
Section 504

Model Forms for 504
Plan Implementation

*New Hampshire Department
of Education*

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Introduction

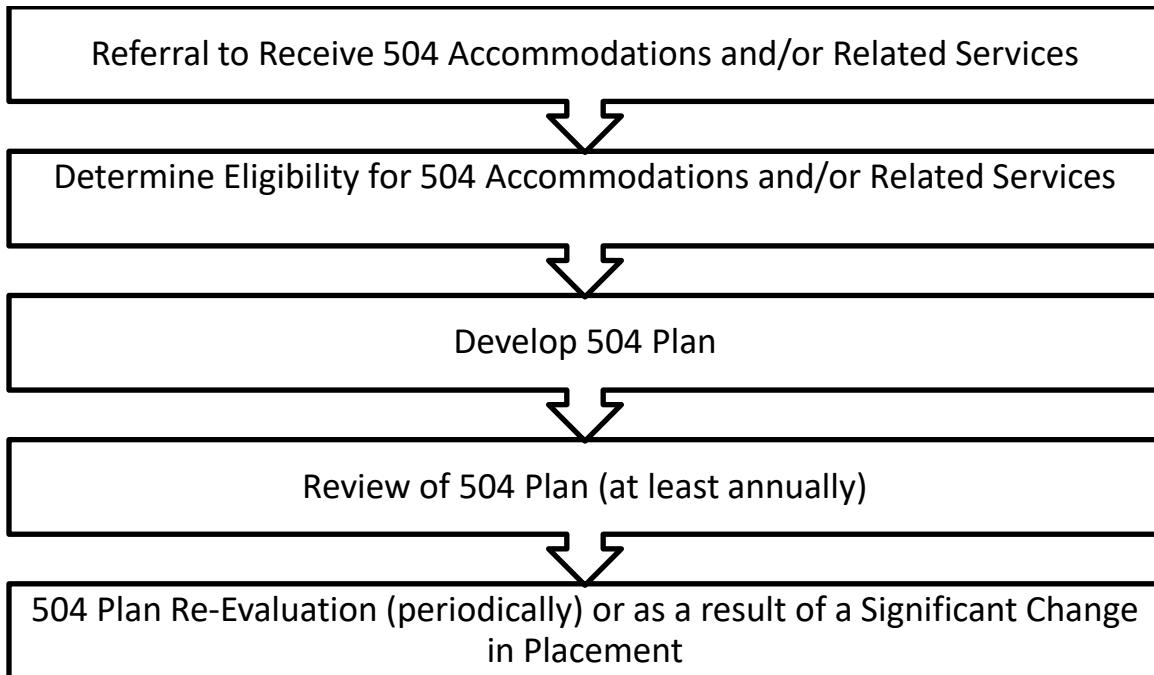
The following process and supporting documents are designed to assist school districts in informing their knowledge and implementation of Section 504 to qualified students with disabilities.

The use or modification of any of the supporting documents is at the sole discretion of the school district and is not mandated by the New Hampshire Department of Education.

Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of students without disabilities are met.

Model Process for 504 Plan Development and Implementation

The following flowchart provides a process for initiating and providing services to eligible students with disabilities under Section 504:



MODEL 504 FORMS

REFERRAL

SECTION 504 – REFERRAL FORM

A. IDENTIFYING INFORMATION

Date:

Counselor:

Student:

DOB:

Grade:

Gender:

Referral Source:

Role/Relation:

(to student)

Father's Name:

Mother's Name:

(or Guardian)

(or Guardian)

Has the student been evaluated previously for special education under IDEA?

I DON'T KNOW NO YES Date

Is this student being referred to 504 as the result of a Special Education Team Meeting decision? YES NO

If yes, please attach the following documents:

Team Minutes with Discussion of referral

Last IEP

Last Evaluations (IQ, Soc/Emo, Academic, Medical diagnosis if applicable)

Written Summary Report or Team Documentation for the Special Education Eligibility

(Complete page 2)

Instructions: Respond to the following items as completely as possible. (Objective data such as academic grades, test scores, disciplinary reports, behavioral observations, and medical reports will help facilitate the process). Attach additional page(s) if necessary. Return the completed form to the 504 Coordinator.

B. STATEMENT OF THE PRESENTING PROBLEM (Please indicate when the problem began):

C. SUPPORTING INFORMATION: Please attach Testing Information, Copies of Report Cards, Student's Schedule, Warning Notices, Medical Reports & Diagnoses, and any previous Referral Information. Please note any historical academic documents you would like the school to locate.

D. ACCOMMODATIONS ATTEMPTED TO REMEDIATE CONCERNS:

Intervention 1:

Outcome:

Intervention 2:

Outcome:

Intervention 3:

Outcome:

Signature of Referral Source: _____

Date:

Signature of 504 Coordinator: _____

Date:

RECORD OF ACTION – TO BE COMPLETED BY THE 504 COORDINATOR

Referral received by 504 Coordinator

Parent contacted by telephone and/or email (for input as well as process information)

Notice of Referral

Initial Meeting Scheduled

Section 504 evaluation/eligibility meeting

Accommodation plan developed

Accommodation plan accepted/signed by parents

Copies of plan sent to all involved parties

ELIGIBILITY

**Suggested Medical Documentation for Access to 504
Eligibility/Accommodations**

_____ has been under my care since _____ for
(Student Name) (Date)

the following diagnosis: _____

The following is a brief summary of assessment procedures and evaluation instruments used to make the above diagnosis:

I believe that this diagnosis has been impacting the student in the following ways (attention, attendance, anxiety, somatic complaints, etc.):

Due to their current diagnosis, this student may require the following accommodations to ensure equal opportunity to access the <school name> curriculum and/or other school experiences:

Medical/Mental Health Provider Signature Date

Please list professional credentials, to include areas of specialization:

Medical/Mental Health Provider Printed Name, Address & Phone Number:

Attention Student/Parent/Medical Provider – Please forward this completed form to:

SECTION 504 ELIGIBILITY DETERMINATION FORM

Student's Name: _____ Birthdate: _____ Grade: _____

Parent(s)/Guardian(s): _____ School: _____

School Contact Person: _____ Position: _____ Date: _____

A. Purpose of Meeting

- Determine initial eligibility under Section 504 and consider eligibility for accommodations/related aids or services
- Review eligibility under Section 504
- Review eligibility and accommodations/related aids or services before significant change in placement

B. Eligibility Team Members:

Name/Position:

Knowledgeable about:

_____ Child Meaning of Evaluation Data Accommodations/Placement

_____ Child Meaning of Evaluation Data Accommodations/Placement

_____ Child Meaning of Evaluation Data Accommodations/Placement

_____ Child Meaning of Evaluation Data Accommodations/Placement

C. Sources of Evaluation Information

- School records review _____ Observations of Student _____
- Grades and report card review _____ Teachers' Reports _____
- Parent and/or Student Report _____ Checklists, Rating Scales _____
- Medical Information _____ Nursing Assessment _____
- Standardized Testing _____ Parent/Student Interviews _____
- Other _____

D. Eligibility Criteria

1. The student has a mental or physical impairment

(specify): _____

2. The impairment substantially limits one or more of the following major life activities, without regard to positive mitigating measures (check):

- Caring for oneself Performing manual tasks Seeing Hearing Eating Sleeping
- Walking Standing Lifting Bending Speaking Breathing
- Learning Concentrating Reading Thinking Working Sitting
- Communicating Reaching Interacting with others
- Operation of a major bodily function Other _____

The term "substantially limits" means that the student is substantially limited as to the condition, manner or duration under which a particular life activity is performed in comparison to the general population.

E. Eligibility Determination

- The student is **not** eligible for Section 504 protections. The student does not have a physical or mental impairment and/or any identified impairment does not substantially limit a major life activity.
- The student does have a physical or mental impairment that substantially limits a major life activity.
- The student requires accommodations/related aids or services in a 504 plan after considering the positive effects of mitigating measures.
- The student **does not** require accommodations/related aids or services in a 504 plan at this time after considering the positive effects of mitigating measures.

DEVELOPMENT OF THE 504 PLAN



Confidential

504 ACCOMMODATION PLAN

/ / 20_ - / / 20_
(Beginning Date) (End Date)

School:

District #:

504 Contact Person: _____

Student Identifying Information

Name:

Date of Birth:

Grade:

Student Identification #:

Expected Date of Graduation / Exit:

Address:

Parent(s)/Guardian(s):

Phone #:

Type of 504: **Medical** **Other**

Identifying Impairment

Source(s) of Supporting Documentation:

Student Plan History:	
Effective Date(s):	Identifying Impairment

Major Life Activities: (List those major life activities impacted by the student's impairment)

Impact Statement: (Explanation of how the student's impairment and identified major life activities impact access to his / her education.)

Necessary Accommodations:

504 Team Members

Specify the Role to include a person:

- ✓ Knowledgeable about meaning of Evaluation Data
- ✓ Knowledgeable about Accommodations/Placement
- ✓ Knowledgeable about Student

Name

Role

Signature

NOTIFICATION OF MEETING

Date:

Student:

Student's Current Grade:

Date of Meeting:

Time of Meeting:

Location of Meeting:

Purpose of Meeting:

Persons Invited to Attend:

Note:

Parents may invite other individuals who have knowledge or special expertise regarding their child.

Meeting Organizer:

9. Please include any further input below:

4. Please provide a brief profile about your child (personality traits, strengths, challenges, etc.).

5. Any additional comments or areas you would like to have addressed?

Please return your completed form to:

Section 504 Team Meeting Minutes

Name of Student:

Grade:

Date:

School:

District:

Section 504 Coordinator:

Recorder:

Purpose of Meeting:

Initial Section 504 Meeting

Annual review

Transition

Discontinuation

Other: _____

Meeting Participants: Name/Role

Discussion:

REVIEW OF 504 PLAN

5. Are there additional accommodations, related to the student's disability, that this student requires to appropriately access your curriculum?

6. Are there accommodations the student currently has included in his/her 504 plan that you don't feel are necessary for the student to appropriately access your curriculum? If so, please list them and provide a brief explanation as to why these accommodations are not currently necessary.

7. Please include any further input below:

PARENT – STUDENT RIGHTS/ PROCEDURAL SAFEGUARDS

NOTICE OF PROCEDURAL REQUIREMENTS UNDER SECTION 504 AND THE ADA

<School District> does not discriminate on the basis of disability in their programs and activities.

Under Section 504 of the Rehabilitation Act of 1973 (“Section 504”) and the Americans with Disabilities Act of 1990 (“ADA”), an individual with a disability is someone who has a physical or mental impairment, or is regarded as having such an impairment. The district is obligated to provide a free, appropriate public education (FAPE) to each child eligible under these laws.

In accordance with Section 504 and the ADA, as the parent or guardian, you are entitled to receive the following procedural safeguards in relation to your child:

- A. You have the right to receive a copy of this notice with notification of any district action regarding identification, evaluation or placement of a student pursuant to Section 504. This includes any time that the district intends to screen, evaluate or reevaluate, make changes in classification, placement or any component of the child’s free, appropriate public education (FAPE), or upon refusal to act on any parental request.
- B. If your child needs or is believed to need special education or related services, you have the right to an evaluation of your child (1) before the initial placement, and (2) before any subsequent significant change in placement.
- C. You have the right to an opportunity to examine all relevant records for your child.
- D. You have the right to an impartial hearing, with participation by you and representation by counsel, concerning the identification, evaluation or educational placement of your child.
- E. You have the right to appeal the final decision of the impartial hearing officer to a court of competent jurisdiction.

The following people have been designated to handle inquiries regarding the non-discrimination policies:

Section 504 of the Rehabilitation Act of 1973

PARENT/STUDENT RIGHTS

The following is a description of the rights granted by federal law to students with disabilities. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions. Adult students may assert these rights in their own behalf.

You have the right to:

1. Have your child take part in, and receive benefits from, public education programs without discrimination because of his/her disabling conditions.
2. Have the school district advise you of your rights under federal law.
3. Receive notice with respect to identification, evaluation, or placement of your child. Parent consent must be obtained before conducting an initial evaluation and placement.
4. Have your child receive a free appropriate public education. This includes the right to be educated with nondisabled peers 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.
5. Have your child educated in facilities and receive services comparable to those provided to nondisabled students.
6. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act.
7. Have evaluation, educational, and placement decisions based upon a variety of information sources, and by persons who know the student, the evaluation data, and placement options.
8. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the district.
9. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district.
10. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
11. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records.
12. A response from the school district to reasonable requests for explanations and interpretations of your child's records.
13. 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 rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time and advise you of the right to a hearing.
14. Request mediation or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program, or placement. You and the student may take part in the hearing and have an attorney represent you. Hearing requests must be made to <insert name>, <School District>.
15. Ask for payment of reasonable attorney fees if you are successful in your claim.
16. File a local grievance.

The person in the <School District> who is responsible for assuring that the district complies with Section 504 is <insert name>. <S/he> can be reached at

**Receipt of NOTICE OF PROCEDURAL REQUIREMENTS
UNDER SECTION 504 AND THE ADA**

Student's Name:

The School District has provided me with a copy of the NOTICE OF PROCEDURAL REQUIREMENTS UNDER SECTION 504 AND THE ADA. The copy was provided by <School District, contact person>

I understand that if I have any questions related to this document, I can contact <insert name and information>

<School/District>

Section 504 of the Rehabilitation Act of 1973

**RECEIPT OF:
PARENT/STUDENT RIGHTS**

Date: _____

I have received a copy of PARENT/STUDENT RIGHTS under Section 504 of the Rehabilitation Act of 1973 from <insert school/district>.

Signature

Printed Name

MISCELLANEOUS FORMS

Manifestation Meeting

Team Questions

1. Was the 504 plan, including education services, supplementary aids and services, and behavior intervention strategies and placement appropriate?
2. Was the 504 plan, including all of the preceding components and placement implemented as written?

If the answer is “no” to either of the first two questions (i.e., the 504 plan and placement were not appropriate or implemented as written), the manifestation determination is over because a manifestation exists if either program or placement were not appropriate. If the answers to both of the first two questions are “yes,” the team must answer the final two questions.

3. Did the student’s life impacting condition impair the student’s ability to understand the impact and consequences of his or her behavior?

4. Did the student’s life impacting condition impair the student’s ability to control the behavior in question?

If the answers to questions one and two are “yes” (the 504 plan and placement were appropriate and implemented as written) and the answers to questions three and four are “no”, (the student’s disability did not impair the student’s ability to understand the consequences of the behavior or the ability to control the behavior), there is no manifestation between the disability and the misconduct.

<School/District>

Declination of a Section 504 Accommodation Plan

I am aware that my child, (insert child's name), as a result of (his or her) (insert condition i.e. allergy to peanuts, diabetes, etc.) is eligible for accommodations under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 (ADA), as amended by the Amendments Act of 2008. These civil rights laws define a person with a disability as anyone who has a physical or mental impairment that substantially limits one or more major life activities.

Although my child is eligible, I do not want a Section 504 Plan created at this time. If circumstances change, I understand that I may contact the Section 504 Building Coordinator, currently (insert name and title), at any time to request reconsideration for a Section 504 Plan.

Signature: Parent/Guardian

Date

<School/District>

Removal from a Section 504 Accommodation Plan

My signature below confirms my agreement to the removal of my child, [student name], from a Section 504 accommodation plan and access to accommodations under a Section 504 accommodation plan. It also confirms that if, at a future date, I would like to reinstate the plan I can make a request to do so by following the usual referral procedures.

Effective Date:

Parent/Guardian Signature: _____

Date: _____

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Lois Stevens, Prospect Mountain High School

Laura Wheeler, Nottingham School

Resources

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Office of Civil Rights
Boston Regional Office
US Department of Education
8th Floor
5 Post Office Square
Boston, MA 02109-3921
617.289.0111
ocr.boston@ed.gov

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2. "Section 504 New Hampshire Department of Education". <https://www.education.nh.gov/pathways-education/section-504> Web. 26 Apr. 2021.
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