

ST. JOHNS COUNTY SCHOOL DISTRICT
Section 504 of the Rehabilitation Act of 1973

I. Policy

It is the policy of the St. Johns County School District to provide a free and appropriate public education (FAPE) to each student who is disabled within the definition of Section 504 of the Rehabilitation Act of 1973 regardless of the nature or severity of the disability.

II. Eligibility Criteria

Students eligible for 504 assistance are those who:

- A. have a physical or mental impairment, or
- B. have a record of such impairment, or
- C. are regarded as having such impairment, except if the impairment is minor and transitory (expected duration of 6 months or less),

and, such impairment substantially limits one or more major life activities.

- 1. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, speaking, walking, standing, lifting, bending, breathing, learning, reading, concentrating, thinking, communicating, working or operation of a major bodily function.
- 2. Major bodily functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- 3. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures.
 - a. Mitigating measures include, but are not limited to:
 - i. medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;
 - ii. use of assistive technology;
 - iii. reasonable accommodations or auxiliary aids or services; or
 - iv. learned behavioral or adaptive neurological modifications.

II. Procedures for Section 504 Eligibility Determination

The District must evaluate students suspected of having a disability. However, Section 504 does not require a full, comprehensive evaluation as required under IDEA.

- A. The school will designate a School Section 504 Coordinator. The School Section 504 Coordinator will chair the School Section 504 Committee and monitor evaluation, eligibility, plan development, and student reevaluation under section 504.

- B. The School Section 504 Committee must be a multi-disciplinary team. A minimum of three (3) members must be present including at least one of the student's teachers, one of the school administrators (or designee) and the Section 504 Coordinator.
- C. Requests for Section 504 eligibility evaluation will be made via the *504 Referral* form and directed to the School Section 504 Coordinator.
- D. The School Section 504 Committee will meet to consider whether to evaluate for Section 504 eligibility:
1. The School Section 504 Committee must consider whether to evaluate when:
 - a. a parent requests a Section 504 eligibility evaluation, or Section 504 accommodation plan.
 - b. a parent provides medical or psychological documentation of a condition that may constitute a disability.
 - c. a student is dismissed from ESE with continuing need for accommodations.
 2. The School Section 504 Committee may consider whether to evaluate when:
 - a. a disability of any kind is suspected, unless the disability is minor and/or transitory (expected duration of six months or less).
 - b. a student has a chronic health condition.
 - c. the Problem-Solving/Response to Intervention (PS/RtI) team has determined that an evaluation under IDEA is inappropriate for a student who has been on an RtI plan.
 - d. a student's discipline history is characterized by a pattern of multiple suspensions or reassignments.
 - e. Substance abuse has been documented, treatment has been received and the student is not currently using drugs or alcohol. Students who are currently using drugs or alcohol are not Section 504 eligible.
 3. If the School Section 504 Committee determines an evaluation is necessary,
 - a. the Section 504 Committee determines what evaluations are necessary and who will conduct them. Evaluation may include: interviews, structured classroom observations, behavior rating scales, academic performance assessments, etc.
 - b. the *Notice and Consent for Initial Section 504 Evaluation* and *Notice of Parent Rights under Section 504 of the Rehabilitation Act of 1973* are provided to the parent.
 - c. the Section 504 evaluations are conducted.
- E. The School Section 504 Committee will meet to review evaluations and determine Section 504 eligibility.
1. The parent will be invited to the eligibility determination meeting via the *Notice of Eligibility Determination Meeting*.
 2. At the meeting, the *Initial Evaluation & Periodic Re-Evaluation* will be completed.
 3. If the student is determined eligible for Section 504 protections, the *Accommodation Plan* will be developed.

4. The parent will be provided copies of the *Initial Evaluation & Periodic Re-Evaluation* form, the *Accommodation Plan*, and the *Notice of Parent Rights under Section 504 of the Rehabilitation Act of 1973*.
5. The *Accommodation Plan* will be reviewed at least annually and Section 504 eligibility reviewed at least every three years.

III. **Section 504 Grievance Procedure**

If a parent disagrees with the actions of the School's Section 504 Committee in regard to the child's educational program, the parent may pursue a grievance using the procedure described below. The purpose of this procedure is to secure, at the level closest to the student, fair solutions to complaints that may arise from time to time.

1. Informal problem-solving discussions:
 - a. The parent should speak with the teacher (outside of regular class time) to try to resolve the complaint.
 - b. If speaking with the teacher does not resolve the complaint, the parent should speak with the principal (or designee) to attempt to resolve the complaint.
2. Level 1 grievance: the parent may describe the problem in writing, along with a proposed solution, and give it to the Principal within three (3) school days after the informal discussion. The student's parent must sign the grievance. The Principal will investigate and decide how he or she will resolve the problem. The Principal will provide his or her decision in writing to the parent within five (5) school days after receiving the grievance.
3. Level 2 grievance: the parent may request in writing that the ESE Director review the decision. The parent must request review within five (5) school days after receiving the Principal's decision. The ESE Director (or designee) will review the Principal's decision and will decide whether to uphold the Principal's decision or to change it. The ESE Director will provide his or her decision in writing to the parent within five (5) school days after receiving the request for review.
4. Impartial Hearing: the parent or guardian of a child may request an impartial hearing on a complaint that the child, solely by reason of his or her disability, has been excluded from participation in, been denied the benefits of, or been subjected to discrimination under any of the district's educational programs or activities. The hearing will be conducted by an Administrative Law Judge of the Division of Administrative Hearings under chapter 120, Florida Statutes.

The person responsible for assuring district compliance with the requirements of Section 504 of the Rehabilitation Act of 1973:

Lisa Bell
Director for Exceptional Student Education
St. Johns County School District
40 Orange Street, St. Augustine, FL 32084
phone: (904) 547-7672
fax: (904) 547-7687

ST. JOHNS COUNTY SCHOOL DISTRICT
Notice of Parent Rights Under Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving federal financial assistance. Students eligible for 504 assistance are those who:

1. have a physical or mental impairment, or
2. have a record of such impairment, or
3. are regarded as having such impairment, except if the impairment is minor and transitory (expected duration of six months or less),

and, such impairment substantially limits one or more major life activities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, speaking, walking, standing, lifting, bending, breathing, learning, reading, concentrating, thinking, communicating, working or operation of a major bodily function. Major bodily functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as:

- a. medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;
- b. use of assistive technology;
- c. reasonable accommodations or auxiliary aids or services; or
- d. learned behavioral or adaptive neurological modifications.

If your child is disabled or you believe that your child is disabled or has been discriminated against, you are entitled to certain rights. This notice is designed to provide you with information about those rights.

Under Section 504, you have a right to:

1. have the school district advise you of your rights under federal law.
2. have your child take part in, and receive benefits from, public education programs without discrimination because of his/her disability.
3. have your child receive a free appropriate public education (FAPE). This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
4. have your child educated in facilities and receive services comparable to those provided non-disabled students.
5. have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the school district.
6. have evaluation, educational and placement decisions made based upon a variety of information sources and by persons who know your child and who are knowledgeable about the evaluation data and placement options.
7. receive notice in your native language with respect to identification, evaluation, or placement of your child.

8. examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
9. obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records.
10. explanation and interpretation of your child's records by District personnel who are knowledgeable about the evaluation data and educational program.
11. request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy right of your child. If the District refuses this request for amendment, it shall notify you within a reasonable time and advise you of the grievance procedure.
12. periodic evaluation or reevaluation to determine if there has been a change in educational need before any significant change is made in your child's program or services.

Section 504 Grievance Procedure

If a parent disagrees with the actions of the School's Section 504 Committee in regard to the child's educational program, the parent may pursue a grievance using the procedure described below. The purpose of this procedure is to secure, at the level closest to the student, fair solutions to complaints that may arise from time to time.

1. Informal problem-solving discussions:
 - a. The parent should speak with the teacher (outside of regular class time) to try to resolve the complaint.
 - b. If speaking with the teacher does not resolve the complaint, the parent should speak with the principal (or designee) to attempt to resolve the complaint.
2. Level 1 grievance: the parent may describe the problem in writing, along with a proposed solution, and give it to the Principal within three (3) school days after the informal discussion. The student's parent must sign the grievance. The Principal will investigate and decide how he or she will resolve the problem. The Principal will provide his or her decision in writing to the parent within five (5) school days after receiving the grievance.
3. Level 2 grievance: the parent may request in writing that the ESE Director review the decision. The parent must request review within five (5) school days after receiving the Principal's decision. The ESE Director (or designee) will review the Principal's decision and will decide whether to uphold the Principal's decision or to change it. The ESE Director will provide his or her decision in writing to the parent within five (5) school days after receiving the request for review.
4. Impartial Hearing: the parent or guardian of a child may request an impartial hearing on a complaint that the child, solely by reason of his or her disability, has been excluded from participation in, been denied the benefits of, or been subjected to discrimination under any of the district's educational programs or activities. The hearing will be conducted by an Administrative Law Judge of the Division of Administrative Hearings under chapter 120, Florida Statutes.

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**ST. JOHNS COUNTY SCHOOL DISTRICT
SECTION 504 OF THE REHABILITATION ACT OF 1973
REFERRAL**

Student Name: _____ **Date of Referral:** _____

School: _____ **DOB:** _____ **Grade:** _____

Referred by: _____ **Position/Relation to Student:** _____

Reason for referral (attach additional pages if necessary):

Attendance
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the student enrolled in school? If "No", explain:
This student has been absent ____ days out of ____ school days this school year. Reason(s):
This student has been absent ____ days out of ____ school days last school year. Reason(s):
List schools previously attended:

Student Grade Report									
Current Year Grades by Quarter						School Year:		School Year:	
Subject	1	2	3	4	Final	Subject	Grade	Subject	Grade
Over time, this student's grades:									
<input type="checkbox"/> have become higher each year			<input type="checkbox"/> stayed about the same each year			<input type="checkbox"/> have become lower each year			
<input type="checkbox"/> dropped suddenly in grade:			<input type="checkbox"/> Data not available						
Compared with most of the other students in this school, this student's grades:									
<input type="checkbox"/> are better		<input type="checkbox"/> are about the same		<input type="checkbox"/> are worse		<input type="checkbox"/> Data not available			
Has the student ever been retained? If "Yes", list grade level(s) where the retention occurred and reason for the retention(s):									
<input type="checkbox"/> Yes <input type="checkbox"/> No									

Discipline Information	
Attach copies of any behavioral plan or contract. Identify the behaviors exhibited by the student:	
<input type="checkbox"/> Poor attention and concentration <input type="checkbox"/> Often loses things necessary for tasks <input type="checkbox"/> Excessively high/low activity level <input type="checkbox"/> Difficulty following directions <input type="checkbox"/> Fidgets, squirms or seems restless <input type="checkbox"/> Dress code violations <input type="checkbox"/> Brings inappropriate items to school	<input type="checkbox"/> Shifts from one uncompleted task to another <input type="checkbox"/> Interrupts or intrudes on others <input type="checkbox"/> Difficulty working with peers <input type="checkbox"/> Difficulty remaining seated <input type="checkbox"/> Confrontational/assaultive <input type="checkbox"/> Leaves class without permission <input type="checkbox"/> Other:
In response to these behaviors, what behavior management techniques have been attempted?	
Results of these techniques?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the student been suspended, expelled or removed to an alternative placement during the previous or current school year? If "Yes", explain and attach copies of all disciplinary referrals (including those that resulted in discipline other than suspension, or expulsion). Report total removal days: _____	

Early Intervention & Alternative Programs			
Attach relevant plans or other documentation. What types of efforts have been attempted to meet the student's needs?			
<input type="checkbox"/> Alternative Learning Setting	<input type="checkbox"/> Title I	<input type="checkbox"/> Summer School	<input type="checkbox"/> Mentoring
<input type="checkbox"/> ESL/Bilingual Ed. Program	<input type="checkbox"/> Tutoring	<input type="checkbox"/> FCAT remediation	<input type="checkbox"/> Other:
If the student received assistance from the school's problem solving team, please attach plans created for the student and data gathered on the student's response.			
List services or programs considered and rejected for this student. Why?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever been eligible for special education? If "Yes", attach dismissal report.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever been referred to special education? If "Yes", attach eligibility report.			

Mitigating Measures
Identify any mitigating measures currently in use by the student or provided for the student's benefit. Please describe.
<input type="checkbox"/> Medication:
<input type="checkbox"/> Medical supplies, equipment, or appliances:
<input type="checkbox"/> Low-vision devices (which do not include ordinary eyeglasses or contact lenses):
<input type="checkbox"/> Prosthetics including limbs and devices:
<input type="checkbox"/> Hearing aids and cochlear implants or other implantable hearing devices:
<input type="checkbox"/> Mobility devices:
<input type="checkbox"/> Oxygen therapy equipment and supplies:
<input type="checkbox"/> Assistive technology:
<input type="checkbox"/> Reasonable accommodations (includes early intervention, RtI, differentiated instruction and informal help from teachers):
<input type="checkbox"/> Auxiliary aids or services (includes health plans, emergency plans):
<input type="checkbox"/> Learned behavioral or adaptive neurological modifications (including dyslexia and remedial instruction):
<input type="checkbox"/> Other:

Evaluation Data from State Assessment (FCAT/EOC)								
FCAT Latest Administration School Year:			FCAT Previous Administration School Year:			EOC School Year:		
Subject	Level	Scale Score	Subject	Level	Scale Score	Subject	Pass? (Y/N)	Level
Reading			Reading					
Mathematics			Mathematics					
Writing			Writing					
Science			Science					

Over time, this student's test scores:
 have become better each year 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/school/classroom (circle), this student's test scores:
 improved each year stayed about the same each year worsened each year Other:

Health Information	Person conducting screening:
Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability (example, medical reports, psychological reports, ADD/ADHD diagnostic information, etc.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does student exhibit any signs of health or medical problems? If "Yes", attach observations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a need for further assessment of or referral for a medical problem? If "Yes", please describe what new data is necessary.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student receiving any medication at school? If "Yes", list medications.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student require adaptive equipment or facility adaptation? If "Yes", list needs.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a physical or mental impairment that is episodic? If "Yes", describe the condition, when and how often it is active, and its impact on the student when it is active.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a physical or mental impairment that is in remission? If "Yes", describe the condition, when and how often it is active, at what point it went into remission, and its impact on the student when it is active.

Vision	Type of screening:	Date of screening:
<i>Vision screening must have been administered within a year from the date of referral.</i>		
Visual acuity before correction:	Right _____ Left: _____	
Visual acuity with correction:	Right _____ Left: _____	
Interpretation of results:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the student exhibit any signs of health or medical problems? If “Yes”, attach observations.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Is there a need for further assessment of a medical problem? If “Yes”, please describe what new data is necessary.		
<input type="checkbox"/> Yes <input type="checkbox"/> No As a result of the screening, is there any indication of a need for further assessment or adjustment? If “Yes”, please explain.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Has any follow-up treatment been recommended? If “Yes”, please explain.		

Hearing	Type of screening:	Date of screening:
<i>Hearing screening must have been administered within a year from the date of referral.</i>		
Results:		
Interpretation of results:		
<input type="checkbox"/> Yes <input type="checkbox"/> No As a result of the screening, is there any indication of a need for further assessment or adjustment? If “Yes”, please explain.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Has any follow-up treatment been recommended? If “Yes”, please explain.		

Conference notes:

ST. JOHNS COUNTY SCHOOL DISTRICT
SECTION 504 OF THE REHABILITATION ACT OF 1973
NOTICE OF MEETING

Date: _____

Dear Parent of _____:

You have the opportunity and are encouraged to participate in conferences regarding the educational program for your child.

A meeting has been scheduled at: _____ on: _____ at: _____
School Date Time

The purpose of this meeting is:

- To discuss and determine your child's eligibility under Section 504. Should your child be determined eligible, an Accommodation Plan will be developed to meet his/her educational needs.
- To review your child's 504 plan.
- To discuss re-evaluation procedures/results for your child.
- Manifestation Determination meeting following a disciplinary infraction
- Other: _____

Please contact me at the number below if you have any questions concerning this meeting.

Name: _____

Title: _____

School: _____

Phone: _____

**ST. JOHNS COUNTY SCHOOL DISTRICT
SECTION 504 OF THE REHABILITATION ACT OF 1973
INITIAL EVALUATION & PERIODIC RE-EVALUATION**

Initial Evaluation
 Re-evaluation

Student Name: _____ **Date of Meeting:** _____

School: _____ **DOB:** _____ **Grade:** _____

(For Initial Evaluation Only) Referred by: _____ **Date of Referral:** _____

§504 Committee Membership:		
By regulation, the Section 504 Committee is a group of knowledgeable people. Within the group, each required type of knowledge must be present. List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.		
Name/Position/Title	Signature	This member has knowledge of...
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options

Procedural Checklist:
For the Section 504 Initial Evaluation, complete Questions 1-5. If this is a Re-Evaluation, there is no requirement for parental consent (mark Question 1 "N/A", and complete the other four questions). Please verify by checkmark that each requirement is completed before proceeding.
<input type="checkbox"/> 1. Verify that the parent consented to §504 <i>initial</i> evaluation (does not apply to re-evaluations).
<input type="checkbox"/> 2. Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas.
<input type="checkbox"/> 3. Verify the Student's dominant language: _____ Dominant language of the home: _____
<input type="checkbox"/> 4. Verify that the parent received Notice of Parent Rights under §504.
<input type="checkbox"/> 5. Verify <i>how</i> the parent was informed of the date, time, and place for this evaluation (check one): <input type="checkbox"/> In writing <input type="checkbox"/> By phone <input type="checkbox"/> In person <input type="checkbox"/> Other:

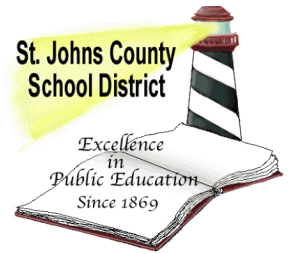
Evaluation Data Considered from a Variety of Sources	
The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]	
<input type="checkbox"/> Parent input	<input type="checkbox"/> Student work portfolio
<input type="checkbox"/> Grade reports	<input type="checkbox"/> Special education records (specify):
<input type="checkbox"/> Standardized Tests and Other Tests	<input type="checkbox"/> Disciplinary records/referrals
<input type="checkbox"/> Early Intervention data	<input type="checkbox"/> Witness statements
<input type="checkbox"/> Teacher/Administrator Input	<input type="checkbox"/> Other:
<input type="checkbox"/> School Health Information	<input type="checkbox"/> Other:
<input type="checkbox"/> Medical evaluation/diagnoses	<input type="checkbox"/> Other:
NOTE: If information from a conversation or other data in unwritten form was considered, please document that oral data relied upon by attaching written notes summarizing the conversation or data.	

<p>Section 504 Eligibility Determination As directed by Congress in the ADA, the Section 504 Committee understands that the definition of disability “shall be construed in favor of broad coverage of individuals under this Act, to the maximum extent permitted by the terms of this Act.”</p>	
<p>1. Does the student have a physical or mental impairment? If so, please identify the impairment(s) in the box below. <i>NOTES: (1) This is an educational determination only, and not a medical diagnosis for purposes of treatment.</i> <i>(2) Impairments that are episodic, in remission or mitigated should also be listed.</i></p>	<p>Eligibility Question #1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Eligibility Question #1 is answered “yes”, identify the impairment(s) here:</p>	
<p>2. Does the physical or mental impairment affect one or more major life activities (including major bodily functions)? If so, please identify the major bodily function by checking the appropriate box or boxes. <i>NOTE: For an impairment that is episodic, in remission, or mitigated, identify the activity or function affected when the disability was present or active.</i></p>	<p>Eligibility Question #2 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Major Life Activities include, but are not limited to: <input type="checkbox"/> Seeing <input type="checkbox"/> Eating <input type="checkbox"/> Standing <input type="checkbox"/> Bending <input type="checkbox"/> Concentrating <input type="checkbox"/> Communicating <input type="checkbox"/> Other: <input type="checkbox"/> Hearing <input type="checkbox"/> Sleeping <input type="checkbox"/> Walking <input type="checkbox"/> Working <input type="checkbox"/> Learning <input type="checkbox"/> Caring for oneself <input type="checkbox"/> Speaking <input type="checkbox"/> Breathing <input type="checkbox"/> Lifting <input type="checkbox"/> Thinking <input type="checkbox"/> Reading <input type="checkbox"/> Performing manual tasks</p>	
<p>Major Bodily Functions include, but are not limited to: <input type="checkbox"/> Functions of the immune system <input type="checkbox"/> Bowel function <input type="checkbox"/> Brain function <input type="checkbox"/> Endocrine function <input type="checkbox"/> Normal cell growth <input type="checkbox"/> Bladder function <input type="checkbox"/> Respiratory function <input type="checkbox"/> Digestive function <input type="checkbox"/> Reproductive function <input type="checkbox"/> Neurological function <input type="checkbox"/> Circulatory function <input type="checkbox"/> Other:</p>	
<p>3. Does the physical or mental impairment substantially limit a major life activity? <i>NOTES: (1) “Substantially limits” does not mean “significantly restricted.”</i> <i>(2) The ADA requires that when making this determination, the Committee should not consider the ameliorative (helpful or positive) effects of mitigating measures (except for ordinary eyeglasses or contact lenses).</i> <i>(3) The fact that the impairment is episodic (the impact of the impairment is sometimes substantially limiting, but not always), or in remission, does not preclude eligibility if the impairment would substantially limit a major life activity when active.</i></p>	<p>Eligibility Question #3 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Eligibility Question #3 is answered “no”, explain why the student is not substantially limited and describe how the committee addressed the positive impact of mitigating measures (what measures are used by/for the student, and what was the impact?):</p>	

Section 504 Accommodation Plan & Placement	
Completed only if each of the three preceding questions are answered "Yes".	
<p>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?</p> <p><i>NOTES: (1) If the student's needs are so extreme as to require special education and related services, a referral to special education should be considered.</i></p> <p><i>(2) If the student's impairment is in remission, or the student's needs are currently addressed by mitigating measures, the student is not in need of a Section 504 accommodation plan.</i></p>	<p>Plan & Placement Question</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Analyzing the Results of the Committee's Answers</p> <p>1. If all four questions are answered "Yes", the student is eligible for both the nondiscrimination and FAPE (Section 504 accommodation plan) protections of Section 504. The Section 504 Committee will create a Section 504 Services plan for this student.</p> <p>2. If only the first three questions are answered "Yes", the student is eligible for the nondiscrimination protections of Section 504, together with manifestation determination, procedural safeguards, and periodic Re-Evaluation or more often as needed. The Section 504 Committee will not create a Section 504 accommodation plan at this time as the Student's needs are currently being met as adequately as his nondisabled peers. Should such a need develop, the Section 504 Committee shall reconvene and develop an appropriate Section 504 accommodation plan at that time.</p> <p>3. If any of the first three answers is "No", the student is not eligible for Section 504 nondiscrimination protection and is not eligible for a Section 504 accommodation plan.</p>	
<p>Analyzing the Results of the Committee's Answers</p> <p>The Section 504 Committee's analysis of the eligibility criteria as applied to the evaluation data indicates that at this time:</p>	
<p><input type="checkbox"/> Not §504 Eligible. The student is not eligible under Section 504.</p>	
<p><input type="checkbox"/> §504 Eligible +Plan. The student is eligible under Section 504, and will receive a Section 504 accommodation plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504.</p>	
<p><input type="checkbox"/> §504 Eligible + No Plan (In Remission). The student is eligible under Section 504, but will not require a Section 504 accommodation plan because the physical or mental impairment is in remission, and there is no current need for services. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. Should need for a plan develop, the Section 504 Committee shall reconvene and develop an appropriate Section 504 accommodation plan.</p>	
<p><input type="checkbox"/> §504 Eligible + No Plan (Mitigating Measures). The student is eligible under Section 504, but will not require a Section 504 accommodation plan because the student's needs are met as adequately as his nondisabled peers due to the positive effect of mitigating measures currently in use. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. Should need for a plan develop, the Section 504 Committee shall reconvene and develop an appropriate Section 504 accommodation plan.</p>	
<p><input type="checkbox"/> Continued §504 Eligibility (For use with Re-Evaluations). The student remains eligible under Section 504, and will receive an updated Section 504 accommodation plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504.</p>	
<p><input type="checkbox"/> Dismissal from §504 Eligibility. The student is no longer eligible for Section 504 and is exited from the program. The student will now receive regular education without Section 504 services. The student will receive the nondiscrimination protections of Section 504 as a student with a record of an impairment, together with procedural safeguards, but will not receive manifestation determination, or periodic Re-Evaluation.</p>	
<p><input type="checkbox"/> IDEA Eligible & §504 Dismissal. The student has been determined special education eligible by a Committee/IEP team. Consequently, the student is no longer served through a Section 504 Committee and is exited from the program. The student will receive a free appropriate education through the Committee/IEP team, together with the nondiscrimination protections and procedural safeguards of Section 504.</p>	
<p><input type="checkbox"/> Other (please describe):</p>	

Conference Notes:

St. Johns County School District
Exceptional Student Education
40 Orange Street
St. Augustine FL 32084
(904) 547-7672
(904) 547-7687 (fax)



Lisa Bell
[Director](#)

Date: _____

Dear Parent or Guardian:

We would like to inform you that your child **may** be eligible to participate in the John M. McKay Scholarships for Students with Disabilities Program, commonly known as the McKay Scholarship Program. This program was created to provide educational options to parents of disabled students. Currently, more than 22,000 Florida students are participating in this program.

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

In order to be eligible for the McKay Scholarship Program, a student must apply for the program prior to withdrawing from public school. The student must have an Individual Education Plan (IEP) or a 504 accommodation plan which is valid for more than 6 months, and:

- Have been enrolled and reported for funding in a Florida public school for the school year prior to applying for a scholarship (Grades K-12); or
- Have been a pre-kindergarten student who was enrolled and reported for funding in a Florida public school during the school year prior to applying for a scholarship; or
- Have attended the Florida School for the Deaf and the Blind during the preceding school year's student membership surveys (Grades K-12).

To find out if your student is eligible, you may apply for the McKay Scholarship on the School Choice Web site at www.floridaschoolchoice.org. Select the **McKay Scholarships** link and then the link titled **Apply for a McKay Scholarship** on the menu bar on the left.

To learn more about your child's educational options, please contact your school district's Parental Choice Office at (904) 547-7712. You may also contact the Department of Education, Office of Independent Education and Parental Choice Information Hotline at (800) 447-1636 or visit the School Choice website at www.floridaschoolchoice.org and click the **McKay Scholarships** link.

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

For enrollment and payment deadline information, please refer to www.floridaschoolchoice.org or call (800) 447-1636.

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

Sincerely,

A handwritten signature in cursive script that reads "Lisa Bell".

Lisa Bell, Director for Exceptional Student Education

**ST. JOHNS COUNTY SCHOOL DISTRICT
SECTION 504 OF THE REHABILITATION ACT OF 1973**

MANIFESTATION DETERMINATION EVALUATION

Student Name: _____ **Date of Evaluation:** _____

School: _____ **DOB:** _____ **Grade:** _____

<p>Procedural Checklist: Both boxes must be checked before the §504 evaluation for manifestation determination can occur.</p> <p><input type="checkbox"/> 1. Verify <i>how</i> the parent was informed of the date, time, and place for this evaluation (check one): <input type="checkbox"/> In writing <input type="checkbox"/> By phone <input type="checkbox"/> In person <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> 2. Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas. <i>See below.</i></p>

§504 Committee Membership:
 By regulation, the Section 504 Committee is a group of knowledgeable people. Within the group, each required type of knowledge must be present. List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.

Name/Position/Title	Signature	This member has knowledge of...
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options
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		<input type="checkbox"/> The Student <input type="checkbox"/> The meaning of evaluation data <input type="checkbox"/> The placement options

Evaluation Data Considered from a Variety of Sources
 The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]

<input type="checkbox"/> Parent input	<input type="checkbox"/> Student work portfolio
<input type="checkbox"/> Grade reports	<input type="checkbox"/> Special education records (specify):
<input type="checkbox"/> Standardized Tests and Other Tests	<input type="checkbox"/> Disciplinary records/referrals
<input type="checkbox"/> Early Intervention data	<input type="checkbox"/> Witness statements
<input type="checkbox"/> Teacher/Administrator Input	<input type="checkbox"/> Other:
<input type="checkbox"/> School Health Information	<input type="checkbox"/> Other:
<input type="checkbox"/> Medical evaluation/diagnoses	<input type="checkbox"/> Other:

NOTE: If information from a conversation or other data in unwritten form was considered, please document that oral data relied upon by attaching written notes summarizing the conversation or data.

<p>Behavior subject to disciplinary action: Note: <i>The 504 Committee does not address whether or not the alleged behavior occurred.</i></p>	
<p>List each of the student’s Section 504 qualifying physical or mental impairments:</p>	
<p>The Section 504 Committee reviewed and discussed the data listed above. Based on this review, the Committee has made the following determinations:</p>	
<p>1. Was the conduct in question caused by, or directly and substantially related to the student’s disabilities?</p>	<p>Question #1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Was the conduct in question the direct result of the school’s failure to implement the student’s Section 504 plan, if there was any such failure?</p>	<p>Question #2 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Results:</p> <p>1. If either of the questions is answered “Yes,” 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 school’s disciplinary alternative education setting for more than 10 days.</p> <p>2. If the answer to both 1 and 2 is “No,” then further disciplinary sanctions/consequences are appropriate. Document recommended disciplinary consequence where no manifestation was found:</p>	

Conference Notes:



ST. JOHNS COUNTY SCHOOL DISTRICT
40 Orange Street, St. Augustine, FL 32084 • 904-547-7672

STUDENT: _____ DATE: _____
DOB: _____ GRADE: _____
SCHOOL: _____ PARENT/GUARDIAN: _____

FUNCTIONAL BEHAVIORAL ASSESSMENT

1. Review Onset, Duration, Frequency and Severity of Behavior (refer to ABC data for this section):
a. Describe each behavior in observable/measurable terms (title - examples, measurement, dates of measurement).

1.
2.

- b. What times of day and in which locations does the behavior occur? (use separate line for each target behavior if answers differ)

Times of Day –
Locations –

- c. Are there situations when the behavior never occurs? (use separate line for each target behavior if answers differ)

- d. What happens immediately before/after the behavior occurs? (use separate line for each target behavior if answers differ)

Before -
After -

2. Student History and Information:

- a. Identify environmental factors that could affect behavior:

- b. Identify the student’s strengths and areas to improve:

Strengths –
Areas to Improve –

- c. Identify medical and/or physical factors that could affect behavior:

- d. Review academic and behavior records describing interventions that have been tried (who, what, when):

e. Develop an assumption as to the function or purpose of the behavior (example: “In this situation, engages in this behavior to achieve this outcome”):

[Empty text box]

BEHAVIORAL INTERVENTION PLAN

1. Target Behavior(s) to be changed:

1.
2.

2. What is the desired Behavior? (State as an IEP goal without the measurement – state what you want the student to do):

[Empty text box]

3. Describe specific accommodations (environmental strategies) to reduce the Target Behavior(s):

[Empty text box]

4. Describe specific interventions to minimize Target Behaviors & maximize Desired Behaviors:

[Empty text box]

5. Describe method of data collection:

[Empty text box]

6. Responsible Person(s):

[Empty text box]

7. Start Date:

[Empty text box]

8. Review Date:

[Empty text box]

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Notification of Section 504 Accommodation Plans

Dear _____,

This letter is to inform you that the following students are enrolled in your class and have been identified as students with disabilities as defined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA).

Section 504/ADA is a Civil Rights Act which protects the civil and constitutional rights of persons with disabilities. A student with a Section 504 Accommodation Plan is entitled to interventions/accommodations that will assist him/her in accessing the general education curriculum, to the same extent as students without disabilities.

I have attached the students' Section 504 Accommodation Plans, which identify certain intervention strategies and/or accommodations recommended by the Section 504 Committee. These accommodations were designed to make the students' school experience as successful as possible. By law, we are required to implement the accommodations that are included in the Section 504 Accommodation Plans. As you become more familiar with the students' needs, the plans can be revised as needed by the committee.

As your school's Section 504 Liason, I will be happy to address any concerns that you may have about these students' Section 504 Accommodation Plans. By signing this form, you acknowledge that you have received the listed students' Accommodation Plans, and that you understand your obligation to implement them.

Section 504 Liason

Date

Identified Students:

*****I acknowledge receipt of the Section 504 Accommodation Plans for the above listed students and understand my responsibilities in providing these accommodations. I also understand that by signing below, I acknowledge the confidential nature of these pages.***

Regular Education Teacher

Date