



# Section 504 Plan and Compliance Procedures

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## Section 504 Overview

**Section 504 of the Rehabilitation Act** is a federal civil rights law passed in 1973 that protects the rights of persons with qualifying disabilities. This law directs that recipients of federal funds are to make programs and activities accessible to all persons with disabilities. Section 504 has three areas of emphasis: employment, facility accessibility, and requirements for preschool, elementary, secondary, and post-secondary education programs/activities. This document focuses on the requirements associated with preschool through secondary education programs and activities. Section 504 of the Rehabilitation Act of 1973 protects persons from discrimination based on their disability status. A person is considered to have a disability, within the definition of Section 504, if he or she:

- Has a mental or physical impairment which substantially limits one or more of the individual's major life activities;
- Has a record of such impairments; or
- Is regarded as having such an impairment

### **Mental and Physical Impairment**

A mental or physical impairment is defined as: 1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or 2) any mental or physical disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Examples provided in this list are not exhaustive. The final determination as to whether or not a condition is considered an impairment is left to the discretion of the student's 504 team. A medical diagnosis is not required.

### **Major Life Activity**

Major life activities include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The ADA Amendments Act of 2008 includes a non-exhaustive list of major activities such as: caring for one's self, forming manual tasks, seeing, hearing, eating, sleeping walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions such as immunity, normal cell growth, elimination, digestion, and endocrine functions. School staff should consider possible 504 evaluations for any health condition that substantially impacts even one major life activity or major bodily function.

### **Substantially Limits and ADA Amendments Act of 2008**

The ADA Amendment Act of 2008 broadened 504 eligibility and lowered the bar for demonstrating that an impairment substantially limits either a major life activity or major bodily function. The 2008 changes specified that an impairment need not prevent or severely or significantly restrict a major activity to be considered substantially limiting. In order to determine impact, the comparison is with how a typical peer performs the same major life activity or bodily function. The determination of a substantial limitation is made on a student-by-student basis by the 504 team. When a district determines limitation they may not consider ameliorative effects of medication or other medical treatments. Contact lenses and ordinary eyeglasses are the only mitigating measures that can be considered to determine whether impairment is substantially limiting. A minor impairment that limits a student, but not substantially so, is not a disability under Section 504.

## What Are Some Differences Between Special Education And Section 504?

	Section 504	Special Education
<b>Type</b>	A Civil Rights Act	An education act
<b>Funding</b>	Local funding	State-federal-local funding
<b>Administration</b>	Section 504 Coordinator	Special Education Director
<b>Provides</b>	Accommodation Services	Specialized instruction Accommodations and Services
<b>Disabilities</b>	Physical or mental impairment	13 federal disabilities
<b>Parents</b>	Should be involved in all team meetings but may proceed if absent	Must be involved in all team meetings
<b>Procedural Safeguards</b>	Notice to parents is required	Parent consent and notice required for initial evaluation & placement
<b>Evaluation and Eligibility</b>	Parental consent for evaluation is necessary before it can be determined if a child is eligible for Section 504.	Disability suspect may precede evaluation. Student must qualify for services.

### Eligibility

Eligibility is determined when the student’s physical or mental impairment meets the federal criteria of “substantially limits a major life activity.” The presence of the disability is not sufficient, in and of itself, to qualify a student as eligible; nor is a medical diagnosis. When a child is determined eligible, Section 504 ensures that accommodations and services are provided to remove barriers and allow equitable access. The law also provides guidance regarding procedural steps and safeguards.

If the school has reason to believe that, because of a disability as defined under Section 504, a student needs accommodations or services in the general education setting in order to participate in the school program, the district must evaluate the student. If it is determined that a student is disabled under Section 504, the district must develop and implement the delivery of all needed services and/or accommodations.

In order to determine eligibility for Section 504 services, a team of people must be involved in the eligibility decision. The team must *collectively*:

- know the student,
- have expertise in the area of disability, in order to interpret assessment data, and
- be able to commit resources.

It must be understood that a medical condition in and of itself does not qualify a student for an accommodation plan or service; the condition must limit one or more major life activities. A physician’s diagnosis does not automatically qualify a student for an accommodation plan or services. The Section 504 team will consider information from outside sources to determine eligibility for Section 504 and possible need for accommodation.

## **What Does Making Accommodations Mean?**

Accommodations are adjustments or adaptations made by the classroom teacher(s) and other school staff to help students access or benefit from their educational program.

Accommodations need to take into account both the functional limitations of the individual and the alternative methods of performing tasks or activities to participate without jeopardizing outcomes.

- Accommodations must be individualized.
- The individual needs of the person with a disability should be met to the same extent as the needs of persons without disabilities.
- Adaptations can be made to school and/or classroom programs.
- Accommodations should provide the student with a disability an equal opportunity to participate.

## **Students Who Have a Disability But Do Not Need Accommodations**

*A district may conduct a 504 evaluation and determine that while a student meets the Section 504 disability definition, they do not need accommodations and an accommodation plan.* For example, this could happen if a high school student is diagnosed with a food allergy that substantially limits the major life activity of eating and the function of the digestive system. However, based on the Section 504 evaluation, it could be determined that the student does not need accommodations as a result of the disability because the only symptoms of exposure are mild abdominal pain and an exacerbation of his eczema. Also, the student may choose to bring cold lunch. This student could fully participate in the school's regular physical education program and in extracurricular sports; not need help administering topical medicine; and not require any modifications to the school's policies, practices, or procedures. In this situation the school district is not obligated to provide the student with any additional services. The student is still a person with a disability and therefore remains protected by the general nondiscrimination provisions of Section 504. This student would be marked as qualifying for Section 504 in Infinite Campus, but would not need an accommodation plan.

## **Mitigating Measures**

The 2008 Amendments to the ADA made clear that mitigating measures, with the exception of corrective lenses, could not be considered during the evaluation process. Examples of mitigating measures include but are not limited to: medication, medical equipment and devices, prosthetic limbs, low vision devices, accommodations, an individual health plan (IHP) and behavioral modifications. The corrective effect of mitigating measures may not be used to rule out Section 504 eligibility. To determine eligibility for a student who is successfully using mitigating measures an evaluation should focus on how the student performed major life activities/major bodily functions without the use of mitigating measures.

## **Episodic Conditions or Conditions that are In Remission**

An impairment that is episodic or in remission is considered a disability if it would substantially limit a major life activity when active. Examples may include depression and bi-polar disorders; juvenile rheumatoid arthritis; inflammatory bowel disease; and congenital herpes.

## **Section 504 and Individual Health Plans (IHP)**

The federal Office of Civil Rights stated that a district may not forgo evaluating a student with asthma, food allergies, diabetes, or other health issues for Section 504 based on the fact that the student has an Individual Health Plan (IHP) at

school. The IHP is created by the school nurse. The school nurse is a member of the Section 504 team when health needs are present. The IHP should be referenced on the Section 504 plan for a student with both.

### **Extracurricular Sports & Activities**

A school district that offers extracurricular activities and sports must do so in such a manner as is necessary to afford qualified students with disabilities an equal opportunity for participation. This means districts must provide reasonable accommodations that are needed to ensure an equal opportunity to participate, unless the school district can show that doing so would be a fundamental alteration to its program. (It is understood that the term “reasonable” is vague; hence each situation will need to be reviewed on a case-by-case basis by the district administration in collaboration with the student and his or her parents. Likewise, the student must have the skill and abilities needed (or be able to develop such skills and abilities) in order to reasonably participate.

### **Failing Grade**

A 504 Plan does not ensure a passing grade. It is possible that a student with a 504 Plan could still fail a class. Providing necessary accommodations and services simply removes barriers to access. The student must still complete assigned work and the quality of that work must be sufficient to earn a passing grade. In cases where a student is failing a class, school officials should make sure all parts of the 504 Plan are in place and being actively implemented by school officials. The team may also want to reconvene to determine whether the current plan needs revision.

### **Section 504 and Discipline**

Students who are eligible for Section 504 accommodations and services are held to a similar standard, with regard to discipline, as students eligible under IDEA. A student who is currently receiving Section 504 accommodations must undergo a process similar to a manifestation determination before disciplinary consequences are assigned. In disciplining a student:

- The administrator will determine whether the student committed the infraction of which the student is accused;
- For suspensions beyond 10 days the student’s 504 team will determine whether the behavior was caused by the disability (manifestation determination).

### **Suspension/Placement**

A disabled student may not be suspended for more than ten days without a manifestation determination. The student’s 504 team must make the determination of the relationship between the misconduct and the disability. If the team determines the behavior was not caused by the disability, the student may be disciplined in the same manner as students who do not qualify under Section 504. The student’s team may modify the current educational placement when the misconduct is directly caused by the disability. If appropriate, an alternative educational placement may be considered.

### **Substance Abuse**

Students with substance abuse violations are excluded from the definition of handicapped under Section 504 and ADA. Therefore, current drug or alcohol offenders are subject to the same disciplinary action to the extent applied to non-handicapped students for a similar code of conduct infraction.

## Section 504 District Contacts

Each Dallas Center Grimes school building will identify the lead contact(s) for their building. The building contact is responsible for the coordination of 504 activities at the building level to include maintenance and accuracy of records, staff communication/education at the building level, plan implementation, transition within and between buildings, and coordination of annual reviews. The district contact person is responsible for overseeing the district 504 program and ensuring that the district is appropriately identifying and serving students who are eligible for Section 504 services.

Building	Contact Person
Dallas Center Elementary	Mallory DeLacy
Heritage Elementary	Courtney Anderson
North Ridge Elementary	Adam Jones, Brandon Fitch
South Prairie Elementary	Logan Wilson, Brandon Fitch
Dallas Center Grimes Middle School	Megann Roff, Emma Olejniczak
Oak View	Emily Waugh, Sarah Rose
Dallas Center-Grimes High School	Danie Clancy, Lisa Rinehart, Nate Gross

Inquiries concerning the school district's compliance with Section 504 regulations or the Americans with Disabilities Act regulations pertaining to services provided to students should be directed to the District 504 Coordinator.

### **Section 504 District Coordinator**

The following individual has been designated to coordinate the school district's efforts to comply with these Section 504/ADA regulations:

Roxanne Cumings  
Interim Director of Student Services  
2405 West 1<sup>st</sup> Street  
Grimes, IA 50111  
roxanne.cumings@dcschools.com

## **Evaluations**

Section 504 requires that eligibility determinations be made based upon a careful review of information from a variety of sources. Information provided by parents must be considered in the evaluation process along with other information supplied by the school district. Relevant information used for an evaluation may include: (This is not an exhaustive list.)

- Information gathered from school records, observations, interviews, medical or hospital records, rating scales, permanent products that the student has produced and curriculum-based measurement probes.
- Survey of the student's teacher(s), school nurse, parents and medical or mental health professionals who have evaluated the student.
- Educational records and permanent products such as standardized test scores, attendance records, disciplinary records, health records, hearing or vision screening results, samples of daily work or the teacher's grade book.
- Direct observations of the student.

## **Decision Makers**

Section 504 guidelines indicate that decisions should be made by an educational team. This team is to be composed of individuals who are:

- 1) Knowledgeable of the student
- 2) Knowledgeable about the meaning of assessment data
- 3) Knowledgeable of placement options and able to commit district resources.

While one individual can fulfill more than one of these roles, there must be more than one school staff member at Section 504 meetings. Depending on the nature of the suspected disability, a team could consist of the building 504 lead contact, school nurse, and a general education teacher. However, these three individuals are not all required to be in attendance. Other individuals may participate on the team as necessary. Parents should also be invited to participate in this process. OCR has ruled that parents have a special knowledge of their child's impairment and are uniquely positioned to provide information about the student. If a parent is scheduled to attend and does not appear at the meeting, the team may proceed and notify the parent in writing regarding any decisions made. The student may also choose or be invited to be involved in the process, depending upon the age of the child, the nature of the disability, and the surrounding circumstances.



## Section 504 Protocols

Upon parental request or teacher/staff concern, the 504 team will convene and begin the process defined below (also refer to the [Section 504 Accommodation Plan Process](#)). It is important that this process be completed in a timely manner. No more than 60 days should transpire from the time the parent/guardian signs consent to when the evaluation is completed.

### *Step 1 – Defining the Disability*

- Upon parental request or teacher/staff concern, the Section 504 building lead will begin the process of verifying and defining the child’s disability. A meeting may be held with the parent to complete this initial step. The Section 504 building lead obtains written parental consent to begin the 504 evaluation process using the [Parent Consent Form](#).
- When available, obtain copies of psychological evaluation, physician’s report or other evaluations from the parents.
- For medical or mental health conditions, consult with the school nurse and school counselor, prior to meeting with the parent, to determine what information may already be available in the school building on record and what additional information may be needed. Obtain consent for release of information to talk with identified medical or mental health providers that could provide the team with the necessary information. If a parent declines this request, the evaluation will still proceed.
- Consideration should be given to having the school nurse conduct a health screening on all students evaluated for Section 504 eligibility and serve as a member of the 504 eligibility team for students with health concerns.
- Once filled out, all original and supporting documents should be filed in the student’s Section 504 folder. Section 504 folders will be located in an area designated by the Section 504 representative in each school building.

### *Step 2 – Collection of Information to Document Section 504 Eligibility*

- School personnel will begin gathering evidence/data to determine the impact of the child’s disability on their school functioning. This could include information not only on how the student is functioning during the school day but also on the bus and during extracurricular activities outside of the traditional school day. The Section 504 [Teacher Input Form](#), [Student Input Form](#), and [Parent Input Form](#) should be used to collect information on the student. (Additional input collected will also be considered.)
- The 504 team will use the [Section 504 Eligibility Determination Form](#) as a guide during this process. All sections of this document must be thoroughly completed.

### *Step 3 – Eligibility Determination*

- Based on a comprehensive review of the student’s data, the 504 team will meet to determine if the student qualifies for protections under Section 504. This should be documented on the [Section 504 Eligibility Determination Form](#).
- The evaluation must include multiple sources of information and be completed within 60 days from the time signed consent is obtained.
- Section 504 teams are to make eligibility decisions based upon information which they possess and not on unsubstantiated statements. For example, if a parent indicates their child has been diagnosed with ADHD, ODD, and OCD but the medical record only notes ADHD, the team cannot consider the other parent reported diagnoses as a basis for determining Section 504 eligibility.
- The signed [Release of Health and/or Educational Information Form](#) should be used to communicate directly with outside providers. Section 504 teams must ensure that the [Section 504 Eligibility Determination Form](#) is thoroughly completed and indicates data reviewed and the decision made concerning eligibility.

#### *Step 4 – Determining Need for an Accommodation Plan*

- The following are decisions that can be made based on the Eligibility Determination process:
  - The student has a physical or mental impairment that significantly impacts a major life activity.
    - Student is eligible and a Section 504 Accommodation Plan will be written
    - A Section 504 Accommodation Plan is not needed at this time
  - The student does NOT have a physical or mental disability that significantly limits one or more major life activities.
    - No further action is needed at this time.
    - An individual health plan will address the student’s need for health services.
  - The 504 team has determined there is a need to proceed with the disability suspect process. This process is initiated through a collaborative effort of AEA (Heartland) staff and LEA (school district) staff.
- All accommodations listed in the accommodation plan must be consistent with and result from the impaired major life activity.
- Accommodations should be stated in concrete terms and identify the person responsible.
- A staff member must be designated to oversee implementation of the accommodation plan, serve as contact person, and communicate with the parent.
- Building contact person must ensure that appropriate school staff members are made aware of contents of the accommodation plan.
- The 504 team must ensure that implementation is monitored and if accommodations are not obtaining desired results, ensure that the Section 504 team is reconvened.
- The District must ensure accurate accounting to DE for all Section 504 Eligible students. Building leads will note in Infinite Campus that each identified student has a Section 504 plan.
- The Section 504 Accommodation plan must also be uploaded to Infinite Campus.
- All original and supporting documents will be filed in the student’s Section 504 folder.

#### *Step 5 —Reporting Through Infinite Campus*

- Students who are identified as qualifying under Section 504 are reported annually to the DE. This information is pulled from Infinite Campus. All students who qualify under Section 504 must have this indicated in Infinite Campus.
- Copies of the student’s 504 Accommodation Plan should also be uploaded into Infinite Campus so that it is available for administrative purposes as well as to ensure that it is readily available to individuals who may have responsibilities for implementing it.

#### *Step 6 —Transferring of Documentation with Student*

- The Section 504 building contact, or designee, is responsible to advocate for students as they move to a new grade level and/or a new attendance center.
- The building contact will meet with the appropriate staff to share 504 plans and the names of eligible students who are not in need of a plan within the district.

## **Annual Reviews**

All accommodation plans for students who are Section 504 eligible will be reviewed and updated on an annual basis. Parents/guardians will be notified when the annual review is due and the 504 building lead will schedule a meeting to include the parent either in person, by phone, or virtual meeting. Preference will be an in-person meeting with parent(s) in attendance. However, with parent approval and/or at parent request, it is permissible for the required members of the school team to meet and review the 504 Plan and share the draft annual review with parents for input and feedback.

If the school team has not heard back from parent(s) after repeated documented attempts to schedule the Annual Review (and when within 5 days of the annual meeting due date) the meeting can be held without the parent(s) and the parent(s) will then be notified in writing of any decisions made.

### Annual Review Process

- Building lead will notify parents and other participants of the need for the Annual Section 504 Review and arrange a date/time to meet
- Team reviews 504 Plan and amends if needed
- Provide parents with copy of parental and student rights
- Provide parents with finalized amended 504 Plan in order to review and provide input/feedback
- Parents will have 5 business days to provide input/feedback before the amended plan is implemented and uploaded to Infinite Campus
- Communication is sent to current teacher(s) if any amendments were made

## Three Year Re-evaluations

Every three years, a [Section 504 Eligibility Determination Form](#) will be filled out to ensure continued eligibility for accommodations. Parents/guardians will be notified when the three year re-eval is due and the 504 building lead will schedule a meeting to include the parent either in person, speaker phone, or virtual meeting. Note on this form that a three-year re-evaluation is being conducted and that a decision will be made, as a result of the re-evaluation, pertaining to the student's continued eligibility under Section 504.

- Request/obtain relevant information from parent(s) or guardian(s). As necessary, obtain signed parental consent for release of information.
- Collect data from appropriate sources (60 days from date of meeting)
  - [Parent Input](#)
  - [Student Input](#)
  - [Teacher Input](#)
  - [School Nurse](#)
  - School Records
  - Outside Sources (Physician, Counselor, Psychologist) - [Release of Information](#)
  - Other additional sources
- Once evaluation data has been collected, notify parent(s), and schedule a meeting to discuss the evaluation results and determine continued 504 eligibility. The team decision is documented.
- If the student is determined to be ineligible for 504 accommodations, the parent is notified and the parent rights are provided.
- If the student is eligible for continued 504 accommodations, the Section 504 Accommodations Plan is discussed/updated at the meeting. Parents will have 5 business days to provide input/feedback before the 504 Accommodation Plan is implemented and uploaded to Infinite Campus. Ensure that all individuals responsible for implementation of the plan are notified of their specific responsibilities.

## Parental and Student Rights

Parents and students have specific rights under Section 504. The district must inform parents and students of these rights. Parents and/or students have the following rights:

1. Ensure participation of your child in school district programs and activities, including extracurricular programs and activities, to the maximum extent appropriate, free of discrimination based upon the student's disability and at the same level as students without disabilities;
2. Receipt of free educational services to the extent they are provided students without disabilities;
3. Receipt of information about your child and your child's educational programs and activities in your native language;
4. Notice of identification of your child as having a qualifying disability for which accommodations may need to be made and notice prior to evaluation and placement of your child and right to periodically request a re-evaluation of your child;
5. Inspect and review your child's educational records including a right to a copy of those records for a reasonable fee.
6. Ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate. Should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate;
7. A hearing before an impartial hearing officer if you disagree with your child's evaluation or placement. You have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed.
8. File a complaint with the Iowa Civil Rights Commission:  
Iowa Civil Rights Commission  
Grimes State Office Building  
400 E. 14th Street  
Des Moines, IA 50319  
515-281-4121, 1-800-457-4416

## **Grievance Procedure**

An internal grievance procedure to resolve complaints/grievances regarding Section 504 Plan processes or placements is available. The District has established the following complaint/grievance procedures for the Section 504 Plan processes or placements.

### LEVEL ONE:

Within 10 working days from the occurrence of the circumstance giving rise to the complaint, the grievant will complete the appropriate section of the Grievance Form and meet with the building level 504 representative/coordinator to attempt to resolve the complaint at the building level. The Building 504 Representative will have 10 working days to respond to the grievant in writing.

### LEVEL TWO:

If the complaint is not satisfactorily resolved at the building level, the grievant may file a written grievance with the Director of Student Services who has been appointed by the District as the District Level 504 Coordinator. This shall be done within 10 working days of receipt of the building level 504 representative's written response. The Director of Student Services will have 10 working days to respond to the grievant in writing.

### LEVEL THREE:

If the complaint is not satisfactorily resolved at Level II, the grievant may file a written request with the Superintendent for grievance mediation. This shall be done within 10 working days of the Director of Student Service's response. The Superintendent shall arrange for an impartial mediator within 10 working days of receiving the request.

1. The grievant may, at personal expense, be represented by counsel at mediation.
2. The mediation recommendations must be based solely on the evidence presented at the mediation conference and shall include a summary of the evidence and reasons for the recommendations.
3. The mediator can be any impartial person that is mutually acceptable to the grievant and the Superintendent.

### LEVEL FOUR:

If the complaint is not satisfactorily resolved through mediation, the grievant may file a written request with the Superintendent for a hearing with an impartial hearing officer. This shall be done within 10 working days of the end of mediation. The Superintendent shall arrange for an impartial hearing officer within 10 working days of receiving the request. The hearing officer shall make a recommendation in writing within 10 working days after the hearing.

1. The grievant may, at personal expense, be represented by counsel at the hearing.
2. The hearing officer's recommendations must be based solely on the evidence presented at the hearing and shall include a summary of the evidence and reasons for the recommendations.
3. The hearing officer can be any impartial person that is mutually agreed upon by the grievant and the Superintendent. It is recommended that the person have a legal background and knowledge of educational issues.

### LEVEL FIVE:

An external grievance procedure is always available. At no time shall the internal grievance procedure prevent a grievant from contacting the

Director of the Iowa Civil Rights Commission  
Grimes State Office Building  
400 E 14th Street  
Des Moines, IA 50319  
Phone 1.800.457.4416

**OR**

Director of the Region VII Office of Civil Rights  
Department of Education, Citigroup Center  
500 W. Madison Street, Suite 1475  
Chicago, IL 60661-7204  
Telephone: (312) 730-1560  
Fax: (312) 730-1576  
Email: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov)

**SECTION 504 GRIEVANCE FORM**  
**Dallas Center-Grimes Community School District**

Name of Grievant: \_\_\_\_\_ Student \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Please write the complaint/grievance (you may attach other documentation if it is necessary for understanding the complaint):

What remedy is requested?

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

**(FOR OFFICIAL USE)**

Date Received \_\_\_\_\_ Signed \_\_\_\_\_

**LEVEL ONE CONFERENCE:** Date: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Signed \_\_\_\_\_

**LEVEL TWO CONFERENCE:** Date: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Signed \_\_\_\_\_

**LEVEL THREE MEDIATION:** Date: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Signed \_\_\_\_\_



**LEVEL FOUR ARBITRATION:** Date: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_

## Section 504 Accommodation Plan Process

- Referral is made/requested
- [Notification Letter](#) sent to parent/guardian
- [Provide Student and Parental Rights](#)
- [Consent Form](#) signed and returned by parents
- Collect data from appropriate sources (60 days from date of consent):
  - [Parent Input](#)
  - [Student Input](#)
  - [Teacher Input](#)
  - [School Nurse Input](#)
  - School Records
  - Outside Sources (Physician, Counselor, Psychologist)
- Set meeting date to review data collected
- Complete [Eligibility Determination Form](#)
- If 504 team determines eligibility requirements are met, a [504 Accommodation Plan](#) is written and finalized (parents provided copy of 504 Plan in order to provide an opportunity for input and feedback)
- Finalized 504 Accommodation Plan will be implemented after 5 business days, once parents have had an opportunity to provide input/feedback
- The 504 Accommodation Plan will be uploaded to Infinite Campus and all individuals responsible for implementation of the plan will be notified of their specific responsibilities
- 504 Plan is reviewed annually and re-evaluated every three years to determine on-going eligibility



## Section 504 Notification Letter to Parents

The Dallas Center Grimes Community School District does not discriminate in its educational programs and activities on the basis of a student's disability. We have reason to suspect that \_\_\_\_\_ may have a physical or mental impairment that substantially limits a major life activity. We will be convening a team of individuals to determine whether accommodations may need to be made to meet his or her individual needs as adequately as the needs of other students. We will include people on the team who know your child, and would especially value your input.

Parents and students have specific rights under Section 504 of the Rehabilitation Act of 1973. These rights are summarized on the next two pages.

Once the information has been reviewed, we will be meeting with you to discuss plans to meet your child's needs.

Please feel free to contact:

Section 504 Building Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parental and Student Rights

Parents and students have specific rights under Section 504. The district must inform parents and students of these rights. Parents and/or students have the following rights:

1. Ensure participation of your child in school district programs and activities, including extracurricular programs and activities, to the maximum extent appropriate, free of discrimination based upon the student's disability and at the same level as students without disabilities;
2. Receipt of free educational services to the extent they are provided students without disabilities;
3. Receipt of information about your child and your child's educational programs and activities in your native language;
4. Notice of identification of your child as having a qualifying disability for which accommodations may need to be made and notice prior to evaluation and placement of your child and right to periodically request a re-evaluation of your child;
5. Inspect and review your child's educational records including a right to a copy of those records for a reasonable fee.
6. Ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate. Should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate;
7. A hearing before an impartial hearing officer if you disagree with your child's evaluation or placement. You have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed. (*\*Referenced within the 504 Grievance Procedure, which can be requested from the building level 504 representative.*)
8. File a complaint with the Iowa Civil Rights Commission:  
Iowa Civil Rights Commission  
Grimes State Office Building  
400 E. 14th Street  
Des Moines, IA 50319  
515-281-4121, 1-800-457-4416

**See Following Page for Parent Consent**



### Parent Consent for 504 Evaluation

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

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- Yes, I consent to the proposed screening/evaluation.
- No, I do not consent to the proposed screening/evaluation

Comments:

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

\_\_\_\_\_  
Date

*Please sign and return this form to the 504 building coordinator.*



Initial

3 Yr. Re-eval

**Eligibility Meeting Date:** \_\_\_\_\_

### Section 504 Eligibility Determination

Student Name		DOB:	Gender:
School		Grade Level:	
504 Meeting Facilitator:		Parent(s)/Guardian(s):	

#### Eligibility Determination Team Members:

Required Representatives:

- Member knowledgeable about student (parent(s) and staff member(s))
- Member knowledgeable about meaning of evaluation data
- Member who can allocate district resources

Name	Position

Name	Position

#### Sources of Information - *check all that apply*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> School Records Review     | <input type="checkbox"/> Student Input Form         | <input type="checkbox"/> Standardized Testing |
| <input type="checkbox"/> Grades/Report Card Review | <input type="checkbox"/> Parent Input Form          | <input type="checkbox"/> Student Observations |
| <input type="checkbox"/> Teacher Input Form        | <input type="checkbox"/> School Nurse Input Form    | <input type="checkbox"/> Other:               |
|  | <input type="checkbox"/> Medical/Health Information |   |



## Eligibility Determination

### Eligibility Criteria

1. *The student has a mental or physical impairment.*
- AND**
2. *The impairment substantially limits one or more major life activities.*

1. Does the student have a physical or mental impairment?

- No - *move to Actions Taken section*  
 Yes

If 'yes' specify the nature of the impairment(s) below:

2. In what areas does the physical or mental impairment(s) substantially limit one or more major life activities - *check all that apply*

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> bending                 | <input type="checkbox"/> learning                           | <input type="checkbox"/> sitting  |
| <input type="checkbox"/> breathing               | <input type="checkbox"/> lifting                            | <input type="checkbox"/> sleeping |
| <input type="checkbox"/> caring for oneself      | <input type="checkbox"/> operation of major bodily function | <input type="checkbox"/> speaking |
| <input type="checkbox"/> communicating           | <input type="checkbox"/> performing manual tasks            | <input type="checkbox"/> standing |
| <input type="checkbox"/> concentrating           | <input type="checkbox"/> reaching                           | <input type="checkbox"/> thinking |
| <input type="checkbox"/> eating                  | <input type="checkbox"/> reading                            | <input type="checkbox"/> walking  |
| <input type="checkbox"/> hearing                 | <input type="checkbox"/> seeing                             | <input type="checkbox"/> working  |
| <input type="checkbox"/> interacting with others |   | <input type="checkbox"/> other    |

---

### Actions to be Taken:

- The student has a physical or mental impairment that significantly impacts a major life activity.
- Student is eligible and a Section 504 Accommodation Plan will be written
  - A Section 504 Accommodation Plan is not needed at this time
- The student does **NOT** have a physical or mental disability that significantly limits one or more major life activities.
- No further action is needed at this time.
  - An individual health plan will address the student's need for health services.
- The 504 team has determined there is a need to proceed with the disability suspect process. This process is initiated through a collaborative effort of AEA (Heartland) staff and LEA (school district) staff.



Health

DWA/ST

Dallas Center-Grimes Community School District

### 504 Student Accommodation Plan

#### Today's Date & Purpose:

Date:	<input type="checkbox"/> Initial Plan	<input type="checkbox"/> Plan Amendment	<input type="checkbox"/> Annual Review	<input type="checkbox"/> 3 Yr. Re-eval.
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#### General Student and Plan Information:

Student:	DOB:	Current Grade:
Eligibility Determination Date:	Eligibility Determination Grade:	
Annual Review Due Date:	3 Yr. Re-eval. Due Date:	

#### Members Attending Meeting:

Name	Position

Name	Position

Areas of Strength	Areas of Concern Based on Eligibility Determination
•	

#### \* Health Plan Information:

- This student requires an individual health plan to provide health services. A copy of the plan will be kept in the health office and the school nurse will be part of this student's 504 team.
- This student does not require an individual health plan.

### Accommodations

#### Health: \*

NA

Major Life Activity Impacted	Accommodation	Person(s) Responsible	Clarification

#### Social-Emotional/Mental Health:

NA

Major Life Activity Impacted	Accommodation	Person(s) Responsible	Clarification

#### Academic:

NA

Major Life Activity Impacted	Accommodation	Person(s) Responsible	Clarification



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District-Wide Assessments (DWA)/Standardized Testing (ST):

NA

Major Life Activity Impacted	Accommodation	Person(s) Responsible	Clarification

Plan will be kept for 3 years following the student's expected graduation date.

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### Annual Review & Re-evaluation of 504 Plan - Summary

- As a team, we recommend the continuation of the 504 plan. *(no further action needed)*
  - As a team, we recommend this student be exited from the 504 plan. *(see [504 Plan Exit Form](#))*
  - The parent/guardian is requesting for the 504 plan to be dropped. *(see [504 Plan Exit Form](#))*
  - The 504 team has determined there is a need to proceed with the disability suspect process. This process is initiated through a collaborative effort of AEA (Heartland) staff and LEA (school district) staff.



### 504 Plan Exit Form

## Evidence and Reasoning to Support the Recommendation to Exit 504 Plan

*If the team and parents/guardians/student agree on the recommendation to exit the 504 plan, indicate the reasoning in all areas the student was provided accommodations. If the student (and/or guardians) are requesting for the 504 plan to be dropped but the team does not agree, indicate the student (and/or guardians) reasoning for requesting an exit and the team's reasoning behind why they would recommend the continuation of the 504 plan.*

#### Indicate Reason to Exit 504 Plan

- As a team, we recommend this student be exited from the 504 plan.
- The parent/guardian is requesting for the 504 plan to be dropped.

Health	
<input type="checkbox"/> NA	•
Academic	
<input type="checkbox"/> NA	•
Social-Emotional/Mental Health	
<input type="checkbox"/> NA	•
District-Wide Assessments	
<input type="checkbox"/> NA	•
Other/Additional Comments	
<input type="checkbox"/> NA	•

#### Documentation/Notification Signatures

Exit Date for 504 Plan	
Parent/Guardian Signature	Date
Administrator/504 Coordinator Signature	Date



## Section 504 Teacher Input Form

<b>Student Name</b>		<b>Grade Level</b>		<b>Date</b>	
<b>Teacher</b>		<b>Subject/Class (if applicable)</b>			

*This student is being evaluated (re-evaluated) for eligibility for Section 504. The information you provide will be used as part of this process and will be shared with the parent.*

1. What strengths does this student display in your classroom?

2. What is the student's current grade in your class or in each subject?

3. Please check all the factors that may account for the student's current grade:

- Decline in quality of work
- Decline in quantity of work
- Decline in grade earned
- Incomplete work
- Missing assignments
- Late assignments
- Written work is not legible
- Failure to participate in class
- Other (Please describe.)
- None apply

4. What academic or behavioral concerns do you have for this student?

5. Have you made any informal accommodations for this student such as extending timelines, preferential seating, or adjusting expectations? (If yes, please list below and tell whether or not it was effective.)

6. Have you been in contact with this parent/guardian during the current school year? How often and what has been your primary means of communication (e-mail, phone, conference)?

7. Any additional information or comments? *(Please use additional pages as necessary.)*



### Section 504 School Nurse Input Form

Student:	Grade:	Date:
School Nurse:	Building:	

Do you provide daily/as needed medication for this student at school that might relate to accommodations on a 504 Plan? If yes, please identify the purpose of medication.

Are you aware of any other medication this student takes outside of the school day that might relate to accommodations on a 504 Plan?

How often do you see this student in your office and what is the main purpose behind these visits?

Please share any other concerns or relevant information you would like to provide.



## Section 504 Parent Input Form

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ (primary) \_\_\_\_\_ (other)

What strengths does your child display at home or relating to school?

Please share your thoughts on any specific concerns that you have regarding your child.

In which environment(s) do you observe these areas of concern? (i.e., at home, relatives, neighborhood, school, etc.) Please explain.

Are there effective supports that occurred for your child in the past of which we should be aware? Please explain.



5. Is the student currently on any medication of which the School District should be aware? If yes, please list medication(s), dosage, and frequency.

6. Additional comments to assist in educational planning and/or accommodations for the student.



Medical Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Care Provider's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print)

Provider's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Section 504 Student Input Form

Name:	Date:
Grade:	School:

What strengths do you see in yourself?

Describe any challenges you have in school.

In what ways have your teachers helped you be successful?

Are there any additional ways your teachers could help you be successful?

Any additional information or comments? *(Please use additional pages as necessary)*



## Authorization for the Release of Health, Mental Health, and/or Educational Information

*\*This form must be filled out for each provider.\**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<p><b>Release:</b> On behalf of the above named student, I authorize the identified provider to release records for the purpose(s) of: (*select all that apply)</p> <p><input type="checkbox"/> determining eligibility for and/or provision of Section 504</p> <p><input type="checkbox"/> providing records/information to school health office</p> <p><input type="checkbox"/> providing records/information to school counseling office</p> <p>Information obtained will be released to one or both of the following entities: (*select all that apply)</p> <p><input type="checkbox"/> Dallas Center - Grimes Community School District</p> <p><input type="checkbox"/> Heartland AEA: 6500 Corporate Drive, Johnston, IA 50131 (515-270-9030 or 800-362-2720)</p>	<p>_____ (Name of health care provider, agency, or medical institution)</p> <p>Type of Provider: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p>
---	---

**Identify the student's current school building below:**

<input type="checkbox"/> South Prairie Elementary 500 S James St Grimes, IA 50111 Phone: (515) 986-4057 Fax: (515) 986-4532	<input type="checkbox"/> North Ridge Elementary 500 NW 27th St Grimes, IA 50111 Phone: (515) 986-5674 Fax: (515) 986-5376	<input type="checkbox"/> Heritage Elementary 500 NE Beaverbrooke Blvd Grimes, IA 50111 Phone: (515) 300-9627 Fax: (515) 300-9630	<input type="checkbox"/> Dallas Center Elementary 1205 13th St Dallas Center, IA 50063 Phone: (515) 992-3838 Fax: (515) 992-3467
<input type="checkbox"/> Middle School 1400 Vine St Dallas Center, IA 50063 Phone: (515) 992-4343 Fax: (515) 992-4076	<input type="checkbox"/> Oak View 1300 SW County Line Rd Grimes, IA 50111 Phone: (515) 986-0105 Fax: (515) 986-3155	<input type="checkbox"/> High School 2555 W 1st St Grimes, IA 50111 Phone: (515) 986-9747 Fax: (515) 986-9734	

AEA Contact: \_\_\_\_\_ District Contact: \_\_\_\_\_  
(if applicable)

For this purpose, I consent to the release of the following relevant information to the AEA and/or school district (as identified above) regarding this child from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (date span for all relevant information needed)

- |   |   |
|---|---|
| <input type="checkbox"/> Current Medical Status         | <input type="checkbox"/> Recommendations for School |
| <input type="checkbox"/> Current Medications/treatments | <input type="checkbox"/> Other                      |

I hereby give special permission to the medical entity(ies) named in this form to release records/information pertaining to:

- |  |   |
|--|---|
| <input type="checkbox"/> Mental health                       | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Substance abuse/chemical dependency | <input type="checkbox"/> HIV/AIDS                     |

I understand that the released information becomes a part of the student's education records and, as such, is protected by the Family Educational Rights and Privacy Act (FERPA). The information may be reviewed by all members of the Section 504 team and, as appropriate, those identified as having legitimate educational interest. The information may also be used in the future, including if the student moves, for the purpose of educational decision making.

I understand that I have the following **rights** with respect to this authorization:

- The right to inspect or copy the health information to be disclosed by this form.
- The right to receive a copy of this form.
- The right to withdraw the Authorization by written notification at any time (although my withdrawal will not be effective as to uses and/or disclosures already made regarding this form).

This authorization is valid until \_\_\_\_/\_\_\_\_/\_\_\_\_, or until one year after the date of signing, whichever occurs first.

\_\_\_\_\_  
Signature Relationship to Student Date

**Health Insurance Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) Notice**

Any and all personally identifiable information regarding children and families is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to a child's records, and contains complaint and appeal procedures which apply to disputes over records.

**Notice to Recipients of Mental Health Information**

In accordance with the Iowa Mental Health Information Disclosure Act (Iowa Code, Chapter 228), a recipient of mental health information may disclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in chapter 228 and 220. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Notice to Recipients of Substance Abuse Information**

This information has been disclosed from records whose confidentiality is protected by Federal law. Iowa Code, Chapter 125 and Federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written consent of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Notice to Recipients of HIV Related Testing Information**

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code 141.23) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Support for Accommodation Request (SAR) Form**

Students who receive Section 504 services, graduate from high school, and go on to an institution of higher learning may need accommodations at that setting. The Support for Accommodation Request (SAR) Form has been developed as a tool for summarizing documentation from a student's secondary school experience. School staff may use this form to summarize relevant and useful information from a variety of sources (accommodation plans, assessments, reevaluations, high school records). The SAR can be used as the basis for verifying eligibility and supporting requests for accommodations, academic adjustments, and/or auxiliary aids at the post-secondary level. Completing this form can be very helpful to students as they transition to a post-secondary educational setting.

# Support for Accommodation Request (SAR)

To be used in consideration of post-secondary academic accommodation requests.

Student's Name: \_\_\_\_\_

## 1. ELIGIBILITY/DIAGNOSTIC STATEMENT:

Date of original eligibility: \_\_\_\_\_

Most recent re-evaluation date: \_\_\_\_\_

Current goal area(s) of concern: \_\_\_\_\_

2. FORMAL DIAGNOSIS and DATE (when available): \_\_\_\_\_

3. What is the **BASIS OF DETERMINATION** for current services?

(Provide available diagnostic assessment information and recent evaluation results; include performance levels with/ without accommodations.)

4. Describe the **CURRENT FUNCTIONAL IMPACT** of the disability:

5. **RESPONSE TO** specially designed **INSTRUCTIONAL INTERVENTION**:

6. Expected **PROGRESSION** or **STABILITY** of the disability:

7. HISTORY of **ACCOMMODATIONS**:

9th Grade:

10th Grade:

11th Grade:

12th Grade:

8. **SUGGESTED ACCOMMODATIONS** for post-secondary experiences:

9. **RECOMMENDATIONS** (include accommodations, linkages to adult services, other support) for

Living:

Working:

10. **ADULT/COMMUNITY**

Contacts:

Agency:

Status:

Name/Position:

Telephone:

11. **SIGNATURE** of Credentialed Professional:

Name of Person completing this form (Print): \_\_\_\_\_ Title/Role: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

12. **AUTHORIZATION** for **RELEASE OF INFORMATION** I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

Name of Student (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. **STUDENT WRITTEN RESPONSE**—Statement of Goals

(Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)

# SECTION 504 GRIEVANCE FORM

Dallas Center-Grimes Community School District

Name of Grievant: \_\_\_\_\_ Student \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Please write the complaint/grievance (you may attach other documentation if it is necessary for understanding the complaint):

What remedy is requested?

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

**DO NOT WRITE BELOW THIS LINE**

**FOR OFFICIAL USE**

Date Received \_\_\_\_\_ Signed \_\_\_\_\_

**LEVEL ONE CONFERENCE:** Date: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Signed \_\_\_\_\_

**LEVEL TWO CONFERENCE:** Date: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Signed \_\_\_\_\_

**LEVEL THREE MEDIATION:** Date: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Signed \_\_\_\_\_

**LEVEL FOUR ARBITRATION:**      Date: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_