

## **District Responsibility Regarding 504 Program**

West Hardin County Consolidated Independent School District policy is committed to the compliance of Section 504. Section 504 and ADA are both civil rights statutes for individuals with disabilities. The ADA is similar to 504 in that it prohibits discrimination against otherwise qualified individuals with disabilities.

Compliance with Section 504/ADA will be coordinated by Sharon B. Tule who has been designated by the West Hardin School Board as the 504/ADA coordinator. She can be reached at 936-274-5061. Her office is in the administration building.

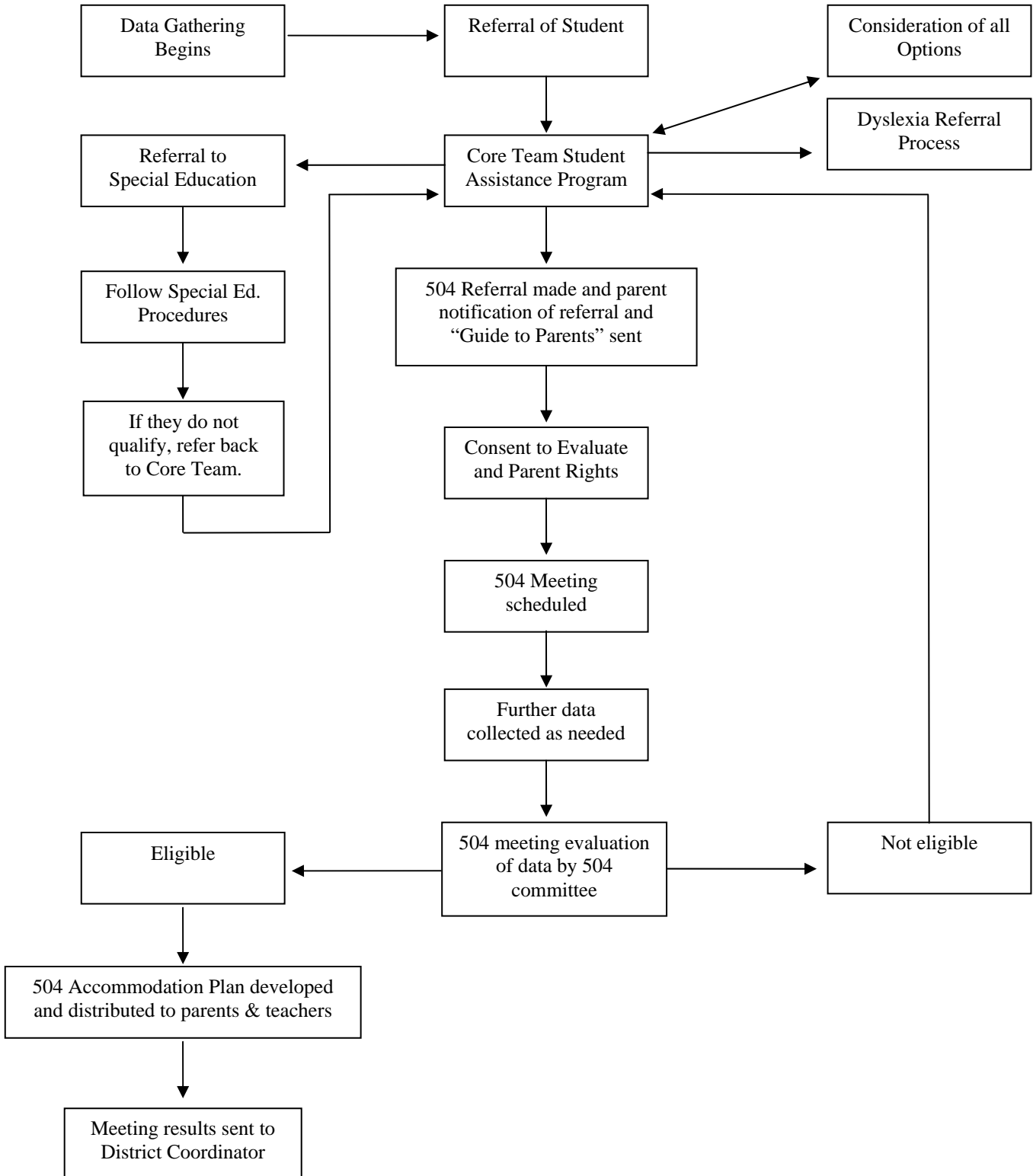
The coordinator will:

- Coordinate the implementation of all aspects of the 504 and ADA with each building principal.
- Serve as a resource person to district staff concerning interpretation of 504/ADA requirements.
- Keep up to date with any changes in 504 or the ADA that impact the West Hardin School District
- Collect and maintain materials and resources related to 504 and the ADA for staff use.
- Coordinate in-service training related to 504/ADA.
- Review and update the 504/ADA policy and plan.
- Coordinate delivery of 504/ADA services to eligible students at the building level in cooperation with the building administrator.
- Receive parent/guardian requests for impartial hearings or complaint investigations.
- Coordinate child find for 504/ADA services.
- Collect and process information/records related to 504/ADA services.
- Maintain a districtwide listing of students served under 504/ADA.

The West Hardin County Consolidated Independent School District will ensure that students served under 504/ADA receive a free appropriate public education as defined under these laws. This means that general and special education and related aides and services will be provided to these students to ensure that they benefit educationally as well as non-disabled students benefit.

**West Hardin County Consolidated I.S.D.  
Campus Procedures for Implementing Effective Services**

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# West Hardin County Consolidated I.S.D.

## §504 Committee Decision-Making Chart

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### 1. Referral Analysis

(Performed by §504 Coordinator or other appropriate person)

- Is this a proper referral?
- What problems does the child show?
- What are the child's grades/scores?
- Are there disciplinary referrals?
- Signs of disability?
- Prior attempts at informal modifications?

Documents needed:

- Referral form (internal)
- Notice of Parent Rights
- Parental Consent

### 2. The 504 Evaluation

(Performed by the 504 Committee)

Prior to meeting, the coordinator should:

- Send Notice of Evaluation to parent.
- Determine committee members. (Who has knowledge about the child, the meaning of the evaluation data, and the placement options?)
- Document evaluation data.

At the meeting, the committee should:

- Gather data from variety of sources.
- Carefully consider the data.
- Determine if we need additional data/formal tests?

Eligibility Determination:

- Physical or mental impairment?
- What is the major life activity impacted?
- Is there a substantial limitation?
- Is the disability too severe for 504?

Placement/Accommodations (If the child is eligible):

- Does the child need services because of the qualifying disability?
- What in-class services?
- What related services?
- Behavior Management Plan needed?
- Other programs? (tutoring, peer mentor, dyslexia)

After the Evaluation meeting:

- Report of evaluation/meeting to parent
- Copy of Accommodation Plan to parent (if the child was eligible)

**West Hardin County Consolidated I.S.D.**  
**§504 Committee Decision-Making Chart**

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**3. Review or Re-Evaluation**

(Performed by the 504 Committee)

Prior to meeting:

- Notice of Evaluation/Meeting to parent

At the meeting:

- Need new evaluation data?
- Is the child still eligible? (If not, dismiss.)
- Is there a need for a change in services?

After the meeting:

- Report of Evaluation/Meeting to parent
- Copy of updated Accommodation Plan (if any)

**Manifestation Determination or Link Inquiry Evaluation**

(Performed by the 504 Committee)

Prior to meeting:

- Notice of Evaluation to parents

At the meeting:

- Recommendation for major discipline?
- Would the disciplinary action constitute a change in placement (10-Day Rule)?
- What data is necessary?
- Is the behavior directly related to disability? (Manifestation or Link?)
- Is the behavior directly related to inappropriate placement?
- Should the child's program change?
- If no link, are modifications necessary for disciplinary placement?

After the meeting:

- Report of Evaluation to parents
- Manifestation Determination Form (optional)

## West Hardin CCISD Section 504 Referral

Date: \_\_\_\_\_

Name of Student \_\_\_\_\_ ID# \_\_\_\_\_ Campus \_\_\_\_\_

Referred by \_\_\_\_\_ Position/Relation \_\_\_\_\_

Reason for referral \_\_\_\_\_

Contact Person \_\_\_\_\_

### Achievement Data (Most recent)

Texas Assessment of Knowledge and Skills (TAKS)

Subject	Test Passed		Scaled Score
	Yes	No	
Mathematics			
Reading			
Writing			
Social Studies			
Science			

### Other Standardized Test Results

\_\_\_\_\_

Test Name

Subject	Grade Equivalent	Standard Score	Percentile
Mathematics			
Reading			
Writing			
Social Studies			
Science			

*This student's test scores:*

- have become better each year.
- have stayed about the same each year.
- have become worse each year.
- dropped suddenly in Grade \_\_\_\_\_.
- Data not available.

*Compared to the mean of the District, this student's test scores:*

- have become better each year.
- have stayed about the same each year.
- have become worse each year.
- District mean not available.

## West Hardin CCISD Section 504 Referral

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### Current Grades (Attach samples of student's work.)

Subject	Grade	Subject	Grade

*This student's test scores:*

- have become higher each year.
- have stayed about the same each year.
- have become lower each year.
- dropped suddenly in Grade \_\_\_\_\_.
- Data not available.

*Compared to the mean of the District, this student's test scores:*

- are better.
- are about the same.
- have become worse each year.
- District mean not available.

Has this student been retained?     Yes     No

If YES, list grade level(s): \_\_\_\_\_

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### Home Language Survey

What is the dominant language as specified on *Home Language Survey*?

Student: \_\_\_\_\_ Parent: \_\_\_\_\_

Date: \_\_\_\_\_

LEP Information below is not applicable because dominant language is English.

What language proficiency test was used to determine whether or not this student is LEP? Please check most recent test administered.

- Prekindergarten—Pre-IPT
- Grades K-6—IDEA, IPT1
- Grades 7-12—SLEP

Date: \_\_\_\_\_

Results: \_\_\_\_\_

For a limited English proficient student, briefly describe the Language Proficiency Assessment Committee's recommendations:

\_\_\_\_\_



# West Hardin CCISD Section 504 Referral

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## Health Information

Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability, e.g., medical reports, psychological reports, ADD/ADHD diagnostic information, etc.

Student's Name \_\_\_\_\_ ID#: \_\_\_\_\_

Name of person conducting screening: \_\_\_\_\_

Yes  No Does student exhibit any signs of health or medical problems? If yes, cite observations. \_\_\_\_\_

Yes  No Is there a need for further assessment of referral of a medical problem? If yes, explain. \_\_\_\_\_

Yes  No Is student receiving any medication at school? If yes, specify. \_\_\_\_\_

Yes  No Does this student require adaptive equipment or facility adaptation? If yes, specify. \_\_\_\_\_

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## Vision

*Vision examination must have been administered within a year from the date of referral.*

Date of most recent screening: \_\_\_\_\_ Type of screening: \_\_\_\_\_

Visual acuity before correction: Right \_\_\_\_\_ Left \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Visual acuity with correction: Right \_\_\_\_\_ Left \_\_\_\_\_

Interpretation of results: \_\_\_\_\_

Yes  No As a result of the screening, is there any indication of a need for further assessment of adjustment? If yes, explain. \_\_\_\_\_

Yes  No Has any follow-up treatment been recommended? If yes, explain. \_\_\_\_\_

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## Hearing

Audiometric Test

Date of most recent screening: \_\_\_\_\_ Type of screening: \_\_\_\_\_

Results: \_\_\_\_\_

Yes  No As a result of the screening, is there any indication of a need for further assessment of adjustment? If yes, explain. \_\_\_\_\_

Yes  No Has any follow-up treatment been recommended? If yes, explain. \_\_\_\_\_

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# West Hardin CCISD

## Teacher/Administrator Input for §504 Evaluation

Teacher	Student	
Subject Matter	Grade	ID #

### Instructional Rating

Rate the instructional concerns you have about this student:

Circle one: 1 = poor; 2 = below average; 3 = average; 4 = above average; 5 = superior; N = Not observed

1. Reading skills	1	2	3	4	5	N
2. Math skills	1	2	3	4	5	N
3. Written expression	1	2	3	4	5	N
4. Spelling	1	2	3	4	5	N
5. Classroom work	1	2	3	4	5	N
6. Homework	1	2	3	4	5	N
7. Tests	1	2	3	4	5	N
8. Following oral directions	1	2	3	4	5	N
9. Following written directions	1	2	3	4	5	N
10. Organizational skills	1	2	3	4	5	N
11. Other _____	1	2	3	4	5	N
12. Other _____	1	2	3	4	5	N
13. Other _____	1	2	3	4	5	N
14. Other _____	1	2	3	4	5	N
15. Other _____	1	2	3	4	5	N

### Behavior Rating

What behavior concerns do you have about this student?

- |   |  |
|---|--|
| <input type="checkbox"/> poor attention and concentration<br><input type="checkbox"/> often loses things necessary for tasks<br><input type="checkbox"/> noncompliance with teacher directives<br><input type="checkbox"/> excessively high/low activity level<br><input type="checkbox"/> difficulty following directions<br><input type="checkbox"/> fidgets, squirms or seems restless<br><input type="checkbox"/> shifts from one uncompleted task to another | <input type="checkbox"/> interrupts or intrudes on others<br><input type="checkbox"/> extreme mood swings<br><input type="checkbox"/> difficulty working with peers<br><input type="checkbox"/> difficulty remaining seated<br><input type="checkbox"/> is easily distracted<br><input type="checkbox"/> other: _____<br><input type="checkbox"/> none |
|---|--|

Rate student's behavior in each of the following areas.

Circle one: 1 = poor; 2 = below average; 3 = average; 4 = above average; 5 = superior; N = Not observed

Rate student's behavior in relation to other students of the same AGE.

#### Adaptive/Behavioral

1. Generally cooperates or complies with teacher requests.	1	2	3	4	5	N
2. Adapts to new situations without getting upset.	1	2	3	4	5	N
3. Accepts responsibility for own actions.	1	2	3	4	5	N
4. Makes and keeps friends at school.	1	2	3	4	5	N
5. Works cooperatively with others.	1	2	3	4	5	N
6. Has an even, usually happy, disposition.	1	2	3	4	5	N

**West Hardin CCISD**  
**Teacher/Administrator Input for §504 Evaluation**

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What educational modifications/alternative strategies have been used with this student?

- modified instruction methods
- modified instructional pacing
- modified instructional materials

- reteaching
- parent conferences
- other: \_\_\_\_\_

What were the results of these modifications? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this student been suspended, expelled, or removed to AEP during the last or current school year? If yes, explain and attach copies of disciplinary referrals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# West Hardin CCISD

## Notice of Rights for Disabled Students and Their Parents Under §504 of the Rehabilitation Act of 1973

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The Rehabilitation Act of 1973, commonly known in the schools as “Section 504,” is a federal law passed by the United States Congress with the purpose of prohibiting discrimination against disabled persons who may participate in, or receive benefits from, programs receiving federal financial assistance. In the public schools specifically, §504 applies to ensure that eligible disabled students are provided with educational benefits and opportunities equal to those provided to non-disabled students.

Under §504, a student is considered “disabled” if he or she suffers from a physical or mental impairment that substantially limits one or more of their major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. Section 504 also applies to students with a record of having a substantially limiting impairment, or who are regarded as being disabled even if they are truly not disabled. Students can be considered disabled, and can receive services under §504, even if they do not qualify for, or receive, special education services.

The purpose of this Notice is to inform parents and students of the rights granted them under §504. The federal regulations that implement §504 are found at *Title 34, Part 104* of the *Code of Federal Regulations* (CFR) and entitle parents of eligible students, and the student themselves, to the following rights:

1. You have a right to be informed about your rights under §504. [34 CFR 104.32] The School District must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in the Notice, contact appropriate staffpersons at the District’s §504 Office and they will assist you in understanding your rights.
2. Under §504, your child has the right to an appropriate education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met. [34 CFR 104.33]
3. Your child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under §504. [34 CFR 104.33].
4. To the maximum extent appropriate, your child has the right to be educated with children who are disabled. Your child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. [34 CFR 104.34].
5. Your child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34].
6. The School District must undertake an evaluation of your child prior to determining his or her appropriate educational placement or program of services under §504, and also before every subsequent significant change in placement. [34 CFR 104.35].
7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR 104.35]. The District will consider information from a variety of sources in making its determinations, including, for example, aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, parent observations, and scores on TAKS tests, among others. [34 CFR 104.35].

**West Hardin CCISD**  
**Notice of Rights for Disabled Students and Their Parents**  
**Under §504 of the Rehabilitation Act of 1973**

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8. Placement decisions regarding your child must be made by a group of persons (a §504 committee) knowledgeable about your child, the meaning of the evaluation data, possible placement options, and the requirement that to the maximum extent appropriate, disabled children should be educated with non-disabled children. [34 CFR 104.35].
9. If your child is eligible for services under §504, he or she has a right to periodic evaluations to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years. [34 CFR 104.35].
10. You have the right to be notified by the District prior to any action regarding the identification, evaluation, or placement of your child. [34 CFR 104.36].
11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identification, evaluation, and placement of your child under §504). [34 CFR 104.36].
12. You have the right to an impartial due process hearing if you wish to contest any action of the District with regard to your child's identification, evaluation, or placement under §504. [34 CFR 104.36]. You have the right to participate personally at the hearing, and to be represented by an attorney, if you wish to hire one.
13. If you wish to contest an action taken by the §504 Committee by means of an impartial due process hearing, you must submit a Notice of Appeal or a Request for Hearing to the District's §504 Coordinator at the address below:

Sharon Tule, 504 Coordinator  
West Hardin County Consolidated Independent School District  
39227 Highway 105  
Saratoga, TX 77585  
(936) 274-5061

A date will be set for the hearing and an impartial hearing officer will be appointed. You will then be notified in writing of the hearing date, time, and place.

14. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction (normally, your closest federal district court).
15. With respect to other issues surrounding your child's education that do not specifically involve identification, evaluation, or placement, you have a right to present a grievance or complaint to the District's §504 Coordinator (or their designee) who will then investigate the situation, taking into account the nature of the complaint and all necessary factors, in an effort to arrive at a fair and speedy resolution.
16. You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers Texas is:  
Director  
Office for Civil Rights, Region VI  
1999 Bryan Street, Suite 2600  
Dallas, Texas 75201  
Telephone (214) 880-2459

**Authorization for Release of Confidential Information  
From a Professional or Agency to West Hardin County Consolidated I.S.D.**

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Student's Name	Date of Birth
School	Grade

**Permission Statement**

I grant permission for the person or agency named below to release specified records containing confidential information regarding the above named student to West Hardin County Consolidated Independent School District.

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

\_\_\_\_\_  
Date

Person/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**Records Requested**

Comprehensive Individual Assessment Report

Report(s) of Eligibility

Psychological Report

School Health Records

Medical Report(s): \_\_\_\_\_

Other: \_\_\_\_\_

**Purpose of Disclosure**

Assist in determining eligibility and/or need for 504 Services

Assist in planning an appropriate educational program

Other: \_\_\_\_\_

**This information is to be sent to:**

Campus 504 Coordinator \_\_\_\_\_

Campus \_\_\_\_\_

Mailing Address \_\_\_\_\_ 39227 Highway 105, Saratoga, TX 77585

Telephone \_\_\_\_\_ 936-274-5061

## West Hardin CCISD Parent Input for §504 Evaluation

Student	Date of Birth	School	Grade
Parent/Guardian Name	Telephone Number		
Address (Street/PO Box/City/Zip)			

The information requested will greatly assist the §504 Committee in evaluation of your child. If you have additional information that is not requested here which you want the committee to consider, please feel free to attach additional pages.

### General Information

Name of Father	Occupation
Name of Mother	Occupation

Yes  No Do both parents live in the student's home? If not, with whom does the student live?

\_\_\_\_\_  
 Name Relationship

### Other Children in the Home

Name	Age	Relationship

Please use the back of this sheet if more space is needed.

Yes  No Do any of these children have learning problems? If yes, specify.

\_\_\_\_\_

### Other Adults in the Home

Name	Relationship

Yes  No Have any other family members had learning problems? If yes, specify.

\_\_\_\_\_

The primary language spoken at home is \_\_\_\_\_.

How long has the student lived in the United States? \_\_\_\_\_

What time does the student go to bed at night? \_\_\_\_\_

Does the student eat breakfast? \_\_\_\_\_

# West Hardin CCISD

## Parent Input for §504 Evaluation

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### Educational Experience at Home

What activities does the family do together? (For example, watch television, go camping, participate in hobbies or sports)

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Have there been any important changes within the family during the last three years? (For example, job changes, moves, births, deaths, illnesses, separations, divorce)

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With whom in the family is the student particularly close? \_\_\_\_\_

Describe the student's behavior at home with peers, siblings, neighbors, and parents. (For example, is he/she generally well-behaved, passive or aggressive, social or a loner, affectionate or withdrawn, etc.)

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What methods of discipline are used with this student at home? (For example, spanking, extra chores, early bedtime, time out, taking away of privileges, rewards for good behavior)

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What is your child's reaction to discipline? \_\_\_\_\_

Who is the main disciplinarian? \_\_\_\_\_

### Peer Relationships

Does the student have friends

his/her own age?  
younger?  
older?

Yes    No  
 Yes    No  
 Yes    No

What does the student do when not in school? (For example, watch television, read, part-time job, play with other children)

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# West Hardin CCISD Parent Input for §504 Evaluation

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Please list any medical, emotional, or physical concerns you have regarding your child.

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Doctor's letters and diagnoses can be very helpful to the 504 Committee. Please attach or have your doctor's office fax those medical records so that the committee can have a more complete picture of your child.

Yes    No      Is your child under the care of a physician for a medical problem? If yes, describe the problem.

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Yes    No      Does your child appear to have any other physical health problems, including allergies? If yes, please explain.

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Yes    No      Is your child now taking any medications? If yes, please explain.

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Yes    No      Do you know of any side effects the medicine might have? If yes, please explain.

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Yes    No      Has your child ever taken medicine for a long period of time? If yes, please explain.

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Yes    No      Has your child ever been hospitalized? If yes, please state why and for how long.

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**West Hardin CCISD**  
**Parent Input for §504 Evaluation**

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Yes    No

Does the student appear to be very different from your other children in his/her behavior, learning skills, or other skills? If yes, how?

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Additional Comments

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\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

*West Hardin County Consolidated Independent School District*

STRIVING FOR EXCELLENCE

39227 HIGHWAY 105  
SARATOGA, TEXAS 77585  
OFFICE: (936) 274-5061 EXT. 102  
FAX: (936) 274-4321  
SHARON B. TULE, SUPERINTENDENT

**Notice of Section 504 Review Meeting**

Date \_\_\_\_\_

Student's Last Name	Student's First Name
ID#	School

Dear Mr./Mrs./Ms. \_\_\_\_\_  
(Parent/Guardian/Surrogate/Adult Student)

This letter is to inform you that the Section 504 Committee wishes to arrange a meeting to discuss your child's educational needs. We have scheduled a meeting at

\_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.  
Location Date Time

We would very much appreciate your input. Your insights and contributions will be quite helpful to us in effecting the best decisions possible. Following the meeting, we will notify you of the Section 504 Committee's decision.

Please call me at \_\_\_\_\_, if you have any questions.

Sincerely,

Campus Section 504 Coordinator

*West Hardin County Consolidated Independent School District*

STRIVING FOR EXCELLENCE

39227 HIGHWAY 105  
SARATOGA, TEXAS 77585  
OFFICE: (936) 274-5061 EXT. 102  
FAX: (936) 274-4321  
SHARON B. TULE, SUPERINTENDENT

**Notice of Section 504 Evaluation Results**

Date \_\_\_\_\_

Student's Last Name	Student's First Name
ID#	School

Dear Mr./Mrs./Ms. \_\_\_\_\_  
(Parent/Guardian/Surrogate/Adult Student)

This letter is to inform you that the Section 504 Committee had a meeting on (Date)\_\_\_\_\_. After careful review of relevant evaluation data, the Section 504 Committee made the following decisions regarding your student's placement:

- Regular education without Section 504 services
- Placement in regular education with Section 504 services. A copy of the *Accommodation Plan* is enclosed.
- Will continue Section 504 services (annual, 3-year evaluation only). A copy of the *Accommodation Plan* is enclosed.
- Exit from Section 504 (annual, 3-year evaluation only).
- Referral to Special Education.

A copy of the 504 Committee's evaluation is enclosed. If you have any questions concerning this decision, please call me at (936) 274-5061

Sincerely,

Sharon Tule  
District Section 504 Coordinator

- Enclosure(s)  Completed Evaluation  
 Student Accommodation Plan (if eligible)  
 Manifestation Determination Form (if discipline evaluation)

# West Hardin County Consolidated I.S.D. Modifications Determined by the §504 Committee

Student Last Name	Student First Name
ID#	Campus

To assure better coordination among the teachers in the regular education program, the checked instructional modifications have been approved by the Section 504 Committee for the curriculum areas listed. Each teacher who serves a 504-eligible student shall review and implement the identified instructional modifications under the supervision of the building administrators.

**Regular Discipline Plan**

Yes    No

**Individual Behavior Intervention Plan**

Yes    No

**Identified Related Services**

- Tutorial Program
- Transportation
- Counseling
- Other \_\_\_\_\_

**The individual(s) responsible for the coordination/ implementation and monitoring of the modifications noted on this page.**

- Building Administrator
- 504 Administrator/Designee

**The information on this Instructional Modification is confidential and may only be available to:**

1. Teacher(s) of student
2. 504 Committee members
3. Campus administrators
4. Parent(s)
5. Special Education staff
6. TEA Monitoring team
7. School counselor
8. Office of Civil Rights
9. Instructional facilitators

English	Mathematics	Science	Soc. St./Hist.	Physical Ed.	Fine Arts	Technical				Section 504 Instructional Modifications
										1. Oral testing
										2. Modified testing
										3. Taped texts
										4. Highlight textbooks
										5. Taping of class lectures
										6. Notetaking assistance
										7. Extended time for assignment
										8. Shortened assignment
										9. Modified assignment
										10. Peer tutoring
										11. Transition plan/handicap accessibility
										12. Reduce paper/pencil tasks
										13. Use of calculator
										14. Preferential seating
										15. Organizational strategies
										16. Cooling off period
										17. Behavior management system (in class)
										18. Re-teaching of difficult concepts
										19. Supplemental materials
										20. Team teaching
										21. Weekly/daily parent contact
										22. Other:
										23. Other:
										24. Other:
										25. Other:

Specify beginning and ending date of modifications:

Date: (Begins) \_\_\_\_\_ (Ends) \_\_\_\_\_

Date of Meeting: \_\_\_\_\_



**West Hardin County Consolidated I.S.D.**  
**Section 504 Evaluation and Manifestation Determination**

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Student's Name	Date of Meeting
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Behavior subject to disciplinary action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disabilities \_\_\_\_\_

The 504 Committee has reviewed relevant information, including evaluation and diagnostic results, observations of the student, the current accommodation plan and other relevant information supplied by the parents. Based on this review, the 504 Committee has made the following determinations.

- Yes    No   1. In relationship to the behavior subject to discipline, the accommodation plan the student's placement were appropriate, and the 504 services, supplementary aids and services and behavior intervention strategies were provided consistent with the accommodation plan.
  
- Yes    No   2. The student's disability(ies) did not impair the ability to understand the impact and consequences of the behavior subject to discipline.
  
- Yes    No   3. The student's disability(ies) did not impair the ability of the student to control the behavior subject to discipline.

*NOTE: If any of the three determinations are answered "No," the behavior must be considered to be a manifestation of the student's disability in that event. The student cannot be expelled or placed in the District's AEP beyond ten (10) school days.*

## West Hardin CCISD Section 504 Behavior Intervention Plan

Student's Name	ID#
School	Date of Meeting

Please list below each behavior, reinforcement, consequence, and the person responsible for administering the reinforcement or consequence. Appropriate intervention might arise from assessment data, discipline history, social history, or parental reports. (Only use this form if applicable.)

*Please specify beginning and ending dates of modifications:*

Date (Begins) \_\_\_\_\_ (Ends) \_\_\_\_\_

*Please check the following behavior modifications:*

- Set clearly defined limits
- Reduce distracting stimuli
- Seat student near teacher
- Give frequent reminder of rules
- Reinforce appropriate behavior
- Give in-class time out/cooling off
- Communicate with the parent(s):
  - Daily tracking form
  - Weekly tracking form
  - Notes home
  - Telephone call
  - Parent/Teacher conferences
- Child follows regular discipline plan
- A journal of daily behavior objectives
- Provide supervision during transition/class change
- Peer intervention: Assign peers to work with student
- Behavioral contract (specify behavior expected and reinforcement)
- Provide the student with a consistent routine (Provide a daily schedule of events)
- Remove student from group or activity until he/she can demonstrate appropriate behavior

*If, despite this modifications being performed, a target behavior occurs, the following interventions apply.*

Target Behavior	Description of Means for Rewarding Desirable Behavior	Description of Consequences for Undesirable Behavior	Person Responsible

Additional Comments

**West Hardin CCISD**  
**§504 Committee Meeting Results**

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Student	School	Grade	Date
Birthdate	Student ID#		Date of Meeting

The Section 504 Committee has met to determine whether this student has a handicapping condition which adversely affects a major life activity and requires modification of the educational program.

**Eligibility**

Does meet eligibility criteria for Section 504.

Nature of the handicapping condition: \_\_\_\_\_

Does not meet eligibility criteria for Section 504.

## West Hardin CCISD §504 Evaluation

Student	Grade	Date
Address (P. O. Box/Street/City/Zip)		
Student Referred By	Date of Referral	

### Procedural Checklist

- Verify that the parent has consented to §504 evaluation.
- Verify that the parent has received *Notice of Parent Rights* under §504.
- Verify that the parent has been informed [ in writing;  by phone;  in person] of the date, time, and place of this evaluation meeting.
- Verify membership of the §504 Committee which must include persons with knowledge of each of the following three areas. (1) knowledge of the student, (2) the meaning of the evaluation data, and (3) the placement options.

### Committee Members

Name	Position	Knowledge Of
		<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Placement Options
		<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Placement Options
		<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Placement Options
		<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Placement Options
		<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Placement Options
		<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Placement Options

The Committee reviewed and carefully considered the following data which was gathered from a variety of sources, including the Referral Document. (Please check each that applies.)

- |  |  |
|--|--|
| <input type="checkbox"/> Grade reports<br><input type="checkbox"/> Disciplinary records/referrals<br><input type="checkbox"/> Standardized tests and other tests<br><input type="checkbox"/> School health information<br><input type="checkbox"/> Medical evaluations/diagnoses from parents<br><input type="checkbox"/> Parent input | <input type="checkbox"/> Teacher/Administrator input<br><input type="checkbox"/> Student work portfolio<br><input type="checkbox"/> Campus study team suggestions<br><input type="checkbox"/> CORE<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|--|--|

## West Hardin CCISD §504 Evaluation

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Based on the evaluation data gathered from a variety of sources, the Section 504 Committee answered the following questions to determine Section 504 eligibility.

- Yes     No    (1) Does the student have a physical or mental impairment? If so, please describe the impairment.

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- Yes     No    (2) Does the physical or mental impairment affect one or more major life activities? If so, which major life activity or activities is/are affected?

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- Yes     No    (3) Does the physical or mental impairment substantially limit a major life activity? That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner, or duration under which the average student of the same age/grade level in the general population can perform that same major life activity? If yes, describe the substantial limitation.

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- Yes     No    (4) Does the student need Section 504 services in order for his/her educational needs to be met as adequately as those of non-disabled peers? (Note: If the student's needs are so extreme as to require special education and related services, a referral to special education should be considered at this time.)

If all four of the previous questions were answered "Yes," the student is eligible for a free, appropriate public education under §504, and the *Accommodation Plan* should be developed.

If any answer is "No," the student is not eligible.

The §504 Committee's analysis of the eligibility criteria as applied to the evaluation data indicates that:

- Your student is not eligible for services under Section 504, and will continue to receive regular education and any available regular education resources and programs.
- Your student is eligible under Section 504, and will receive an *Accommodation Plan* which governs the provision of 504 services to your student.
- Your student remains eligible under Section 504, and will receive an updated *Accommodation Plan* which governs the provision of 504 services to your student. (Annual and 3-year evaluations only)
- Your student is no longer eligible for Section 504 and is exited from the program. Your student will now receive regular education without Section 504 services.

If you disagree with the Committee's decision, please contact the District 504 Coordinator, Sharon Tule, at 936-274-5061 to discuss your concerns, or consult your *Notice of Parent Rights under §504* for other options.

*Procedural Safeguards: Verify that a copy of this evaluation was provided to the parent ( by mail;  in person).*

**West Hardin CCISD**  
**§504 Student Accommodation Plan**

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Student (Last Name; First Name)		Date	
ID#	Date of Birth	School	Grade

*Check one of the following:*

- Initial
- Annual Review
- Failure/Discipline Review
- Three-Year Evaluation Review
- Other (Specify) \_\_\_\_\_

**Certificate of Distribution**

The proceeding Student Accommodation Plan has been distributed to the following:

- English teacher
- Mathematics teacher
- Science teacher
- Social Studies/History teacher
- Physical Education teacher
- Fine Arts teachers
- Technical teacher
- Administrator
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date