

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 and be represented by legal counsel at 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 (ALJ) of the Division of Administrative Hearings under chapter 120, Florida Statutes. The recommended order of the ALJ will be treated as a final determination by the District and the parties will have the same appeal rights as afforded to parties participating in due process hearings brought under the Individuals with Disabilities Education Act (IDEA).

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

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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.
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4. Impartial Hearing: the parent or guardian of a child may request and be represented by legal counsel at 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 (ALJ) of the Division of Administrative Hearings under chapter 120, Florida Statutes. The recommended order of the ALJ will be treated as a final determination by the District and the parties will have the same appeal rights as afforded to parties participating in due process hearings brought under the Individuals with Disabilities Education Act (IDEA).

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Sample Explanation for Procedural Safeguards

These are your rights as a parent and the district's responsibilities to you and your child.

It is an explanation of the procedural safeguards that apply to students with disabilities or students eligible under Section 504.

You received a copy of this in the meeting notification.

Your rights to records, your rights regarding consent and revocation of consent of services, and your due process and hearing rights are specifically outlined in this document.

It also contains information regarding discipline procedures for students with disabilities.

If you have any questions, please feel free to contact the ESE office or the Department of Education.

Do you have any questions about these rights at this time?

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..
- 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**

**CONSENT FOR EVALUATION/RE-EVALUATION
SECTION 504**

Student Name: _____ **Date sent/mailed:** _____

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

Parents: _____

Address: _____

Home phone: _____ **Work phone:** _____ **Cell phone:** _____

We have carefully reviewed your child’s school records and information from teachers. Additional information is necessary to determine your child’s educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504 or to determine the need for additional supports. We ask that you consent to an evaluation/re-evaluation under §504 for the following reasons:

In many cases, the §504 evaluation/re-evaluation may simply consist of the Section 504 Committee reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores, and other data, in order to determine if your child qualifies for accommodations in the regular classroom. For students who have been involved in the early intervention process, the 504 evaluation will include a review of the classroom assistance and interventions provided, the results of those efforts, and any other data generated by that process. In addition to reviewing the data described above, the district desires to conduct the following assessments:

Please review the enclosed document entitled “Notice of Parent Rights Under Section 504 of the Rehabilitation Act of 1973,” which informs you of your rights under Section 504. If you CONSENT to the evaluation/re-evaluation, please check the “consent” statement, sign and return one copy of this letter. If you REFUSE consent, please check the “refuse consent” statement, sign and return one copy of this letter. Keep the other copy of this letter and the Notice of Parent Rights for future reference.

Please call _____ at _____ if you have any questions.

As the parent/legal guardian of the above referenced student, I have received notice of my Section 504 parent rights, and I understand that this is *not* an offer of a Special Education evaluation.

I hereby CONSENT to an evaluation/re-evaluation under Section 504.

I hereby REFUSE consent to an evaluation/re-evaluation under Section 504.

Parent/Guardian signature

Parent/Guardian printed name

Date

504 Meeting Agenda

STUDENT:

DATE:

WELCOME

- Welcome and Purpose
- Introductions and Roles
- Outcomes and Agenda Overview
- Explanation of Procedural Safeguards

TYPE OF MEETING:

PRESENT LEVEL OF PERFORMANCE (teacher input, parent input):

EVALUATION OF STUDENT

1. Is there a physical or mental impairment?
2. That substantially limits a major life activity?
3. Does the student require accommodations?

CONFERENCE NOTES:

COMPLETION OF PAPERWORK:

Teacher Observation Checklist for 504 Eligibility/Response to Intervention

Date Completed: _____

Teacher Name & Subject: _____.

Please complete the following checklist for: _____.

Please turn this form back to his/her guidance counselor by: _____.

Current grade in class: _____.

Please check one box (Poor/Fair/Good) for each question.

Organizational Skills	Poor	Fair	Good
1. Arrives to class on time			
2. Attends class regularly. (i.e. no attendance issue)			
3. Maintains organization, efficiently stores and retrieves needed books, assignments, and work materials.			
4. Brings to class the necessary work material expected for the course.			
5. Transitions from one activity to another efficiently.			
6. Handwriting is legible.			
7. Takes adequate notes in class.			
8. Other:			
Comments:			

Homework Completion	Poor	Fair	Good
1. Uses strategies to note questions regarding homework assignments (i.e. asks for teacher's help, clarification on directions)			
2. Turns in homework on time.			
3. Completes any missed assignments in a timely manner. (Due to absences.)			
4. Other:			
5. Comments:			

Cooperative Learning Skills	Poor	Fair	Good
1. Participates in class discussion.			
2. Gets along with others during group/pair activities.			
3. Does his/her fair share in group/pair activities.			
4. Is willing to take leadership position during group/pair activities.			
5. Other:			
6. Comments:			

Independent Seat Work	Poor	Fair	Good
1. Is on-task during the assignment at a level typical for students in the class.			
2. Refrains from distracting behaviors (i.e. talking to peers without permission, pen tapping, vocalizations, etc)			
3. Recognizes when he/she needs teacher's assistance and is willing to do that assistance (self-advocacy).			
4. If finished with independent assignment before time expires, uses remaining time to check work on engage in other activity allowed by teacher.			
5. Takes care in completing work as evidence by the quality of the finished assignment.			
6. Is reliable in turning in in-class assignments.			
7. Requests extended time on tests/quizzes.			
8. Finishes tests/quizzes completely in allotted time and maintains a C or better on given assignment.			
9. Other:			
10. Comments:			

Any additional comments in regards to the need for a 504 accommodation plan/Response to Intervention plan.

**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
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		<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>	

<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? <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 style="padding-left: 40px;"><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>
---	---

Analyzing the Results of the Committee’s Answers

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.
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.
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.

Analyzing the Results of the Committee’s Answers

The Section 504 Committee’s analysis of the eligibility criteria as applied to the evaluation data indicates that at this time:

- Not §504 Eligible.** The student is not eligible under Section 504.
- §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.
- §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.
- §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.
- 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.
- 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.
- 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.
- Other (please describe):**

Conference Notes:



St. Johns County School District

Guidance Counselors/Operators: Section 504 Plan in eSP 4.0

August 24, 2017

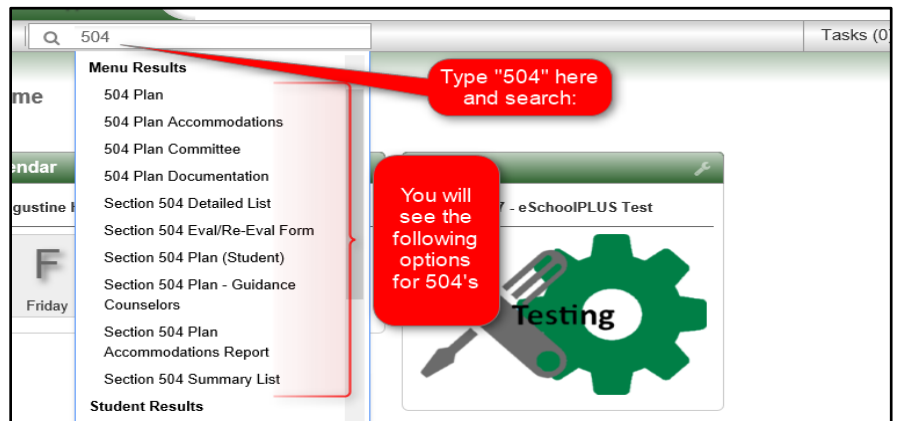
There are several parts to entering a 504 Plan correctly. Currently, the Guidance Counselor enters the 504 Plan, Accommodations & Committee then informs the School Operator/Registrar of the Plan. Counselors will need to convey information to the School Operator/Registrar in order for them to complete their part. This is important in order for all of the 504 reports in eSP to run correctly.

Counselors:

To enter or update a student with a 504 Plan, please check the following screens for information and accuracy.

Navigate to your student by using the Simple or Advance Search, or by [entering the Student ID](#)

Now that you have the student you want to work with, type 504 in the "Quick Search" box. You will see the following options:

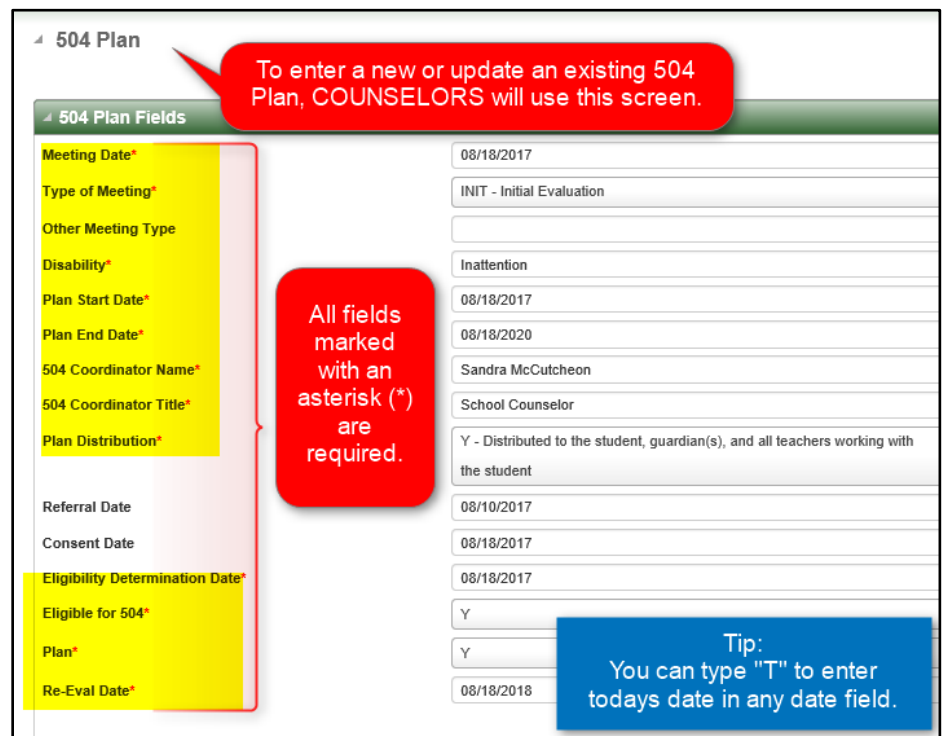


Please note:

Eligible for

504

and Plan fields must have a "Y" or an "N" as they are required fields.





St. Johns County School District

Guidance Counselors/Operators: Section 504 Plan in eSP 4.0

August 24, 2017

(Counselor continued)

504 Plan Accommodations: (Counselor)

Once the Plan is created or updated, you will need to navigate to the 504 Plan Accommodation Screen. You can use Quick Search (QS) and type 504 Plan, or you can use the menu option:

Registration>Entry & Reports> Student District Defined

There are three columns on this screen. The first two must be completed: Student Need and Accommodation. The "other" column is optional.

The Student Need column is a free text field. This is where you can freely enter the need for the student. Please be careful to use correct spelling. Once you have chosen the **Student Need**, please choose a matching Accommodation from the drop down list. Enter as many as needed, and save your screen.

504 Plan Accommodations

Unsaved Changes

New entry: Click the Save icon to create the screen for this student.

504 Plan Accommodations Fields

Student Need*	Accommodation*	Other Description	
Focusing	OTHER - 504 x Other Accommodati		<input type="checkbox"/>
Inattention	STG_OTHER x - Setting: Other - Describe:	1 Near from of room	<input type="checkbox"/>
Glasses	STG_OTHER x - Setting: Other - Describe:	vision impairment.	<input type="checkbox"/>

Enter the Student Need and Accommodations. You can use the "Other Description" if needed.
Remember to Save.

504 Plan Committee: (Counselor)

Next, Navigate to the 504 Plan Committee Screen. (SQ: 504 Plan Committee) Menu: Registration>Entry & Reports> Student District Defined

This is where you will list the persons who attended the meeting and their title. This information will generate on the 504 Plan Documentation.

504 Plan Committee

504 Plan Committee Fields

Name	Position/Title	Signature Obtained	
	Parent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Parent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	School Counselor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ILC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Enter the names and titles of meeting attendees.

Once all of these screens have been entered, your 504 Plan is complete. You must now inform your Operator of the new or updated Plan.



St. Johns County School District

Guidance Counselors/Operators: Section 504 Plan in eSP 4.0

August 24, 2017

8/2017: Operator/Registrar – We are currently working to remove this step from your view, where the data will transfer over from specified fields entered by the Counselor during an overnight process. Until this is fully complete, you will need to enter data on the following 2 fields:

On the Personal Screen: **(QS: Personal / Menu: Registration > Entry & Reports > Student Demographic)**

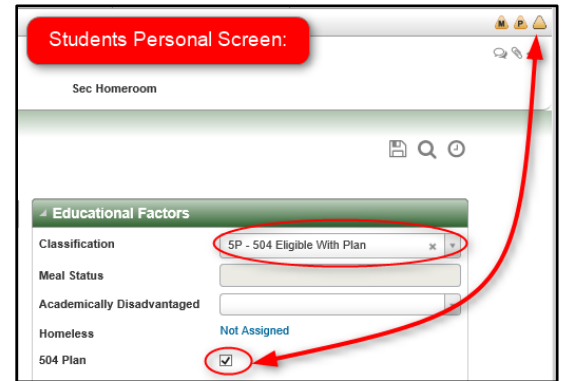
Under Educational Factors, please update the “Classification” to one of the following:

5P – Students with an Eligible 504 Plan

5N – Students Eligible, with NO Plan

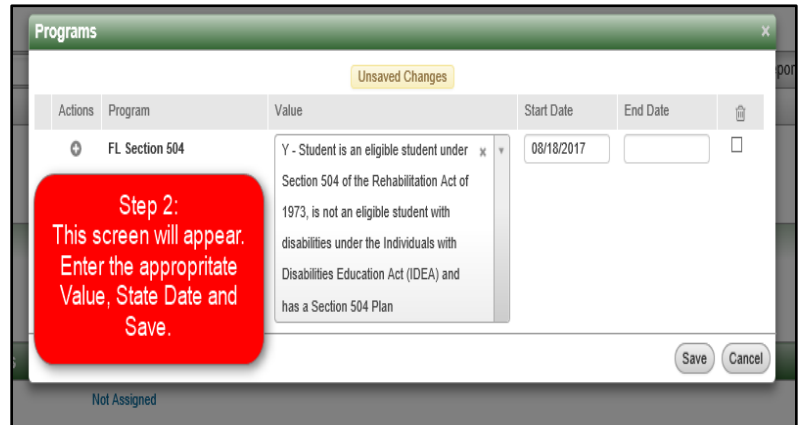
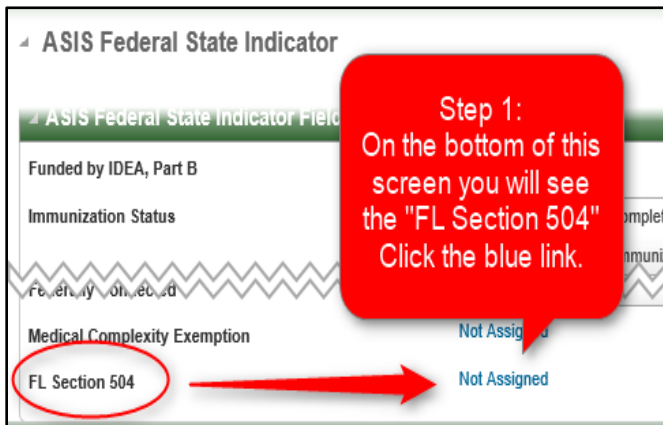
Once this is updated, the 504 Plan Check box will populate overnight. (This box is greyed out and may not be checked. A process that runs every night populates the check here. It will show the following day).

This check box is what creates the “504 Triangle” at the top of the student’s summary screen.



Next, Navigate to the ASIS Federal State Indicator Screen. **(QS: ASIS Federal / Menu: Registration > Entry & Reports > Student District Defined)**

Click on the FL Section 504 area as shown below to enter the information in Step 2.



The Students 504 Plan Process is now complete. All 504 Reports should now generate, allowing the Counselor and Administration to utilize the information to its fullest potential. For information on printing and 504 Dismissal, please see the documentation below.



St. Johns County School District

Guidance Counselors/Operators: Section 504 Plan in eSP 4.0

August 24, 2017

To print the 504 Plan:

Menu: **Registration > Reports > 504 > Section 504 Plan (Student)**

Please note that you must **EXPORT TO PDF** in order to print. This allows for the formatting to be correct when printed.

School: Ketterlinus Elementary School Student: Heath, Asher

To Print: Export to PDF for printing

View Report

St Johns County School District Section 504 Account

Student Name: Heath, Asher

School: Ketterlinus Elementary School

Parent/Guardian Name: [Redacted]

Type of meeting generating initial 504 plan or changes to 504 Plan: Initial Evaluation

(For Initial Evaluation Only) Referred by: [Redacted] Referral Date: [Redacted]

Start Date: 05/03/2016 End Date: 05/03/2019

Re-Eval Date: 05/03/2017 Eligibility Date: 05/03/2016

Describe the Disability: inattention/lack of focus

Dismissing a 504 Plan

When a student is dismissed from having a 504 plan, **The Guidance Counselor** must enter a dismissal date. This occurs once the 504 Plan is no longer needed or if the student now qualifies for an IEP. To enter a dismissal date for a 504 Plan, navigate to the students 504 Plan (QS: 504 Plan) or Menu: **Registration > Entry & Reports > Student District Defined > 504 Plan**

***Do not enter a dismissal date ahead of time – even if it is pre-determined. This will prevent the student from appearing on 504 Reports.**

Once the dismissal date has been entered, please notify your Computer Operator so that they can do their part of the dismissal process in eSP.
(ASIS Federal State Indicator Screen & Personal Screen)

Do not change the “Eligible for 504” or “Plan” fields from Y to N or vice versa. Simply enter the dismissal date once the Plan is dismissed and save your screen

Please note: The Duration End Date is when the plan is “expected” to end, while the Dismissal date is the actual 504 Program end date. These two fields and meanings are very different.

504 Plan

504 Plan Fields

Meeting Date*: 08/24/2015

Type of Meeting*: INIT - Initial Evaluation

Other Meeting Type: [Redacted]

Disability*: [Redacted]

Duration Start Date*: [Redacted]

Duration End Date*: [Redacted]

504 Coordinator Name*: [Redacted]

504 Coordinator Title*: Guidance Counselor

Plan Distribution*: Y - Distributed to the student

Referral Date: [Redacted]

Consent Date: [Redacted]

Eligibility Determination Date*: 08/24/2015

Eligible for 504*: y

Plan*: y

Re-Eval Date*: 05/25/2017

Dismissal Date: [Redacted]



St. Johns County School District

Guidance Counselors/Operators: Section 504 Plan in eSP 4.0

August 24, 2017

Dismissing a 504 (continued) - Guidance and Operator/Registrar

Once the plan has been dismissed, you will need to notify your Operator/Registrar so that the process can be completed on their end. (Eventually, we hope that this step will be eliminated). The Operator/Registrar will need to navigate back to the ASIS Federal State Indicator screen, and click on "FL Section 504". Enter the dismissal date under "End Date". Do not change the Value field.

504 Reports:

Any of these reports can be found by typing "504" into the Quick Search box on your home page or by navigating to:
Menu: ***Registration>Reports OR Documentation OR Entry & Documentation***

Section 504 Plan (Student): Shown Above. This is the 504 Plan for the individual student.

Section 504 Detailed List: This is a summary of the students in your building who have a 504 with or without a plan

Section 504 Accommodations: This shows the accommodations for the individual student

Section 504 Summary List: This is a summary showing the # of students in your building with a 504 plan (or without plan)

Section 504 Accommodations Report: Lists all students in your building along with their plan date and accommodations.

Section 504 Eval/Re-Eval Form: Blank form to be used in the event that eSP cannot be accessed.

Section 504 Documentation Guidance: Where a copy of this document is stored.

Guidance Counselor Tools:

Menu: **My eSchool Plus>Guidance>Guidance>Guidance Counselor Tools**

For questions regarding the data that should be entered into each field, please contact the office of Guidance.

For questions regarding navigation to fields and screens, please contact the SIS Department.

Teacher Access Center Reports:

This is how teachers can access their 504 Data for their students through TAC.



St. Johns County School District

Guidance Counselors/Operators: Section 504 Plan in eSP 4.0

August 24, 2017

Teacher Access Center Reports

Class Lists		ESE Reports		
Class List	Bus List, by Class	ESE Roster for my HR/Classes	Text	Photos
Homeroom List	Bus List, by Homeroom	ESE Roster for Case Mgr/Service Providers	Text	Photos
Medical Alerts, by Class	Bus + Other Transportation, by Homeroom	MIS Form		
Medical Alerts, by Homeroom		Section 504 List		
ELL Student List	Immigrant Student List	Section 504 Accommodations		
Student Data		Section 504 Plan Report (student)		
Birthday List		MTSS/RTI List		
Classroom Issues and Conduct Referrals		Gradebook		
Standardized Test Summary		Gradebook Default Setup Application	Grade Averaging for Credit	
Industry Certifications for Students		Grade Change Form:	Dynamic	Blank
Most Recent Major Tests		Gradebook Setup Errors		
Student Current Averages		Unpublished Assignments		
Multi-Year Attendance Patterns by Class or Homeroom		Published and Unpublished Assignments		
Multi-Year Perfect Attendance by Class or Homeroom		Parents / Contacts		
		Emergency Contact List		
		Guardians with no email address		
		HAC Last Accessed		
Student Logins / Accounts		Accountability and Assessment Information		
Student Accounts by Classroom		VAM Teacher Student Results	Report Instructions	
Student Accounts by Homeroom	Student Account Cards (KG-05)	Standards Based Reporting		
		Student Testing Summary		
		Student Data Dashboard		
Advisors and Coaches				
Athletic Eligibility Check (only for Advisors/Coaches)				
GPA by Activity (only for Advisors/Coaches)				
Approved Field Study Location List				

**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
		<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

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:	
STUDENT ID#		GRADE:	
SCHOOL:			

Functional Behavioral Assessment & Behavior Intervention Plan

Background Information

1. Disability status:			
a. List ESE Exceptionality(s) or 504 Plan or state "none":			
		Yes	No
b. Does the student have a current IEP?			
c. Is there a current goal under the Social/Emotional Behavior domain on the IEP?			
d. Does the behavior impede the student's learning or the learning of others?			
e. For students with an IEP - does the current IEP have the FBA/BIP box checked?			
f. Does the student have a current 504 plan?			

2. MTSS/RtI Status:			
	Yes	No	
a. Has the student's data been reviewed by the MTSS team?			
b. Does the student have an RtI Behavior plan?			If yes, list current tier:
c. Is the student on an RtI Academic plan?			If yes, list current tier:
d. Is this behavior plan to be used as an RtI plan?			

3. Data PRIOR to FBA/BIP being written:			
a. What are the proposed target behaviors?			
b. Number of school referrals PRIOR to FBA/BIP:			
c. Number of suspension events and total number of days prior to FBA/BIP:	ISS events:	ISS total days:	OSS events: OSS total days:
d. Number of restraints events:	# Related to target behavior: # Not related to target behavior:		
e. Number of Baker Act events:	From home:	From school:	
f. Number of ABC forms that have been completed:			
g. ABC date range (First ABC form to most recent ABC form):	First:	Last:	
h. Has a Student Reinforcement Interview been completed?	Yes or No:		



ST. JOHNS COUNTY SCHOOL DISTRICT

40 Orange Street, St. Augustine, FL 32084 • 904-547-7672

STUDENT:		DATE:	
STUDENT ID#		GRADE:	
SCHOOL:			

Functional Behavioral Assessment

4. ABC Summary:					
Target Behavior (one per line, add lines as needed, do not include definition)	Frequency or Duration	Most frequent Time of Day	Most frequent Location	Antecedents	Consequence
a.					
b.					
c.					

5. Student History and Information:			
a. Identify environmental factors in the school that may influence the student's behavior:			
b. Identify any other factors that may influence the student's behavior:			
c. Student strengths:			
d. Areas for student to improve:			
e. Review academic and behavior records and use the boxes below to describe the interventions that have already been tried:			
Describe Each Intervention (use one line per intervention & add lines as needed)	State who ran the intervention	Start/End Dates	Rate Progress (effective, somewhat effective, not effective, any other info)



ST. JOHNS COUNTY SCHOOL DISTRICT

40 Orange Street, St. Augustine, FL 32084 • 904-547-7672

STUDENT:		DATE:	
STUDENT ID#		GRADE:	
SCHOOL:			

6. Develop an “assumption” about the function or purpose of each target behavior:
(Example: *When in this situation, the student engages in “name of target behavior” in order to achieve what outcome.*)

1.

2.

Behavior Intervention Plan

7. Target Behavior Definition: (refer to most significant target behaviors listed in section #4, describe based on what you would “see” or “hear”)

a. Target Behavior Title – definition

b.

c.

8. Describe PREVENTION strategies to minimize the target Behavior(s) or maximize the student’s use of the desired/replacement behaviors:

9. Describe specific interventions/methods for TEACHING a desired/replacement behavior. (Step by step directions):

10. Describe specific RESPONSE interventions to use when the target behavior occurs:



ST. JOHNS COUNTY SCHOOL DISTRICT

40 Orange Street, St. Augustine, FL 32084 • 904-547-7672

STUDENT:		DATE:	
STUDENT ID#		GRADE:	
SCHOOL:			

11. Describe method of data collection for desired behaviors & for target behaviors: <i>(Attach a blank copy of data collection form to be used)</i>

12. To be used for RtI purposes only: (Describe the teaching strategies/component that will be implemented to reduce target behaviors and increase desired/replacement behaviors. State the title of the person who is responsible for implementing the intervention.)

13. Implementation: (Should be updated yearly or more often as necessary)
Start Date for Plan: _____ Review Date: _____

Name & Title (Type when possible)	Signature	Date

ST. JOHNS COUNTY SCHOOL DISTRICT
Exceptional Student Education & Intervention Services
40 Orange Street, St. Augustine, FL 32084 (904) 547-7672

Meeting Participation Statement

Student: _____ Date: _____

Student D.O.B.: _____ Parent(s) Name: _____

District: _____ School: _____

To be completed after meetings related to:

The eligibility for exceptional student education or related services; the development of an individual family support plan (IFSP); the development of an IEP; the development of a 504 accommodation plan issued under s. 504 of the Rehabilitation Act of 1973; the transition of a student from early intervention services to other services; the development of postsecondary goals for a student and the transition services needed to reach those goals; and other issues that may affect a student's educational environment, discipline, or placement.

Today, a meeting was held between school staff and the student's parents (or the student if the student is an adult). Florida law requires all meeting attendees to sign the following at the conclusion of every meeting.

Statement of Parent/Surrogate/Guardian/Adult Student who Attended Meeting (check one and sign):

- School personnel **did not** prohibit, discourage or attempt to discourage me from inviting another adult person of my choice to attend today's meeting with me.
- School personnel **did** prohibit, discourage or attempt to discourage me from inviting a person of my choice to today's meeting.

Signature _____ Date: _____

Statement of School District Personnel who Attended Meeting (sign one):

School personnel **did not** prohibit, discourage, or attempt to discourage the parent/adult student from inviting another adult person of his/her choice to attend today's meeting with him/her.

I am **in agreement** with this statement:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

I **disagree** with this statement:

Signature: _____ Date: _____

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

