Section 504 Appendix

2013 - 2014

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.

Table of Contents

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

_____
Date

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:

_____ at _____
Name/Section 504 Designee | Phone

Office Use: Record of Contact Attempts

1. Date	Type:	Results:	By:
2. Date	Type:	Results:	By:
3. Date	Type:	Results:	By:

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

Section 504 Screening

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

Parent Name	Parent Phone	School Name/Number

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

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

Section 504 Parental Consent for Evaluation

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

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
- ☐ Academic Evaluation
- ☐ Rating Scales
- ☐ Behavioral Observation
- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ Cognitive Processing
- ☐ 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.

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

If you have any questions please contact:

_____ at _____
Name/Section 504 Designee | Phone

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

Section 504 Medical Verification Request

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

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 at Phone

DCPS.074. 08/12 DISTRIBUTION: Original: Cumulative Folder Copies: Parent(s)/Guardian(s)/Surrogate/Adult Student

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

Section 504 Summary of Findings/Eligibility Determination

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

Parent Name | Parent Phone | School Name/Number

Sources of Information:

- ☐ Classroom Performance/Report Card
- ☐ Teacher(s) Input
- ☐ Parent Input
- ☐ Medical Report
- ☐ Assessments/Evaluations: _____
- ☐ Discipline Reports
- ☐ Attendance Reports
- ☐ Agency Information: _____
- ☐ Other _____
- ☐ Other _____

Impairment/Disability ☐ **YES**, indicate impairment/disability below ☐ **NO** impairment/disability

- ☐ ADD/ADHD
- ☐ Learning Impairment
- ☐ Behavior Functioning
- ☐ Emotional Impairment
- ☐ Bipolar
- ☐ Severe Allergy _____
- ☐ Asthma
- ☐ Diabetes
- ☐ Arthritis
- ☐ Epilepsy
- ☐ Tourettes Syndrome
- ☐ Traumatic Brain Injury
- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐ Sickle Cell
- ☐ Leukemia
- ☐ Cancer _____
- ☐ Other _____

Activity Affected: ☐ **YES,** indicate activity affected below ☐ **NO** activity affected

- ☐ Concentrating
- ☐ Learning
- ☐ Social/Behavioral Ability
- ☐ Speaking
- ☐ Other _____
- ☐ Breathing
- ☐ Digestive Functions
- ☐ Ambulatory Ability
- ☐ Walking
- ☐ Hearing
- ☐ Seeing
- ☐ Performing Manual Tasks
- ☐ Bowel/Bladder Function
- ☐ Other _____
- ☐ Sleeping
- ☐ Eating
- ☐ Reading
- ☐ Thinking

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 _____

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date of Meeting

Plan Start Date | Plan Review Date

Section 504 Plan

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

Impairment	Accommodation	Person Responsible	Start Date	End Date

DCPS.076. 08/12 DISTRIBUTION: Original: Cumulative Folder Copies: Parent(s)/Guardian(s)/Surrogate/Adult Student

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date of Meeting

Plan Start Date Plan Review Date

Section 504 Team Participant Signatures

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

School Name/Number

Meeting type ☐ Initial ☐ Update ☐ Reevaluation ☐ Transfer ☐ Temporary

Participant Name Please Print	**Participant Title**	**Participant Signature/Date**	

Comments: _____

_____

Procedural Safeguards provided to Parent/Guardian/

Surrogate/Adult Student on date: __/__/__ via: _____U.S. Mail

_____Student delivery _____ In attendance at meeting, initials _____

McKay Scholarship information provided to Parent/Guardian/

Surrogate/Adult Student on date: __/__/__ via: _____U.S. Mail

_____ Student delivery _____ In attendance at meeting, initials _____

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

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

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

Refusal of School Special Assignment - Medical Option

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

Parent Name	Parent Phone	Current School Name/Number

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: _____

_____

_____

_____

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

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

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

Section 504 Student Productivity Scale

This form should be completed by the teacher.

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

Teacher Name | Subject | School Name/Number

OVERALL ACADEMIC PERFORMANCE (Check One)

Approximate Current Grade (Check One)

☐ A/B ☐ C ☐ D ☐ F

Please check one in the table below:

Behavior	Almost Always (100%)	Frequently (75%)	Sometimes (50%)	Hardly Ever (25%)
Brings required materials				
Arrives to class on-time				
Pays attention to oral directions				
Begins assignments without prompting				
Sustains attention to task/lecture				
Rushes through assignments				
Submitted work meets class expectations				
Engages peers in off-topic discussions				
Blurts out responses				
Leaves seat without permission				
Percentage of work completed in class				
Percentage of homework completed				
Percentage of homework submitted				
Overall productivity				

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

School Name/Number

Section 504 Behavior Management Plan

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

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

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?	
Review Date	Results

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

Section 504 Manifestation Determination

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

Parent Name	Parent Phone	School Name/Number

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:

Code Violation Number	Date		Code Violation Number	Date

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?
☐	☐	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:

_____

Signature	Title	Date

§504

Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207

Date

Section 504 Medical Review/Consult

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

Parent Name | Parent Phone | School Name/Number

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

§504

Duval County Public Schools
Exceptional Education and Student Services
1701 Prudential Drive, Jacksonville, FL 32207

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

Duval County Public Schools
Exceptional Education and Student Services
1701 Prudential Drive, Jacksonville, FL 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
Name of specific Agency, School, or Physician Area Code/Phone
to Duval County Public Schools.

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

Duval County Public Schools
Exceptional Education and Student Services
1701 Prudential Drive, Jacksonville, FL 32207

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:

- Department of Education, Office of Independent Education and Parental Choice Information Toll-Free Hotline at 1-800-447-1636.
- 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**.

QUALITY EDUCATION FOR ALL
THE KEY TO JACKSONVILLE'S FUTURE

Dr. Nikolai P. Vitti, Superintendent of Schools

§504

Duval County Public Schools
Exceptional Education and Student Services
1701 Prudential Drive, Jacksonville, FL 32207

SECTION 504 CONSENT FOR INSTRUCTIONAL ACCOMMODATIONS NOT PERMITTED ON STATEWIDE ASSESSMENTS

Student Name	Student Number	Date
School Name/Number	Grade	D.O.B.

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
Indicate date(s)/method(s)

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:

_____ at _____
Name/Position Phone

☐ 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

§504

Duval County Public Schools
Exceptional Education and Student Services
1701 Prudential Drive, Jacksonville, FL 32207

Informed Notice/Consent For Reevaluation

Date

School No. Grade

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
☐ Observation(s)
☐ Cumulative Folder
☐ Teacher Input
☐ Parent Input
☐ Other: _____

Parent provided input for Reevaluation via:

☐ Attendance at Meeting
☐ Parent Conference Date _____
☐ 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)			(**R** = Review; **E** = Evaluate)	
R	**E**		R	E
☐	☐	Review of psychological/medical reports/school records	☐	☐ Vision Screening
☐	☐	Academic Evaluation	☐	☐ Hearing Screening
☐	☐	Rating Scales	☐	☐ Cognitive Processing
☐	☐	Behavioral Observation	☐	☐ Other _____

Other factors to be considered include: _____

Comments: _____

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

Section 504 Designee | School Psychologist | Parent/Guardian

General Education Teacher | General Education Teacher | Medical Staff

Student | Other: | Other:

PARENT CONSENT FOR REEVALUATION

Please check one, sign and return the original to your child's school. If you have any questions, please feel free to call:

_____ at _____
Name/School Section 504 Designee 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

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.

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.

Duval County Public Schools
Section 504 Due Process Procedures
Section 504 of the Rehabilitation Act of 1973

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 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.