinary actions are appropriate; document below:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
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Section 504 Medical Review/Consult

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<th>Student First Name</th>
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<tbody>
<tr>
<td>Parent Name</td>
<td>Parent Phone</td>
<td>School Name/Number</td>
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The Section 504 Team requests the assistance of the School District Physician/School Nurse to review the statement of the student’s medical condition and its likely impact within the school setting.

To assure the confidentiality of student records, the parent/guardian/surrogate has provided consent for Duval County Public Schools to review/share information about the student (See attached Release of Information).

Please review the following (See attached):

- Medical Verification Request
- Medical Report
- Other: ____________________________
- Nursing Care Plan
- Psychological/Psychiatric Report
- Other: ____________________________

The District Physician/Nurse’s recommendations are as follows:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Physician/Nurse Signature

Date

Please return completed form to:

Name / Position

School Name / Number

Phone

Fax
**Written Request for Section 504 Resolution Assistance**

Student Name: ___________________________ School: ___________________________

Grade: _______ Parent/Guardian Name: ___________________________

Address: __________________________________ City: ___________________________ Zip: ___________________________

Home Phone: ___________________________ Work: ___________________________ Cell: ___________________________

Parent/Guardian E-mail: ___________________________

Please explain the nature of your concern(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Who have you spoken to or met with at the school to address this situation? What was the result of that contact?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

A proposed resolution of the problem(s) or issue(s) would be:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Parent/Guardian/Surrogate/Adult Student ___________________________ Date ___________________________

Send to:
District Section 504 Administrator
Exceptional Education/Student Services
4037 Boulevard Center Drive
Jacksonville, Florida 32207
WRITTEN CONSENT FOR RELEASE OF INFORMATION

Student Name __________________________ Date of Birth __________ Current School __________________________

☐ Consent to invite agency representatives to an Individual Education Plan (IEP) meeting:
   ☐ I consent ☐ I do not consent to inviting representatives of the following agency(ies) to my child’s IEP meeting on __________________________ Meeting Date

Agency Name __________________________ Agency Name __________________________ Agency Name __________________________

Parent/Guardian/Surrogate/Adult Student Signature: __________________________ Date: __________________________

To assure the confidentiality of student records, written parent/guardian/surrogate/student consent is required prior to sending or receiving information about the student. The information shared through this consent will assist in educational planning for the student.

☐ Release of Information FROM an agency, school, or physician TO Duval County Public Schools:
I hereby give my consent for __________________________ to release the following records to Duval County Public Schools.

Name of specific Agency, School, or Physician __________________________ Area Code/Phone __________________________

Check all records that apply:
☐ Psychological Evaluation ☐ Psychiatric Evaluation ☐ Medical Evaluation/Information ☐ Educational Evaluation
☐ School records ☐ Social/Development History ☐ Other: __________________________

Please forward the requested information/records to the attention of:

☐ Exceptional Education and Student Services Department Admissions Office
3047 Boulevard Center Drive, Jacksonville, FL 32207
Phone: (904) 348-7800 Fax: (904) 858-3612

☐ Exceptional Education and Student Services Department Psychological Services – Region II
1720 Lansdowne Dr., Jacksonville, FL 32211
Phone: (904) 858-6150 Fax: (904) 858-6160

☐ Prekindergarten Disabilities
4030 Boulevard Center Drive, Jacksonville, FL 32207
Phone: (904) 348-7866 Fax: (904) 348-5139

☐ Child Find
4124 Boulevard Center Drive, Jacksonville, FL 32207
Phone: (904) 346-4601 Fax: (904) 346-4611

☐ Office of Parentally Placed Private School Students
4030 Boulevard Center Drive, Jacksonville, FL 32207
Phone: (904) 348-7866 Fax: (904) 348-5124

☐ Homebound/Hospital
Pinedale Elementary School – Building 10
4229 Edison Ave., Jacksonville, FL 32254
Phone: (904) 858-6270 Fax: (904) 858-6239

☐ Region I Exceptional Education and Student Services
129 King St. – Building #67 A, Jacksonville, FL 32204
Phone: (904) 858-6270 Fax: (904) 858-6239

☐ Region II Exceptional Education and Student Services
1720 Lansdowne Drive, Jacksonville, FL 32211
Phone: (904) 858-6150 Fax: (904) 858-6160

☐ Region III Exceptional Education and Student Services
8015 Parker School Road, #136-1, Jacksonville, FL 32211
Phone: (904) 858-3665 Fax: (904) 858-3665

☐ Region IV Exceptional Education and Student Services
3701 Winton Drive, Jacksonville, FL 32208
Phone: (904) 924-3456 Fax: (904) 924-3455

☐ Release of Information FROM Duval County Public Schools TO an agency, school, or physician:
I hereby give my permission for Duval County Public Schools to release the following records to:

Name of specific Agency, School, or Physician __________________________ Area Code/Phone __________________________

Address of specific Agency, School, or Physician __________________________ City __________________________ State __________ Zip __________

Check all records that apply:
☐ Psychological Evaluation ☐ Psychiatric Evaluation ☐ Medical Evaluation/Information ☐ Educational Evaluation
☐ School records ☐ Social/Development History ☐ Other: __________________________

Authorization to Release Information:
I understand and agree:
1. My consent is strictly voluntary and I may revoke this consent at any time by notifying the above entities in writing.
2. My revocation does not affect any disclosures made prior to the revocation being received and processed.
3. The information disclosed may be subject to re-disclosure under the conditions set forth in 20 U.S.C. §1232g and Duval County Public Schools Student Records policies and procedures.
4. I have a right to receive a copy of the information to be used/disclosed.
5. Unless otherwise specified, this authorization expires 365 days from the date signed. (Expiration date: __________________________)

Parent/Guardian/Surrogate/Adult Student Signature __________________________ PRINT NAME of Parent/Guardian/Surrogate/Adult Student __________ Date __________________________
We would like to inform you that your child may be eligible to participate in the John M. McKay Scholarships for Students with Disabilities Program, commonly known as the McKay Scholarship Program. This program was created to provide educational options to parents of disabled students.

By participating in the McKay Scholarship Program, your student may be able to attend a different public school in your district, attend a public school in an adjacent district, or receive a scholarship to attend a participating private school.

In order to be eligible for the McKay Scholarship Program, a student must apply for the program prior to withdrawing from public school. The student must have a current:

- Individual Education Plan (IEP)

OR

- Section 504 Accommodation Plan (§504)

AND ONE OF THE FOLLOWING:

- Received specialized instructional services under the Voluntary Prekindergarten Educational Program during the previous school year, have been reported for funding during the preceding October and February Florida Education Finance Program student membership surveys, and was at least four years old when enrolled and reported; or
- Spent the prior school year in attendance at a Florida public school and have been reported for funding during the preceding October and February Florida Education Finance Program student membership surveys in kindergarten through grade 12; or
- Spent the prior school year in attendance at the Florida School for the Deaf and the Blind and have been reported for funding during the preceding October and February Florida Education Finance Program student membership surveys in kindergarten through grade 12.

To learn more about your child’s educational options and find out if your student is eligible for the John McKay Scholarship, please contact the:

- Florida Department of Education School Choice website at www.floridaschoolchoice.org, then select the McKay Scholarships link.
- Duval County Public Schools’ Parental Choice Office at 904-390-2044.
- Duval County Public Schools’ Choice website at www.duvalchoice.com/mckay.html

In order for a student to be eligible for the program, intent to participate in the McKay Scholarship Program must be filed on the School Choice website prior to withdrawing from public school.

The deadline to apply for the first payment period of the next school year is the first week of July.

Please note this letter serves to notify you that your child may be eligible to participate in the McKay Scholarship Program. This letter does not guarantee your student’s eligibility.

Dr. Nikolai P. Vitti, Superintendent of Schools
Florida state law requires that a parent must provide signed consent for a student to receive instructional accommodations that would not be available or permitted on statewide assessments and must acknowledge in writing that he or she understands the implications (impact) of such accommodations.

The Section 504 team, including the parent/guardian/surrogate/adult student, determines the student’s need for instructional and assessment accommodations in order to access the general education curriculum. Some accommodations recommended for instruction may not be used on statewide assessments (i.e. End of Course Assessments (EOC), FCAT, FCAT 2.0) because they change what the test is intended to measure and affect the test’s reliability and validity. Examples of such non-allowed accommodations may include supports such as:

- The use of a calculator for basic computation in grades 3–6
- The use of spelling or grammar check when using a word processor
- Having someone read aloud items that test reading skills

Providing accommodations during instruction may have the unintended consequence of reducing the student’s opportunity to learn critical content. This may put the student at risk for not being able to meet graduation requirements for a diploma.

Notice was provided to you on ___ inviting you to attend the Section 504 meeting. After reviewing current information/data, the team determined appropriate instructional accommodations for your son/daughter.

The accommodations highlighted on the attached Section 504 Plan indicate the instructional accommodations that are NOT permitted on the statewide assessments.

Please check one of the options below and return this form to your child’s school. If you have any questions, please contact:

☐ I understand the implications of and consent to the use of instructional accommodation(s) not allowed on statewide assessments.

☐ I understand the implications of and do NOT consent to the use of the instructional accommodation(s) not allowed on statewide assessments.

Parent/Guardian/Surrogate Signature/Adult Student  Date
Duval County Public Schools
Exceptional Education and Student Services
1701 Prudential Drive, Jacksonville, FL 32207

Informed Notice/Consent For Reevaluation

Student Name             Student Number         Date of Birth                 School Name

Parent/Guardian Name        Street Address     City        State    Zip Code

A reevaluation is proposed for your child by the Section 504 Reevaluation Team. This process involves gathering and reviewing information obtained on your child to assist us in determining whether the current Section 504 Plan is meeting his/her needs.

This reevaluation is:  [ ] Required to meet the three-year reevaluation (triennial).  [ ] A more frequent reevaluation.

Reevaluation involves reviewing existing information, tests, records and reports.

The Section 504 Reevaluation Team reviewed the following information:

- Previous Evaluations
- Academic Grades
- State/District Assessments
- Behavior Management Plan
- Classroom-Based Assessments
- Education Plan
- Current/Former Section 504 Plans
- Cumulative Folder
- Parent Input

Parent provided input for Reevaluation via:
- Previous Evaluations
- Classroom-Based Assessments
- Cumulative Folder
- Attendance at Meeting
- Parent Conference
- Other:

Reevaluation Questions        Is additional information/data needed to determine:
1. if this student continues to have a mental or physical impairment?  [ ] Yes  [ ] No
2. if the impairment continues to affect a major life activity?  [ ] Yes  [ ] No
3. if the effect of the impairment is significant, notwithstanding mitigating factors?  [ ] Yes  [ ] No
4. if the student continues to need Section 504 accommodations?  [ ] Yes  [ ] No

The Section 504 Reevaluation Team has made the following determination, based on options considered:
- No further information or formal testing is required or recommended. The reevaluation process is complete. **No parent consent is required.**
- Further information or formal testing is requested. Parent consent is required below:  [ ] Yes  [ ] No

The Section 504 Reevaluation Team recommends and requests your consent to review information and/or to conduct the following evaluation(s).

- **R** = Review; **E** = Evaluate
- Review of psychological/medical reports/school records
- Academic Evaluation
- Rating Scales
- Behavioral Observation
- Vision Screening
- Hearing Screening
- Cognitive Processing
- Other:

Other factors to be considered include:

Comments:

Does the student need an interpreter/translator for testing/evaluation?  [ ] No  [ ] Yes: (specify)

As parent(s)/guardian(s) of a child with an impairment or suspected impairment, you have protections under the attached procedural safeguards under Section 504 of the Rehabilitation Act. Further explanations of rights and copies may be obtained from the Section 504 Designee or Principal.

Name/School Section 504 Designee at Phone

[ ] YES, I give permission for reevaluation and understand my rights as explained in the Procedural Safeguards.
[ ] I request a conference before giving permission for reevaluation. Please contact me at .
[ ] NO, I do not give my permission for reevaluation for the following reasons:

Parent(s)/Guardian(s)/Adult Student Signature       Date

DCPS.125.09/13 DISTRIBUTION: Cumulative Folder Section 504 Designee Parent(s)/Guardian(s)/Adult Student Evaluator
Duval County Public Schools
Notification of Student Rights & Procedural Safeguards
Section 504 of the Rehabilitation Act of 1973

The Duval County Public Schools is committed to the support of a diverse student population and prohibits discrimination against any student on the basis of disability. If your child is determined eligible as an individual with a disability as defined by Section 504 of the Rehabilitation Act of 1973, you are entitled to certain rights. This notice is designed to provide you with information about those rights.

Under Section 504, you have the right to:

1. Have your child participate in and receive educational benefit from public education programs without discrimination due to a disability;

2. Have the school district advise you of your rights under federal law;

3. Receive notice with respect to identification, evaluation, or placement of your child;

4. Have your child receive a Free Appropriate Public Education (FAPE) designed to meet individual educational needs. This includes the right to be educated with non-disabled 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 the same as a non-disabled child;

5. Have your child educated in facilities and receive services comparable to those provided non-disabled students;

6. Have evaluation, educational, and placement decisions made based on a variety of information sources, and by persons knowledgeable about your child, the evaluation data, and placement options;

7. Have transportation, if deemed appropriate, provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the school District;

8. Have your child provided an equal opportunity to participate in nonacademic and extracurricular activities offered by the school District;

9. Examine all relevant records relating to decisions regarding your child’s identification, evaluation, educational program, and placement;

10. Appeal the school-based decisions regarding your child’s eligibility and the appropriateness of the Section 504 plan to the District Section 504 Administrator.

11. Request an impartial due process hearing related to decisions or actions regarding identification, evaluation, educational program, or placement. The written request must be sent to the Superintendent’s Office, Duval County Public Schools, 1701 Prudential Drive, Jacksonville, Florida 32207.

Section 504. April 2014
Under Section 504 of the Rehabilitation Act of 1973, the parent/guardian/adult student is provided a process to follow in resolving disagreements related to the identification, evaluation, or provision of services under Section 504.

Although the parent/guardian/adult student may file, at any time, for due process at the state and/or federal level, it is recommended that the parent/guardian/adult student attempt to resolve concerns by utilizing the methods below:

**School-based Problem Resolution**

In an effort to resolve the concern, the parent contacts the Principal to schedule a Section 504 Team Resolution meeting. The Team shall consist of the Principal/AP, Section 504 Designee, at least one of the student’s core academic teachers, the parent and the student, as appropriate.

**Local Level Complaint Resolution**

The parent or school staff may submit a written request for resolution assistance to the District Section 504 Administrator within 30 calendar days of the school-based Section 504 Team meeting. The request form is available on the DCPS website or by contacting the District Section 504 Administrator.

District Section 504 Administrator  
Exceptional Education/Student Services Department  
4037 Boulevard Center Dr.  
Jacksonville, FL 32207  
904-348-7800

A meeting must be held within 15 calendar days of the parent or school staff contacting the District 504 Administrator. If agreement is reached, a written Resolution Agreement document will be signed by all parties.

**State Level Grievance Resolution - Due Process Hearing**

The parent may submit a written request to the Superintendent of Duval County Public Schools, petitioning the school District to arrange a hearing before an administrative law judge (ALJ) from the State of Florida Division of Administrative Hearings (DOAH) to resolve the grievance.

The request shall include:

a. Specific information concerning the alleged denial of appropriate educational services;

b. Proposed remedies of the alleged denial of appropriate educational services;

c. Any other information that may assist in understanding the alleged denial of appropriate educational services.

The Due Process request form is available on the DCPS website [www.duvalschools.org](http://www.duvalschools.org) or by contacting the District Section 504 Administrator (904-348-7800).

- The School District shall give the parent/guardian/adult student reasonable advance notice of the date, time and place of the hearing.
• A hearing will be conducted in an informal and non-adversarial manner. The parent/guardian/adult student may, at their own expense, be assisted or represented by individuals of their choice, including an attorney.

• The parent/guardian/adult student has the right to examine relevant records in accordance with School Board Policy 5.70.

• The hearing shall be recorded by a certified court reporter. The parent/guardian/adult student shall be entitled at no cost to receive a copy.

• The Hearing Officer shall make his/her decision in writing within thirty (30) days after the hearing.

• If the School District or parent/guardian/adult student disagrees with the decision of the impartial Hearing Officer, either party has a right to a review of that decision by a court of competent jurisdiction.

• The parties shall abide by the decision of the Hearing Officer unless appealed and the decision is stayed by the court.

**Federal Level Grievance Resolution - Office for Civil Rights**

The parent may, at any time, file a written grievance with the U.S. Department of Education, Office for Civil Rights (OCR). Although it is recommended, the parent is not required by law to exhaust the school District’s grievance procedures before filing a complaint with the OCR Office.

Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite T10 61 Forsyth Street  
Atlanta, GA 30303-8909  
Voice Phone (404) 974-9406, FAX (404) 974-9471, TDD (404) 331-2867-800-421-348).

The Office of Civil Rights will render a decision in writing regarding the outcome of the alleged complaint.