

APPENDIX A

IDEA & 504 COMPARISON

Side-by-Side Comparison

ISSUES	SECTION 504	INDIVIDUAL WITH DISABILITIES EDUCATION ACT (IDEA)	AMERICANS WITH DISABILITIES ACT (ADAAA)
TYPE	A Civil Rights Law	An Education Act	A Civil Rights Law
TITLE	The Rehabilitation Act of 1973, as amended.	The Individuals With Disabilities Education Act (IDEA), Amendments of 2004.	Americans with Disabilities Act Amendments Act of 2008, as amended. (ADAAA)
PURPOSE	A civil rights law that protects the rights of individuals with disabilities in programs and activities that receive federal financial assistance.	A federal funding statute whose purpose is to provide financial aid to states in their efforts to ensure a free appropriate public education for children with disabilities.	A clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities with respect to job application procedures, hiring, advancement or discharge of employees, compensation, job training. Extends to private industry.
RESPONSIBILITY	General education, but shared with special education.	Special Education, but shared with general education.	Public and private schools, business establishments and public buildings.
FUNDING	State and local responsibility - no federal funding.	State, local, and federal. IDEA funds. Can be used to serve children eligible only under IDEA, but not Section 504.	Public and private schools, business establishments and public buildings.
ADMINISTRATOR	Systems Level Section 504 coordinator. (systems with 15 plus employees)	Special education director.	ADA coordinator.
SERVICE TOOL	A written accommodation plan that is reviewed and annually.	Individualized Education Program (IEP). May include Section 504 accommodations.	Reasonable accommodations and legal employment practices.
POPULATION	Any person that has a mental or physical disability that substantially limits one or more major life activities.	Children ages 3 through 21 yrs, 11 mths identified with one or more of the 13 qualifiers: autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment.	Any person that has a mental or physical disability that substantially limits one or more major life activities.


Issues	Section 504	Individual with Disabilities Education Act (IDEA)	Americans with Disabilities Act (ADA)
ELIGIBILITY	A person is eligible so long as she/he meets the definition of a qualified person with a disability, i.e., currently has or has had a physical or mental impairment that substantially limits a major life activity, or is regarded as disabled by others. The child is not required to need special education services to be protected.	The two prongs are disability and need. A student is eligible to receive special education and related services if the multidisciplinary team, based on the student's assessed needs, determines the student has a disability under one of the thirteen qualifying categories and requires special education services.	A person is eligible so long as she/he meets the definition of a qualified person with a disability, i.e., currently has or has had a physical or mental impairment that substantially limits a major life activity, or is regarded as disabled by others. The child is not required to need special education services to be protected.
FREE APPROPRIATE PUBLIC EDUCATION	Reasonable accommodations designed to provide the individual with the <u>comparable opportunity to succeed</u> .	Special Education and related services provided at public expense (no cost to the parent) in a manner that is designed to provide educational benefit.	Addresses education in terms of accessibility requirements. Requires private and public entities to use employment practices that do not discriminate on the basis of a disability.
ACCESSIBILITY	New construction after June 3, 1977 must be accessible. Program accessibility is permitted. Cost can be a factor. Not required to develop new programs. Eliminate barriers to create a level "playing field."	Requires that modifications must be made if necessary to provide access to a free appropriate public education. Determined by IEP team, remedial in nature, additional to regular services.	Requires that public programs be accessible to individuals with disabilities. New construction after January 26, 1992 must be accessible.
DRUG AND ALCOHOL USE	Current drug use is not considered a disability. An individual who has stopped using drugs and/or alcohol and is undergoing rehabilitation could be eligible for accommodations.	Drug and alcohol use is not covered under special education.	Current drug use is not considered a disability. Current alcohol abuse that prevents individuals from performing duties of the job or that constitutes a direct threat to property or safety of others is not considered a disability.
CONTAGIOUS DISEASES	Individual with disabilities excludes any individuals with a contagious disease that renders the individual unable to perform their job.	Could be eligible under the category of "other health impaired."	Permits qualification standard requiring that an individual with a currently contagious disease or infection not pose a direct threat to the health or safety of others.
PROCEDURAL SAFEGUARDS	Both require notice to the parent or guardian with respect to identification, evaluation and placement.		Provisions for public notice, hearings and attorney fees.
		Notice provisions are much more comprehensive. Minimum requirements of the notice are specified.	

Issues	Section 504	Individual with Disabilities Education Act (IDEA)	Americans with Disabilities Act (ADA)
NOTICE AND CONSENT	Notice is required before a “significant change in placement.” Written consent would be considered a best practice.	Written parental notice and consent is required before initiating or changing a special education program or service.	
EVALUATIONS	<p>Evaluation draws on information from a variety of sources in the area of concern. Decisions are made by a group knowledgeable about the child, evaluation data, and placement options.</p> <p>Requires written parental notice. Written parental consent is considered a best practice.</p> <p>Requires periodic reevaluations.</p> <p>Reevaluation is required before a significant change in placement.</p> <p>No provision is made for independent evaluation at district expense. The school district should consider other evaluations and information regarding the student.</p>	<p>A full comprehensive evaluation is required assessing all areas of suspected disability. The student is evaluated by a multidisciplinary team. Parental consent is required before the initial evaluation is conducted.</p> <p>Requires re-evaluation every 3 years. Parental consent is required before the re-evaluation is conducted unless unable to obtain after numerous documented attempts.</p> <p>A reevaluation is required before a significant change in placement.</p> <p>Provides for independent educational evaluation at public expense. A due process hearing is available if the school and parent disagree on the need for IEE.</p>	All schools should conduct or update their Section 504 self-evaluation regarding services, accessibility, practices, and policies to assure discrimination is not occurring with any individual with disabilities.
LEAST RESTRICTIVE ENVIRONMENT	Regular education environment.	Services must be accomplished in regular education classes with supplementary aids and services to the extent that is appropriate. Specially designed instruction, goals and objectives, frequency and duration or services, etc. are determined by the IEP team.	Regular education environment.

Issues	Section 504	Individual with Disabilities Education Act (IDEA)	Americans with Disabilities Act (ADA)
DISCIPLINE OF CHILDREN WITH DISABILITIES	<p>Any suspension or series of suspensions in a school year of more than ten days cumulatively or a pattern of days is defined as a change of placement and triggers procedural rights, including stay put (except for IAES). No right to stay put. The school is not required to provide services and/or accommodations during the expulsion period.</p> <p>504 team must conduct manifestation determination. If there is no relationship between the disability and the behavior, the school can expel the student.</p>	<p>Any suspension or series of suspensions in a school year of more than ten days cumulatively or a pattern of days is defined as a change of placement and triggers procedural rights, including stay put (except for IAES).</p> <p>IEPT must conduct manifestation determination. If there is no relationship between the disability and the behavior, the student can be disciplined as non-disabled. FAPE must still be provided. This means the special education and related services outlined in the IEP must continue to be implemented.</p>	<p>Any suspension or series of suspensions in a school year of more than ten days cumulatively or a pattern of days is defined as a change of placement and triggers procedural rights, including stay put (except for IAES). No right to stay put. The school is not required to provide services and/or accommodations during the expulsion period.</p>
EXHAUSTION	Administrative hearing is not required prior to OCR involvement or court action.	The parent or guardian should exhaust all administrative hearings before seeking court action.	An administrative hearing is not required prior to OCR involvement or court action.
ENFORCEMENT	Enforced by the U.S Office for Civil Rights. Regional offices are located throughout the United States. The office is part of the U.S Department of Education.	Enforced by the U.S. Office of Special Education Programs (OSE). Compliance is monitored by the California Department of Education. The CDE will resolve complaints under Individuals with Disabilities Education Act.	Enforced by the U.S Office for Civil Rights under an agreement with EEOC.
SCHOOL BOARD POLICY REQUIREMENTS	Requires written policy of nondiscrimination, annual notice of responsibility to identify, evaluate and provide reasonable accommodations.	None.	Silent.
SELF-EVALUATION	Required since 1977.	Silent.	By January 26, 1993 all school districts were required to update their Section 504 self evaluations to assure compliance with ADA.

APPENDIX B

STUDENT INTERVENTION PLAN PROGRAM MODEL



(SIPP)
STUDENT INTERVENTION PLANNING PROGRAM:
A General Education Process
Overview

Intervention teams have been known by a number of different names. In the McFarland Unified School District they may have been called Student Study Teams, Family Support Teams or Student Assistance Teams, just to mention a few. The teams are intended to provide assistance to teachers faced with the task of improving the academic performance of students at-risk for school failure. These teams are examples of educators working with other educators in a systematic effort to improve student achievement.

In this age of accountability, the focus must move beyond studying and assisting, to developing researched based interventions that will be followed by progress monitoring and written documentation of that data. These teams will now be known as Student Intervention Planning Teams. The written product of the team meeting will be the **Student Intervention Plan or SIPP**, for short.

Team Composition

It is recommended the SIPP teams be composed of 3 to 7 general education teachers who have group problem solving skills and knowledge of intervention implementation techniques. They serve as regular standing members. Consulting members such as the school psychologist, principal, nurse, special education teacher, etc. participate as members of the team on an as needed basis. The teacher requesting assistance is a member of the team.

Why Interventions?

Student intervention planning can provide students who exhibit academic challenges with needed interventions. Additionally it is a means to appropriately identify students who may require more intensive services. Prior to the reauthorization of IDEA in 2004, there was no requirement that interventions be implemented, just that the district must exhaust general education resources. The Education Code now requires that prior to referring a student for special education assessment, research-based interventions must be implemented and progress documented. This information is reported to the California Department of Education annually. Interventions prior to a referral for Special Education are no longer an option.

Primary Benefits

The SIPP gives specific interventions, strategies and team support to the general education teacher responsible for a struggling student. Using a collaborative problem-solving approach the SIPP team can:

- Redefine and more essentially describe the educational concern
- Provide additional analysis regarding the concern
- Create or expand instructional and behavioral strategies
- Provide “hands-on” staff support the teacher requesting assistance
- Provide on-going progress monitoring of implemented interventions
- Make data-based recommendations

Additional Benefits

SIPP teams can also be utilized to address other educational matters such as:

- Developing “reasonable accommodations” under Section 504
- Considering the appropriateness of retention
- Providing assistance to students needing behavioral or crisis intervention
- Supporting special education students who are included in general education classes

FOUR MAIN FEATURES OF SIPP

Feature #1: Team Problem Solving

The Student Intervention Planning team is what operationalizes SIPP. It serves as the body and brain of the program, bringing it to life and setting it in motion. The *team problem solving* feature of SIPP is that it:

- Improves the chances of finding a solution by increasing the creative quotient directed at the concern
- Enhances energy given to the problem and reduces teacher burnout by sharing responsibility

Feature #2: Problem Clarification

Solving the wrong problem solves nothing. It can make matters worse because teachers who have tried to solve a problem but have failed often give up and become resistant to trying again. The *problem clarification* feature of SIPP:

- Can help determine the actual concern when it is different from the presenting symptoms
- Provides problem analysis procedures
- Provides diagnostic methods and tools that help identify skill deficiencies

Feature #3: Intervention

After a problem is properly understood, more needs to happen than merely generating a list of recommendations! An individualized intervention should be designed to meet the unique needs of the student as well as be effectively monitored. The *INTERVENTION* feature of SIPP:

- Provides tools to design and build effective interventions
- Provides a means to monitor progress and evaluate student performance on an individual basis

Feature #4: Documentation

SIPP documentation creates a “paper trail” that details the problem, what will be done about it, and by whom. It also provides background information for those who will work with the student in the future. The *DOCUMENTATION* feature of SIPP:

- Establishes accountability
- Ensures follow-through
- Provides a historical perspective of the concern

Simplicity of SIPP

At first thought, SIPP may appear complex and overwhelming, but it is really step-by-step process. Its complex appearance is usually the result of trying to comprehend it all at once. Full understanding, and more importantly, full implementation may take a year or even longer and

questions and mistakes will certainly occur along the way. This should be expected and is no reason for great concern. No matter how uncertain or shaky the start, implementing SIPP one step at a time will eventually answer most questions and lead to a smoothly running program that will lead to increased student achievement.


McFarland Unified School District
Evidence for Multidisciplinary Team Referral
Student Intervention Plan Program (SIPP)

Student Name _____ School: _____

Student # _____ Grade _____ Teacher: _____

Student Intervention Planning Program (SIPP) Team members are expected to work with the student on an ongoing basis and to document considerations and interventions prior to submitting a referral to the Multidisciplinary Team (MDT). A minimum of 9-18 weeks of individualized interventions is recommended prior to considering referral for evaluation. When a special education disability is suspected, preferably prior interventions have occurred and a minimum of 6-9 weeks of individualized interventions will be conducted concurrent with the evaluation process. For each item below, identify the date(s) on which the item was completed and/or reviewed and identify "N/A" for those few items that are determined not applicable for the student. Provide back up documentation as requested. Failure by the SIPP Team to adequately address and document prior interventions may result in rejection and return of the referral.

I. General Factors – Student History and School Environment (all students):

Date(s)

- _____ Current ethnic representation patterns for student enrollment specific to the school sites were considered.
- _____ Parents have been notified of the difficulties the student is experiencing in school and have been given the opportunity to participate in SIPP Team activities.
- _____ Student's hearing and vision have been screened and determined adequate for learning in the general education classroom. No other health issues appear to immediately impact student learning or behavior.
- _____ Student has had adequate opportunity for instruction in relation to current grade placement. School enrollment history, school attendance patterns, and for younger students, the age at which the student began school have all been considered.
- _____ Development and implementation of a school wide behavior plan, with positive strategies used to control and shape student behavior, has been considered.
- _____ When available, student access to Title I services at the school site has been considered.
- _____ When appropriate, special considerations have been made regarding second language acquisition needs by assessing current proficiency levels in English and the primary language, length of time and extent of exposure to English as a second language, and history of literacy skills instruction via ELD programming.
- _____ Direct and indirect data gathering techniques have been utilized to define patterns in student academic performance and behavior (e.g. observational data, review of existing records and interim assessment results, classroom work samples, interviews with teacher and parents, etc.).

II. Classroom Ecology and Behavioral Management Factors (all students):

Date(s)

- _____ Student's daily and weekly educational routines have been considered (e.g., number of changes in daily schedule; whether the student moves through the halls alone or with classmates; issues related to lunch time and other unstructured activities; difficulties in returning from vacations, track breaks or weekends, etc.).
- _____ Development and implementation of a classroom behavior management plan, with emphasis on academic time on task, adequate instructional supports, and positive strategies to control and shape student behavior, has been considered and initiated, if appropriate. (attach copy)
- _____ Direct instruction within the classroom environment that promotes social skills development has been considered.
- _____ Group or individual counseling services targeting social skills development has been considered and initiated if appropriate.
- _____ Development and implementation of an individualized behavior support plan has been considered. (attach copy)

III. Student Academic Performance and Response to Intervention (for MDT academic referral concerns):

Dates(s)

_____ Academic accommodations and modifications have been utilized within the general education classroom and analyzed for effectiveness (attach documentation).

_____ Academic instruction is based on curriculum alignment, content delivery at appropriate instructional levels, and specific work tasks/assignments. Increased direct instruction for core content areas has been considered.

_____ Academic interventions were research-based and designed to address specific student needs. Considerations have included modifications to curriculum and instructional delivery, sufficient instructional time, and routine data collection intervals for measuring student performance (attach documentation including progress monitoring).

_____ Academic interventions were implemented consistently and with integrity for a specified period of time (attach documentation).

_____ Analysis of the student’s response to academic instruction and interventions has been data-driven and DOES NOT reflect an adequate rate of progress for the student.

IV. Student Behavior and Response to Intervention (for MDT social/emotional referral concerns):

Date(s)

_____ Accommodations and modifications supporting appropriate behavior have been utilized within the general education classroom and analyzed for effectiveness (attach documentation).

_____ Behavioral intervention strategies are research-based, target specific student needs, and include routine data collection intervals for measuring student progress.

_____ Specific, positive behavioral intervention strategies have been utilized to assist the student in building and maintaining satisfactory interpersonal relationships and/or improved self-control (attach documentation).

_____ Behavioral interventions were implemented consistently with integrity for a specific period of time (attach documentation).

_____ Analysis of the student’s response to instruction and behavioral interventions has been data-driven and DOES NOT reflect an adequate rate of progress for the student.

Complete items below

_____ IS being referred to the MDT by the SIPP Team for consideration of further assessment.
(Student’s name) IS NOT being referred to the MDT by the SIPP Team for consideration of further assessment.

- Do other environmental, cultural, ethnic or economic factors exist which may explain this student’s lack of progress? If so, list.

- What disability is suspected? _____
- Additional information or questions: _____

Signatures

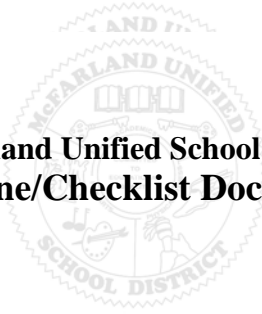
_____ SIPP Facilitator (name/title) _____ Date

_____ Building Principal (or designee) _____ Date

APPENDIX C

TIMELINE & CHECKLIST DOCUMENTATION

McFarland Unified School District
504 Timeline/Checklist Documentation

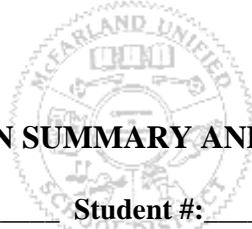


<u>Date Completed</u>	<u>Form</u>	Student's Name	School Year
Prior to Meeting			
_____	504.2	Referral received	
_____	504.10	Create 504 folder	
_____	504.8	Begin Case Log documentation	
_____	504.9	Parent and Student Rights <i>with</i> ↓	
_____	504.5	Notice of Evaluation Action (Assessment Plan) <i>(written parental consent sent with parents rights)</i>	
_____		Written parental consent received	
Meeting			
_____	504.3	Parent Meeting Notice sent <i>or</i>	
_____	504.4	Follow-up Parent Notification Letter sent (annual review)	
_____	504.9	Parent and Student Rights mailed with meeting notice	
_____	504.1 (pg 1-2) 504.1 a	Meeting held to develop 504 Accommodations Plan Eligibility worksheet completed	
Distribution			
_____	504.1 (pg 1-2)	Accommodations Plan (original) placed in file	
_____	504.6	Teacher(s) sign Notice of Accommodations <i>and</i> Accommodations Plan given to teacher(s)	
_____	504.1 (pg 1-2)	Accommodations Plan (copy) sent to District Director, Student Support Services	
_____	504.TL	Tracking Log sent to District Director, Student Support Services	
_____		Annual Review Due Date	

APPENDIX D

SECTION 504 FORMS

- 504.1 Evaluation Summary and Accommodation Plan, English (pages 1 & 2)**
- 504.1a Eligibility Determination Worksheet**
- 504.1s Evaluation Summary and Accommodation Plan, Spanish**
- 504.2 Referral**
- 504.3 Parent Notification Letter, English**
- 504.3s Parent Notification Letter, Spanish**
- 504.4 Follow-up Parent Notification Letter, English**
- 504.4s Follow-up Parent Notification Letter, Spanish**
- 504.5 Parent Notice of Section 504 Evaluation Action & Assessment Plan, English**
- 504.5s Parent Notice of Section 504 Evaluation Action & Assessment Plan, Spanish**
- 504.6 Teacher Notice of Student Accommodations**
- 504.7 Record of Access**
- 504.8 Contact Log**
- 504.TL Tracking Log**
- 504.TN Transfer Notice**
- 504.11 Intent to Implement or Refusal of Action**



SECTION 504 EVALUATION SUMMARY AND ACCOMMODATION PLAN

Student: _____ **Student #:** _____ **DOB:** _____ **Grade:** _____
School: _____ **Meeting Date:** _____ **Primary Language:** _____

PARTICIPANTS: Group of persons knowledgeable about the student.

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

SUMMARY OF EVALUATION DATA: Summaries must include information from a variety of sources, which may include tests, behavioral input, teacher information and input, student health status and medical records, and student’s social/emotional/behavioral status. For formal evaluations, please summarize the area(s) of assessment and evaluation findings.

DISCIPLINE REVIEW: Complete and attach **Manifestation Determination** form.

BASIS FOR DETERMINATION OF SECTION 504 NEEDS:

State the physical or mental impairment: _____
State the major life activity affected: _____
State educational impact of student’s Section 504 disability: _____

- Check one.** Student qualifies for Section 504 accommodations.
 Student does **NOT** qualify for Section 504 accommodations.

DESCRIBE REASONABLE ACCOMODATIONS: Must attach 504 Reasonable Accommodations (504.1 pg 2).

Beginning date _____ Ending date _____
(date) **(date)**

- A copy of the “Explanation of Procedural Safeguards Available to Parents of Children with Disabilities” has been provided on _____.
(date)

Distribution: Original: Student Cumulative File Copy: Parents/Guardians Copy: Teacher(s)

SECTION 504 EVALUATION SUMMARY AND ACCOMMODATION PLAN

Student: _____ **ID #:** _____ **DOB:** _____ **Grade:** _____

In accordance with the 504 guidelines, the school has agreed to provide the following accommodations, aids and services that address the student's individual needs in the following areas of difficulty. *If an accommodation is carried out by a paraprofessional the services and supervision provided are indicated.*

Document the areas of need and the action to be taken in the spaces provided below:

Area of Difficulty:

Accommodation/aids/services:

Date of Initiation: ___/___/___ **Duration:** ___/___/___ **Frequency:** _____ **Setting:** _____

Who's responsible? _____

Area of Difficulty:

Accommodation/aids/services:

Date of Initiation: ___/___/___ **Duration:** ___/___/___ **Frequency:** _____ **Setting:** _____

Who's responsible? _____

Area of Difficulty:

Accommodation/aids/services:

Date of Initiation: ___/___/___ **Duration:** ___/___/___ **Frequency:** _____ **Setting:** _____

Who's responsible? _____

Area of Difficulty:

Accommodation/aids/services:

Date of Initiation: ___/___/___ **Duration:** ___/___/___ **Frequency:** _____ **Setting:** _____

Who's responsible? _____

SECTION 504 ELGIBILITY DETERMINATION WORKSHEET

Student: _____ **ID #:** _____ **DOB:** _____ **Grade:** _____

The 504/SIPP has reviewed and carefully considered the following data from variety of sources:
(check all that apply) (34 CFR 104.35)

- | | |
|--|---|
| <input type="checkbox"/> Psychological Evaluation
or (either required)
<input type="checkbox"/> Physician's Report
<input type="checkbox"/> Administrator's Observations
<input type="checkbox"/> Attendance Record
<input type="checkbox"/> Counselor Records
<input type="checkbox"/> Cumulative File
<input type="checkbox"/> Discipline Records
<input type="checkbox"/> Grade Reports | <input type="checkbox"/> Parent Information
<input type="checkbox"/> Plan of Action from SIPP
<input type="checkbox"/> School Health History
<input type="checkbox"/> Standardized Tests and Other Tests
<input type="checkbox"/> Teacher Recommendations
<input type="checkbox"/> Transcript
<input type="checkbox"/> Work Samples/Portfolio
<input type="checkbox"/> Other (Specify) _____ |
|--|---|

YES / NO

Based on the evaluative data gathered from a variety of sources, the 504/SIPP answered the following questions to determine eligibility

___ / ___

1. Does the student have a physical or mental impairment? (34 CFR 104.3 (j)) If yes, describe _____

NOTE: This is an educational determination only and not a medical diagnosis for the purposes of treatment

___ / ___

2. Does the physical or mental impairment affect one or more major life activities? If yes, indicate below :

- | | | | | |
|---|-----------------------------------|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> caring for one's self | <input type="checkbox"/> breathing | <input type="checkbox"/> working |
| <input type="checkbox"/> walking | <input type="checkbox"/> learning | <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> speaking | |
| <input type="checkbox"/> other (of central importance to daily living) specify: _____ | | | | |

___ / ___

3. Does the physical or mental impairment **substantially limit** a major life activity? If yes, describe the **substantial** limitation _____

Note: **Substantially limit** is interpreted as 1) unable to perform a major life activity that the average student of approximately the same age/grade level can perform OR 2) significantly restricted as to the condition, manner, duration under which a particular life activity is performed as compared to the average student of approximately the same age. The impairment must be substantial and somewhat unique, rather than common place, when compared to the average student of approximately the same age. (29 CFR 1630.2(j)(2), 352 EHLR 413, OCR 1987, 40 IDELR 24)

Mitigating Factors (34 CFR §104.34 (c) (2) (e.g., medications, eye glasses, hearing aides, etc.) are to be considered when determining 504 eligibility. "Students, who experience no substantial limitation in any major life activity when using a mitigating measure, do not meet the definition of a person with a disability and would not be entitled to FAPE (Free Appropriate Public Education) under Section 504." (McKethan, J. The Rehabilitation Act of 1973, Section 504, From Referral to Placement, 2005, p.23.

___ / ___

4. Does the student need Section 504 services in order for his/her educational needs to be met as adequately as those of non-disabled peers?

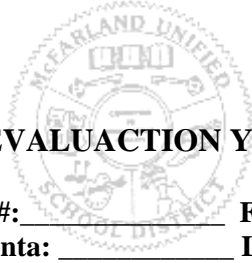
If all four questions are answered "YES" the student is eligible for a FAPE (Free Appropriate Public Education) under Section 504, and a 504Accommodation Plan should be developed. If any answer is "NO", the student is not eligible.

The 504/SIPP analysis of the eligibility criteria indicates:

- The student is not eligible for services under Section 504 and will continue to receive general education and any available general education resources and programs
- The student is eligible under Section 504 and will receive a 504 Accommodation Plan
- The student remains eligible under Section 504 and will receive and updated 504 Accommodation
- The student is no longer eligible for Section 504 and is exited from the program. The student will receive general education without Section 504 services.

List 504/SIPP Eligibility Team Members: (check area of knowledge) (34CFR § 104.35(C)(3))

	Child	Evaluation Data	Accommodations/Options	Agree/Disagree
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___



SECCIÓN 504 EL RESUMEN EVALUACION Y EL PLAN DE ACOMODACIÓN

Estudiante: _____ **Estudiante #:** _____ **Fecha de Nacimiento:** _____ **Grado:** _____
Escuela: _____ **Fecha de Junta:** _____ **Lenguaje Primario:** _____

PARTICIPANTES: Grupos de personas informado del estudiante.

Nombre: _____ **Título:** _____
Nombre: _____ **Título:** _____
Nombre: _____ **Título:** _____
Nombre: _____ **Título:** _____
Nombre: _____ **Título:** _____

RESUMEN DE DATOS DE EVALUACIÓN: Resúmenes debe de incluir información de variedad de fuentes, que puede incluir exámenes, aporte de comportamiento, información y aporte de maestro, estado de salud y fichas medicas, y estado social/emocional/comportamiento. Para evaluaciones formal, por favor resume las conclusiones de área(s) de valoraciones y evaluaciones.

REVISION DISCIPLINARIA : Completa y pegue la Determinación de Manifestación forma.

BASE PARA DETERMINACION DE SECCION 504 NECESSIDADES:

Diga el deterioro física o mental: _____

Diga la actividad avanzado efectuado: _____

Diga el impacto educacional del estudiante por la Sección 504 Incapacidad: _____

- Cheque uno. Estudiante califica para Sección 504 acomodaciones.
 Estudiante **NO** califica para Sección 504 acomodaciones.

DESCRIBA RAZONABLE ACOMODACIONES: Pegue hojas adicionales si necesario.

Empezando Fecha _____ Terminando Fecha _____
(fecha) (fecha)

Una copia de la “Explicación De las Garantías del Procedimiento disponible a padres de niños con incapacidades” fue previsto el día _____.
(fecha)

Distribución: Original : Archivo Cumulativa Copia: Padre/Tutor Copia: Maestro
504.1S



SECTION 504 REFERRAL

PERSONAL INFORMATION

Student: _____ Student #: _____ DOB: _____ Grade: _____

Parents: _____ Address: _____

Telephone: (____) _____ Telephone: (____) _____ School: _____

Teacher(s): _____

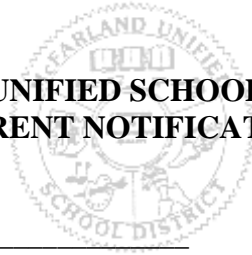
Reasons for Referral (include any information pertaining to identified or suspected disabilities and student difficulties associated with educational performance):

Referred By: _____ **Date:** _____

Strategies/interventions previously employed (attach copies of general education intervention documentations and progress monitoring):

Information Requested:

MCFARLAND UNIFIED SCHOOL DISTRICT
SECTION 504 PARENT NOTIFICATION LETTER



Date: _____

Student: _____

Student #: _____

School: _____

Dear Parent or Guardian:

We would like to arrange a meeting with you to discuss your child's Section 504:

- Referral
- Evaluation results and educational progress
- Annual Review to determine continued eligibility and accommodations
- Review and/or revision to the annual plan
- Discipline Review
- Other _____

We have scheduled a meeting for _____ on _____
(time) (date)

to determine your child's educational needs and would appreciate your participation. If you have any questions, or if this time is not convenient for you, please call me at _____.
(phone)

Sincerely,

(Signature)

(Title)

Distribution: Original: Student Cumulative File Copy: Parents/Guardians Copy: Teacher(s)



**MCFARLAND UNIFIED SCHOOL DISTRICT
CARTA DE NOTIFICACION A PADRES BAJO LA SECCION 504**

Fecha: _____

Alumno: _____

Alumno #: _____

Escuela: _____

Estimado Padre O Tutor:

Nos Gustaría tener una junta para hablar con ustedes sobre la sección 504 de su hijo/a:

- Referencia**
- Resultado de Evaluación y progreso educacional**
- Revisión Anual para determinar continuando elegibilidad y acomodaciones**
- Revisión Disciplinaria**
- Otra:** _____

Nosotros plañíamos junta para el día _____ a las _____
(*fecha*) (i*tiempo*)

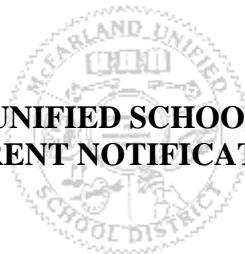
para determinar las necesidades educacional de su hijo/a y apreciamos su participación. Si tiene una pregunta o si este tiempo no es conveniente para usted, por favor de hablar me a

(*teléfono*)

Atentamente,

(*firma*)

(*título*)



**MCFARLAND UNIFIED SCHOOL DISTRICT
FOLLOW-UP PARENT NOTIFICATION LETTER**

(DATE)

RE: _____
(STUDENT)

(SCHOOL)

Dear Parent or Guardian:

This letter is to inform you that there are questions regarding how your child is progressing in school and a Section 504 reevaluation may be needed. We have implemented an accommodation plan for your child and wish to arrange a meeting to review the plan and propose changes to the plan in order to ensure that your child receives educational benefits from the general education program. We have scheduled a meeting on _____ at _____. This meeting will be held at _____
(date) *(time)*
_____ to determine your child's educational needs, and we would appreciate your participation. If you have any questions, or if this meeting time is not convenient for you, please call me at _____ so we can discuss your questions or arrange a mutually convenient meeting time.
(telephone)

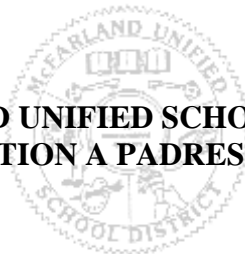
A COPY OF PARENT/STUDENT RIGHTS UNDER SECTION 504 IS ATTACHED.

Sincerely,

(Signature)

(Title)

Distribution: 504.4 Original: Student Cumulative File Copy: Parents/Guardians Copy: Teacher(s)



**MCFARLAND UNIFIED SCHOOL DISTRICT
CARTA DE NOTIFICATION A PADRES BAJO LA SECCION 504**

_____ (fecha)

RE: _____
(estudiante)

(escuela)

Estimado Padre o Tutor:

Esta carta es para informales que tenemos dudas en relación al aprovechamiento de su hijo/a _____.

Nos gustaría tener una junta con ustedes para hablar de la evaluación y alternativas para la educación de su hijo/a para que el/ella tenga la oportunidad de tener acceso equitativo a la educación. La junta se ha planeado

para el _____ a las _____. En _____ para hablar de las necesidades
(fecha) (hora) (lugar)

relacionadas con la educación de su hijo/a, por lo que agradeceremos su participación. Si tiene preguntas, o esta cita no es conveniente para ustedes, por favor comuníquense conmigo al _____ para contestar sus preguntas o estar de acuerdo en la fecha de la junta.
(teléfono)

UNA COPIA DE LA SECCIÓN 504 DERECHOS DE LOS PADRES, SE HA INCLUIDO ** PARA SU INFORMACIÓN.

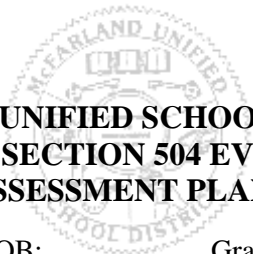
Atentamente,

(firma)

(posición)

**Adjunto

**MCFARLAND UNIFIED SCHOOL DISTRICT
PARENT NOTICE OF SECTION 504 EVALUATION ACTION
& ASSESSMENT PLAN**



Student: _____ DOB: _____ Grade: _____ Telephone: _____

Address: _____ School: _____

Section 504 Evaluation:

A. A Section 504 Referral has been initiated in order to determine the nature and extent of a suspected physical or mental impairment of your student and the possible need for educational accommodations. The reasons for this referral include:

B. Previous general education interventions utilized:

- Formal assessment **is not** needed for your child
- Formal assessment **is** needed for your child

C. The reasons for this decision:

D. Proposed areas of assessments/methods/personnel:

If you have any additional information or medical records that will assist in this evaluation, please forward them to the school or phone _____ at (_____)_____ to discuss the information.

Parent: If a formal Section 504 evaluation has been identified as needed, please check the appropriate box(es) at the bottom of this form and return the bottom section to the school immediately.

FOR PROPOSED EVALUATIONS, PLEASE DETACH HERE AND RETURN TO SCHOOL

Student: _____ School: _____

- I give permission** to evaluate my child.
- I have questions** about the evaluation process and would like to be contacted by school personnel.
- I do not give permission** to evaluate my child

(Parent/Guardian Signature)

(Date)

Distribution: Original: Student Cumulative File Copy: Parents/Guardians Copy: Teacher(s)
504.5



MCFARLAND UNIFIED SCHOOL DISTRICT
NOTIFICACION PARE PADRES DE LA SECCION 504 DE EVALUACION

Nombre del estudiante: _____ fecha del nacimiento: _____ edad: _____
grado: _____

A. Recomendación para Evaluación bajo la Sección 504 se ha propuesto para determinar la naturaleza tipo y posible colocación de su hijo/a en programa que pueda ayudarlo con su posible impedimento físico o mental. Las razones de esta recomendación son:

B. Intervención previa en educación general que se utilizo (si se hizo):

C. Otros factores relacionados a la evaluación:

D. Evaluación que se Propane/Técnicas/Personal:

Área de Evaluación Técnicas de Evaluación Evaluación Posible/Personal de Consulta

Si tiene información adicional o expedientes médicos que puedan facilitar la evaluación, por favor envíenlos a la escuela _____ o comuníquese con: _____ al _____ (Nombre) (Teléfono)

La evaluación se conducirá en los próximos (__) días hábiles después de notificar a los padres, (a menos de que esta forma se haya firmado y regresado al administrador escolar). Una conferencia 504 se hará para hablar de cualquier colocación en programas especializados. * Como padres/tutores, tienen el derecho de revisar toda la información contenida en el expediente y reunirse con los oficiales escolares correspondientes para hablar de los puntos relacionados a la evaluación y colocación propuesta. SE ADJUNTA UNA COPUA DE LOS DERECHOS DE PADRES/ESTUDIANTES BAJO LAS SECCION 504.

* Si tiene preguntas relacionadas al proceso de evaluación y/o no quiere la evaluación y me gustaría hablar con personal de la escuela.

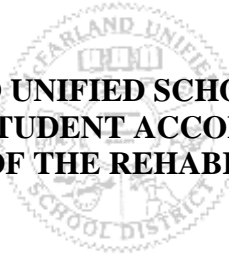
- Tengo preguntas relacionadas al proceso de evaluación y me gustaría hablar con personal de la escuela
No autorizo la evaluación de me hijo/a.

Firma del Padre/Tutor

Fecha

Distribution: Original: Student Cumulative File Copy: Parents/Guardians Copy: Teacher(s) 504.5S

**MCFARLAND UNIFIED SCHOOL DISTRICT
NOTICE OF STUDENT ACCOMMODATIONS
UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973**



Attached is a copy of the accommodation plan for _____
The 504 Committee has determined that these accommodations are necessary for this child to receive an educational benefit. Please be aware that the accommodations listed in this plan are mandatory, not optional. You are required to carry out this child's plan. It is your responsibility to contact the 504 Site Facilitator or the principal for an explanation if you have any questions on how to implement these accommodations.

Teacher Name (please print): _____

I have received a copy of this student's accommodation plan. I understand that these accommodations are mandatory and that I am required to implement them.

Signature of Teacher: _____ Date: _____

Return this form to your campus Section 504 Facilitator.

SECTION 504 RECORD OF ACCESS

STUDENT'S NAME _____ STUDENT NUMBER _____ DATE OF BIRTH _____

All persons, including authorized school personnel, parents, and representatives from each outside agency, must sign the Section 504 Record of Access each time this record is reviewed. If the record is reviewed during a meeting, only one participant is required to sign the document.

DATE	SIGNATURE	TITLE/ AGENCY	REASON

SECTION 504 CONTACT LOG

DATE	NAME /TITLE OF PERSON INITIATING CONTACT	NOTES: EVENT/PERSONS CONTACTED, RELATIONSHIP TO STUDENT AND TELEPHONE NUMBER	OUTCOME

SITE 504 TRACKING LOG

School _____ Month _____ 20_____

Site 504 Facilitator _____ # of SIPP meetings this month _____

List student 504 information in the space provided below. In the LEP column, Place "Y" for YES or an "N" for NO.

1.

Student Last Name	First Name	DOB and ID	Grade	LEP
<i>No more than 50 calendar days may elapse between the referral date and the plan implementation date.</i>				
Date of 504 Referral/By whom	Date SIPP/504 Meeting Held	Date Plan Implemented		

2.

Student Last Name	First Name	DOB and ID	Grade	LEP
<i>No more than 50 calendar days may elapse between the referral date and the plan implementation date.</i>				
Date of 504 Referral/By whom	Date SIPP/504 Meeting Held	Date Plan Implemented		

Review

<i>Use the space below to record an SIPP/504 Plan review meeting</i>				
Student Last Name	First Name	DOB and ID	Grade	LEP
Date of Initial 504 Referral	Date of SIPP/504 Review Meeting Held			
		Continued eligibility Yes <input type="checkbox"/> No <input type="checkbox"/>		

Review

<i>Use the space below to record an SIPP/504 Plan review meeting</i>				
Student Last Name	First Name	DOB and ID	Grade	LEP
Date of Initial 504 Referral	Date of SIPP/504 Review Meeting Held			
		Continued eligibility Yes <input type="checkbox"/> No <input type="checkbox"/>		

Enter how many 504 referrals resulted from SIPP Meetings this month:

Administrator's Signature

Date

Required Form	MUST BE SENT TO THE 504 DISTRICT COORDINATOR BY THE END OF EACH MONTH
---------------	--

504 TRANSFER NOTICE

NOTICE TO SITE 504 COORDINATOR

Transferring Student with 504 Accommodation Plan

Date: _____

To: 504 Facilitator at _____ (school)

From: 504 Facilitator at _____ (school)

SUBJECT: TRANSFERRING 504 STUDENT

This notice is to inform you that the following student has a 504 Plan and will be attending your school.

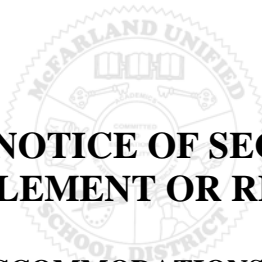
Student: _____

DOB: _____ I.D.# _____

You will find a copy the 504 Plan:

- In the Cum File
- Attached to this letter

Comments:



PARENT NOTICE OF SECTION 504 INTENT TO IMPLEMENT OR REFUSAL ACTION

INTENT TO IMPLEMENT SECTION 504 ACCOMMODATIONS/SUPPORTS/PLACEMENT

A. The McFarland Unified School District intends to implement the following Section 504 accommodations/supports/placement for your child:

B. The reasons for this decision include:

REFUSED ACTIONS

A. The McFarland Unified School District is refusing the following action(s) with regard to your child (specify any refusals pertaining to parent requests for identification, evaluation, placement, or provision of accommodations/supports for the student):

B. The reasons for this decision include:

(504 Site Facilitator's signature)

(date sent)

A copy of the "Parent and Students Rights" Under Section 504 has been provided on _____.

(date)

Distribution:
504.11

Original: Student Cumulative File

Copy: Parents/Guardians

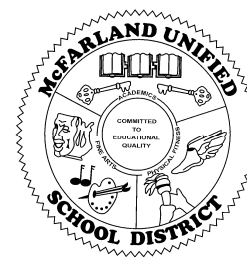
Copy: Teacher(s)

504 MONITORING CHECKLIST

STUDENT:

DOB:

NOTES:



FORM		TEST	YES	NO
1	ACCESS LIST	Is an Access List (Education Confidentiality of Information Safeguards) posted near cumulative folders?		
2	504.6 DISTRIBUTION	Is there evidence that site facilitator informed staff and distributed plans ?		
3	504.10 FOLDER	Is a folder (Reasonable Accommodations Provided in Accordance with Section 504) inside the cumulative folder?		
4	504.7 RECORD OF ACCESS	Is the Record of Access attached to the left side of the folder and documented each time someone accesses?		
5	504.8 CONTACT LOG	Are all contacts (parent phone calls, etc.) documented on the Contact Log ?		
6	504.2 REFERRAL	Is the referral complete?		
7	504.5 EVALUATION QUESTIONS	Is there indication that an evaluation is needed/not needed (one box is checked)? Is the evaluation question answered?		
8	504.5 PERMISSION	If formal evaluation is indicated, did parent complete permission section at bottom of form?		
9	504.3 PARENT NOTIFICATION	Is there a Parent Notice for the initial meeting?		
10	504.1 CURRENT PLAN pp 1 & 2	Is there a current 504 plan (developed within the past 12 months)?		
11	504.1 SUMMARY	Does the 504 Plan Summary reflect varied input (teacher, parent, classroom data, grades, test scores, etc.) and sufficient enough to create specific accommodations?		
12	504.1 BASIS FOR DETERMINATION	Is a specific physical or mental impairment stated?		
13	504.1 BASIS FOR DETERMINATION	Is a major life activity specifically identified?		
14	504.1 BASIS FOR DETERMINATION	Is the specific educational impact described?		
15	504.1 DATES	Are there beginning and ending dates ?		
16	504.1 ACCOMMODATIONS	Are accommodations directly related to deficits described in the summary?		
17	504.1 TESTING ACCOMMODATIONS	Were testing accommodations considered? If they are needed, is the need included in the plan?		
18	504.1 PARENT RIGHTS	Is there evidence that a copy of the Parent Rights/ Procedural Safeguards was given to the parents, (e.g. Is the box checked?) Parent may also initial.		
19	504.1 ANNUAL REVIEW	Did the meeting occur within one year of the previous 504 plan?		
20	504.4 MEETING NOTICE	Is there a written notice for each annual review?		
21	504.TL TRACKING LOG	Is this student/meeting included on a monthly tracking log?		
22	504.1 DISTRIBUTION	Is it clearly indicated in the 504 folder that the plan and contact log were sent to Student Support Services (e.g., fax receipt, entry on contact report)?		

MUSD rev 7/09
504 MC

APPENDIX E

PARENT AND STUDENT RIGHTS

504.9 **Parent Rights, English**

504.9s **Parents Rights, Spanish**



McFarland Unified School District
Parent and Student Rights
Section 504 of the Rehabilitation Act of 1973

The Rehabilitation Act of 1973, commonly referred to as "Section 504", is a nondiscrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination and to assure that students with disabilities have education opportunities and benefits equal to those provided to students without disabilities.

An eligible student under Section 504 is a student who (a) has, (b) has a record of having, or (c) is regarded as having, a physical or mental impairment which substantially limits a major life activity such as learning, self-care, walking, seeing, hearing, speaking, breathing, working, and performing manual tasks.

DUAL ELIGIBILITY: Many students will be eligible for educational services under both Section 504 and the Individuals with Disabilities Education Act (IDEA). Students who are eligible under the IDEA have many specific rights that are not available to students who are eligible solely under Section 504. A **Procedural Safeguards** document prepared by the California Department of Education is available through the school district's Special Education Department and sets out the rights assured by the IDEA. It is the purpose of this notice form to set out the rights assured by Section 504 to those students with disabilities who do not qualify under the IDEA.

The enabling regulations for Section 504 as set out in 34 Code of Federal Regulations (CFR) Part 104 provide parents and/or students with the following rights:

1. You have a right to be informed by the school district of your rights under Section 504. (The purpose of this notice is to advise you of those rights.) 34 CFR 104.32.
2. Your child has the right to an appropriate education designed to meet his/her individual educational needs as adequately as the needs of non-disabled students are met. 34 CFR 104.33.
3. Your child has the right to free educational services except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties are not relieved from an otherwise valid obligation to provide or pay for services provided to a student with disabilities. 34 CFR 104.33.
4. Your child has a right to placement in the least restrictive environment. 34 CFR 104.
5. Your child has a right to services and activities that are comparable to those provided for non-disabled students. 34 CFR 104.34.
6. Your child has a right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement. 34 CFR 104.35.
7. Testing and other evaluation procedures must conform with the requirements of 34 CFR 104.35 as to validation, administration, areas of evaluation, etc. The District shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, physical or medical reports, student grades, progress reports, parent observations, anecdotal reports, and benchmark scores. 34 CFR 104.35.
8. Placement decisions must be made by a group of persons (i.e., the Section 504 Committee), including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities. 34 CFR 104.35.
9. If eligible under Section 504, your child has a right to periodic reevaluations, generally every three years. 34 CFR 104.35.

10. You have the right to notice prior to any action by the District in regard to identification, evaluation, or placement of your child. 34 CFR 104.36.
11. You have the right to examine relevant records. 34 CFR 104.36.
12. You have the right to an impartial hearing with respect to the District's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney. 34 CFR 104.36.
13. If you have questions or concerns regarding your child's identification, evaluation, or educational placement, you may call the Director, Student Support Services, Mary Williams Smith at (661) 792-3255. If you nevertheless, wish to challenge the actions of the Section 504 Committee in regard to your child's identification, evaluation, or educational placement, you should file a written notice of appeal with the District's Director, Student Support Services within 15 calendar days from the time you received written notice of the Section 504 Committee's action(s). A hearing will be scheduled before an impartial hearing officer and you will be notified in writing of the date, time, and place for the hearing.
14. If you disagree with the decision of the impartial hearing officer, you have a right to a review of that decision by a court of competent jurisdiction. 34 CFR 104.36.
15. On Section 504 matters other than your child's identification, evaluation, and placement, you have a right to initiate a local complaint with the District's Director, Student Support Services who will investigate the allegations to the extent warranted by the nature of the complaint in an effort to reach a prompt and equitable resolution.
16. You also have a right to file a complaint with the Office for Civil Rights. The address of the Regional Office which covers California is:

Office for Civil Rights (Region IX)
U.S. Department of Education
50 Beale Street, Suite 7200
San Francisco, CA 94105
Voice Phone (415) 486-5528

NOTICE OF NONDISCRIMINATION

You are hereby notified that pursuant to the requirement of the Rehabilitation Act of 1973 this school district does not discriminate on the basis of a disability in any of the programs and services offered by the district. Qualified students with disabilities are entitled to be provided with regular or special education and related aids and services that are designed to meet individual educational needs as adequately as the needs of persons with disabilities are met. You may contact the school for more information and for the name of the person or persons in the district responsible for coordinating the district's efforts to comply with this law.

[CFR 104.7(a), 34 CFR 104.8(a), 34 CFR 104.33(b)]



McFarland Unified School District
Derechos de los Padres y de los Estudiantes
Sección 504 del Acta de Rehabilitación de 1973

El Acta de Rehabilitación de 1973, comunmente referido como “Sección 504”, es un estatuto de no discriminación promulgado por el Congreso de los Estados Unidos. El propósito de esta Acta es el de prohibir la discriminación y asegurar que los estudiantes con impedimentos tengan igualdad de oportunidades de educación y beneficios como los de estudiantes sin impedimentos.

Un estudiante elegible bajo la Sección 504 es un estudiante que (a) tiene , (b) tiene un record de tener, o esta considerado tener, un impedimento físico o mental el cual limita substancialmente la mayoría de las actividades de vida tales como el aprendizaje, cuidado de si mismo, caminar, ver, oír, hablar, respirar, trabajar y desarrollar tareas o trabajos manuales.

ELIGIBILIDAD DOBLE: Muchos estudiantes seran elegibles para servicios educacionales bajo la Sección 504 y bajo la de Individuos con Impedimentos en la Educación (IDEA). Los estudiantes que son elegibles bajo IDEA tienen muchos derechos específicos que no estan disponibles para los estudiantes que son elegibles solamente bajo la Sección 504. Un documentos del **Procedimientos y Salvaguardas** preparado por la Agencia de Educación de California esta disponible por medio del Departamento de Educación Especial del distrito y expone los derechos asegurados por IDEA. El propósito de este aviso es para exponer los derechos asegurados por la Sección 504 para los estudiantes con discapacidades que no califican bajo IDEA.

Las regulaciones permitidas en la Sección 504 mencionadas en el Codigo 34 de las Regulaciones Federales (CFR) Parte 104 proporciona a los padres y/o estudiantes con los siguientes derechos:

1. Usted tiene el derecho de ser informado por el distrito escolar de sus derechos bajo la Sección 504. (El propósito de este aviso es para que Ud. este enterado de estos derechos.)
2. Su hijo/a tiene el derecho de una educación apropiada diseñada para satisfacer sus necesidades educacionales tan adecuadamente como las de los estudiantes sin discapacidades. 34 CFR 104.33.
3. Su hijo/a tiene el derecho de los servicios educacionales gratis excepto aquellas cuotas que son impuestas a los estudiantes no-dasabilitados o sus padres. Las aseguradoras y terceras partes similares no estan liberadas de obligaciones validas para proporcionar o pagar los servicios proporcionados a un estudiantes con discapacidades. 34 CFR 104.33
4. Su hijo/a tiene el derecho de una colocación en el mediambiente menos restrictivo. 34 CFR 104.
5. Su hijo/a tiene el derecho de los servicios y actividades que son comparables a los proporcionados a los estudiantes sin discapacidades. 34 CFR 104.34
6. Su hijo/a tiene el derecho de una evaluación antes de una colocación inicial de la Sección 504 y cualquier cambio significante subsecuente en la colocación. 34 CFR 104.35.
7. Las pruebas u otros procedimientos de evaluación deben estar de acuerdo con los requisitos de 34CFR 104.35 asi como la validación, administración, areas de evaluación etc. El Distrito debe considerar información de una variedad de recursos, incluyendo pruebas de aptitud y aprovechamiento, recomendaciones del maestro/a, condición física, antecedente social y cultural, comportamiento adaptivo, reportes físicos o médicos, grados en la calificación del estudiante, reportes de progreso, observaciones de los padres reportes de anécdotas y resultados de pruebas requisados del estado. 34 CFR 104.35.

8. Las decisiones de la colocación deben ser hechas por un grupo de personas (Ejem.El Comité de la Sección 504), incluyendo personas con conocimiento de su hijo/a, del significado de los datos de la evaluación, de las opciones de la colocación y de los requerimientos legales para el medioambiente menos restrictivo y facilidades comparables. 34 CFR 104.35
9. Si es elegible bajo la Sección 504, su hijo tiene el derecho de reevaluaciones periódicas, generalmente de cada tres años. 34 CFR 104.35
10. Ud. tiene el derecho de ser avisado antes de cualquier acción hecha por el Distrito con respecto a la identificación, evaluación, o colocación de su hijo/a. 34 CFR 104.36.
11. Tiene el derecho de examinar los records relacionados. 34 CFR 104.36.
12. Tiene el derecho a una audiencia parcial con respecto a las acciones del Distrito relacionadas con la identificación, evaluación, o colocación educacional de su hijo/a, con la oportunidad de la participación de los padres en la audiencia y representación de un Abogado. 34 CFR 104.36
13. Si tiene preguntas o preocupaciones con respecto a la identificación, evaluación, o colocación educacional de su hijo/a, puede llamar a el Coordinador/a del la Sección 504 del Distrito al (661) 792-3255. Si Ud. no obstante, desea objetar las acciones del Comité de la Sección 504 del Distrito con respecto a la identificación, evaluación, o colocación educacional de su hijo/a, deberá someter por escrito un aviso de apelación con el Coordinador de la Sección 504 del Distrito, dentro de 15 días hábiles a partir de cuando Ud. recibió el aviso por escrito de la(s) acción(es) del Comité de la Sección 504. Se programará una audiencia ante un oficial de audiencia imparcial y se le notificará a Ud. por escrito del día, hora y lugar de la audiencia.
14. Si no esta de acuerdo con la decisión del oficial de la audiencia imparcial, Ud. tiene el derecho de que se haga una revision de esa decisión por una corte de esa jurisdicción competente. 34 CFR 104.36.
15. En los asuntos de la Sección 504 aparte de la identificación, evaluación y colocación de su Hijo/a, Ud. tiene el derecho de iniciar una queja local con el Coordinador de la Sección 504 del Distrito, quien investigará la alegación lo mas posible de acuerdo a la queja en un esfuerzo de llegar a una resolución pronta y equitativa.
16. Tambien tiene Ud. el derecho de someter una queja a la Oficina de los Derechos Civiles. La dirección de la Oficina Regional que cubre California es:

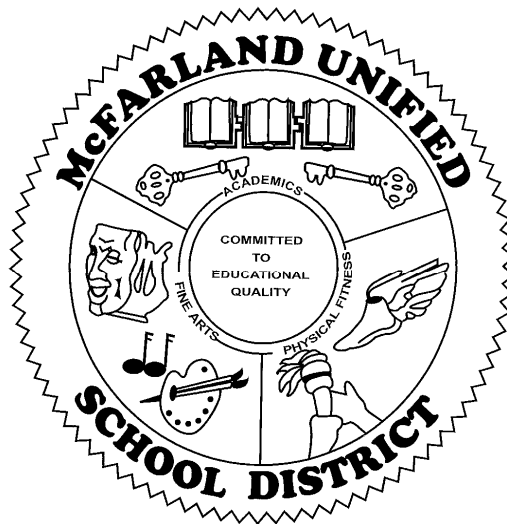
Office for Civil Rights (Region IX)
U.S. Department of Education
50 Beale Street, Suite 7200
San Francisco, CA 94105
Voice Phone (415) 486-5528

AVISO DE NO DISCRIMINACION

APPENDIX F

FOLDER COVER

**REASONABLE
ACCOMMODATIONS
PROVIDED IN ACCORDANCE
WITH SECTION 504**



*Transmit this folder with the
student's cumulative file*

APPENDIX G

DISCIPLINE CHECKSHEET & MANIFESTATION DETERMINATION

MCFARLAND UNIFIED SCHOOL DISTRICT

Special Education and Section 504 Discipline Checklist

The following checklist will assist each school in ensuring that procedural safeguards have been provided to Special Education and Section 504 students.

SPECIAL EDUCATION STUDENTS

(Student receiving **any** IEP services (*i.e.* SDC, speech only, RSP, etc.)

SHORT-TERM REMOVAL

- Student is approaching 10 consecutive **or** cumulative days of removal from his/her current placement. Any break in IEP mandated services is a removal. If the removals constitute a pattern the student can not be removed beyond 10 days until the IEPT meets to conduct manifestation determination and develop a behavior plan.
- Notify the Special Education Department; the case carrier (usually the SPED teacher) is responsible for reconvening the IEPT in order to address the behaviors of concern via the IEP process.
- The IEPT meets, conducts a manifestation determination review. (*form MUSD MD*)

Related

If the behavior is related to the disability, **all disciplinary action stops**. Programmatic changes to address the behavior must take place through the IEP process.

Not Related

If the behavior is found not related to the disability, the student is subject to the same disciplinary action as a non-disabled student. The student must continue to be provided FAPE in the form of Alternative Instructional Arrangements.

- IEPT develops a behavior plan or reviews/modifies existing plan.
- The student must continue to be provided FAPE in the form of Alternative Instructional Arrangements for any school removals beyond 10 days.
- Original copy of manifestation determination goes in student's cumulative file with copies to the parent, master special education file, and working folder.

LONG-TERM REMOVAL

- Notify the Special Education Department of the recommended disciplinary change of placement. A recommendation for expulsion or a removal of more than 10 days is considered a significant change of placement and triggers certain procedural safeguards, including the requirement to reconvene an IEPT meeting to conduct a manifestation determination review.
- Special Education Department will schedule IEPT meetings and coordinate parent written notices involving Special Education. *IEPT meeting must be held no later than 10 school days after date of the decision to recommend expulsion.*
- Initiate educational services to provide FAPE beginning no later than the 11th day of suspension or school removals in the school year.
- Hold the discipline conference with the parent/guardian. Have parent/guardian acknowledge the receipt of the due process rights and procedural safeguards.
- The IEPT meets, conducts a manifestation determination review. (*form MUSD MD*)

Related

If the behavior is related to the disability, **all disciplinary action stops**. Programmatic changes to address the behavior must take place through the IEPT process.

Not Related

If the behavior is found not related to the disability, the student is subject to the same disciplinary action as a non-disabled student. The student must continue to be provided FAPE in the form of Alternative Instructional Arrangements.

- IEPT develops behavior plan or reviews/modifies existing plan.
- IEPT documents any change of placement decision in the IEP.
- Original copy of manifestation determination goes in student's cumulative file with copies to the parent, master special education file, and working folder.

SECTION 504 STUDENTS

- Notify the 504 Site Facilitator of the recommended disciplinary change of placement. Any removal of more than 10 days cumulative is considered a significant change of placement and triggers certain procedural safeguards, including the requirement to reconvene a 504 team meeting to conduct a manifestation determination review.
- Same procedures above apply for Section 504 identified students.
- Original copy of manifestation determination goes in student's cumulative file with copies to the parent, site 504 files, the teacher(s).



**SUMMARY OF TEAM
MANIFESTATION DETERMINATION**

(Must be completed prior to involuntary change of placement or expulsion)

Pupil receiving Special Education services
Meeting conducted by IEP team

Pupil with identified Section 504 Disability
Meeting conducted by SIPP team

Student's Name: _____ DOB: _____ ID#: _____

Grade: _____ Age: _____ M F Primary Disability: _____

Current Special Education Services or 504 Accommodations: _____

Home School: _____ Parent's Name: _____

Primary Language of Pupil: _____ Address: _____ Phone: _____

Date and description of alleged misconduct:

- Suspended from school for _____ days
- Placed on in-school suspension for _____ days
- Continues current placement With the following modifications _____
- Superintendent/designee extended suspension (not to exceed 10 days) while expulsion is being pursued
- Ordered to 45 school day interim placement _____
- Court order preventing student from being on school campus

LONG-TERM DISCIPLINARY ACTION PURSUED BY SCHOOL ADMINISTRATION

- Referral to District Hearing Panel to consider: _____
- Involuntary Change of Placement to _____

NATURE AND EXTENT OF PUPIL'S DISABILITY

Distribution: Cumulative File (original) Parent Special Education or 504 file Teacher
MUSD MD p1

MCFARLAND UNIFIED SCHOOL DISTRICT
Manifestation Determination Review

Page ___ of ___

Student _____ DOB: _____ Meeting Date _____

INFORMATION CONSIDERED BY THE TEAM

- Evaluation and diagnostic results _____
- Observations of the pupil _____
- Relevant information supplied by the parent/guardian _____
- Prior disciplinary records (*attach*) _____
- Relevant grades/progress reports (*attach*) _____
- Attendance records (*attach*) _____
- IEP or 504 placement, services and accommodations (*include date of most recent plan*) _____
- Behavior Support Plan *or* Behavior Intervention Plan (*include date of most recent plan*) _____
- Health records (*attach*) _____
- Other _____

QUESTIONS

1. Was the conduct in question caused by, or does it have a direct and substantial relationship to the student's disability? YES NO No team consensus

Discussion: What are the observable behavioral manifestations of this disability for this student as reported by individuals knowledgeable of both this disability and this student's prior associated behavior?

Expanded Discussion: If unclear as to the causative, direct relationship of this disability and this behavior, discuss the following for clarification about the relation of the behavior to the disability:

- Did the student's disability impair understanding the potential impact and consequences/outcome of this behavior?
 Yes No No team consensus Comments: _____
What previous data on this student and in the literature on this disability supports this conclusion? _____
- Did the disability impair the student's ability to control the behavior?
 Yes No No team consensus Comments: _____
- What previous data on this student and in the literature on this disability supports this conclusion? _____
Behavior was: willfully chosen by the student *or* a spontaneous reaction due to a feature of the student's disability

Comments: _____

2. Was the conduct in question the direct result of the school district's failure to implement the IEP or 504 Accommodation Plan? YES NO No team consensus

Discussion: "Is the IEP team currently in agreement that in relation to the behavior, the IEP was appropriate with all necessary behavioral supports and related services being implemented at the time of the incident?"

Comments: _____

Distribution: Cumulative File (original) Parent Special Education or 504 file Teacher

MUSD MD p2

2009-10-27 rev

MCFARLAND UNIFIED SCHOOL DISTRICT
Manifestation Determination Review

Page ___ of ___

Student _____ DOB: _____ Meeting Date _____

FINAL RECOMMENDATIONS

- Discontinue discipline process.** Misconduct was found to be a manifestation of the disability. *(YES was the response to questions 1 and/or question 2)*
- Proceed with discipline process.** Behavior subject to disciplinary action is NOT a manifestation of the disability. *(NO was the response to questions 1 and 2)*

Interim placement/services while awaiting school board decision _____
The following services are necessary if student is expelled _____

(The IEP or SIP team determines the necessary services, the expulsion hearing body determines the site at which services will be provided.)

- Attached behavior support plan (BSP) was reviewed and remains appropriate *or* revised
- Student did not have BSP prior to this incident. Conduct functional behavior assessment (FBA) based on assessment plan dated _____.

- IEP, IEP Amendment, or meeting notes attached.**
- 504 Accommodations Plan/SIP Team notes attached.**
- Other**

MEETING PARTICIPANTS

Parent/Guardian Date

Student Date

Site Administrator/Designee Date

General Education Teacher Date

Special Education Teacher Date

School Psychologist Date

Distribution: Cumulative File (original) Parent

MUSD MD p3

2009-10-27 rev

Parent/Guardian Date

School Nurse Date

Counselor Date

Interpreter Date

Special Education Administrator Date

Other Date

Special Education or 504 file Teacher

APPENDIX H

ADDITIONAL RESOURCES

Medical Report (*send to physician to request information*)

Authorization for Release of Records (English & Spanish)

Health History (English & Spanish)

School Nurse Health Report

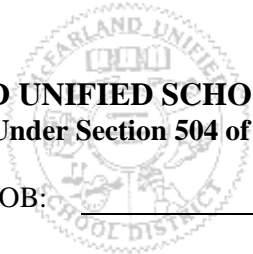
Section 504 Educational Accommodations Planning Guide

Nine Types of Curriculum Adaptations

Matrix of Test Variations, Accommodations & Modifications

Section 504 Testing Accommodations Form

Coordination of Plans



MCFARLAND UNIFIED SCHOOL DISTRICT
Medical Report for Services Under Section 504 of the Rehabilitation Act of 1973

Student: _____ DOB: _____ School: _____

Date student was last seen:

The purpose for the examination was:

Diagnosis:

Based on my examination, this student appears to have limited strength, vitality, or alertness due to health related problems. These problems may adversely affect his/her educational performance in the following ways:

- Difficulty with self-help skills in the general education setting _____
- Difficulty with mobility/seating in the general education setting _____
- Difficulty with maintaining alertness in the general education setting _____
- Is taking the following medication(s): _____
which is expected to have the following effects on classroom functioning:

- Needs additional rest periods
- Other: _____
- Other: _____

Signature of Licensed Physician

Name (please print)

Report Date

Address: _____ **Phone:** () _____

Please return this form to : _____
Address: _____

Phone: () _____
Fax: () _____

Authorization for Release of Health Information

A. STUDENT/PATIENT INFORMATION

Name: _____
LAST
FIRST
MI

Date of Birth: _____ Sex: M F Student ID#: _____

B. INFORMATION TO BE RELEASED FROM (✓ as needed):

<input type="checkbox"/> _____ School District <input type="checkbox"/> California Children's Services (CCS) <input type="checkbox"/> CCS Medical Therapy Unit <input type="checkbox"/> Kern Regional Center (KRC) <input type="checkbox"/> Exceptional Parents Unlimited (EPU) <input type="checkbox"/> KMC <input type="checkbox"/> Kern County Superintendent of Schools (KCSOS)	<input type="checkbox"/> Children's Hospital Central CA <input type="checkbox"/> UCLA <input type="checkbox"/> Children's Hospital LA <input type="checkbox"/> Kaiser Permanente <input type="checkbox"/> Community Health Center <input type="checkbox"/> Clinica Sierra Vista <input type="checkbox"/> Sagebrush Clinic <input type="checkbox"/> Child Guidance Clinic	<input type="checkbox"/> Charlie Mitchell Clinic <input type="checkbox"/> Genetics <input type="checkbox"/> PT/OT <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Special Clinics <input type="checkbox"/> Speech and Hearing <input type="checkbox"/> Other: _____
---	---	--

____ Physician/Clinic/Other: _____
 ____ Physician/Clinic/Other: _____

C. INFORMATION TO BE RELEASED TO AND USED BY MCFARLAND UNIFIED SCHOOL DISTRICT

School/Department: _____ Contact Person: _____

Address _____ City MCFARLAND State CA Zip 93250

Phone: (661) _____ Fax: (661) _____

D. PURPOSE OF THE REQUESTED INFORMATION

Authorization forwarded at the request of Parent/Legal Guardian
 Assist in determining most appropriate school education program/learning accommodations
 Other: _____

E. TYPE/DESCRIPTION OF INFORMATION REQUESTED

<input type="checkbox"/> Immunization Record <input type="checkbox"/> Physician Orders <input type="checkbox"/> History and Physical <input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Operative Reports <input type="checkbox"/> Lab Results/X-ray Reports <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ambulatory Clinic Summary <input type="checkbox"/> Appointment Dates/Times <input type="checkbox"/> Mental Health Records
---	---	--

F. SIGNATURE AUTHORIZING RELEASE OF INFORMATION

By signing below, I understand that the information released may include information regarding treatment, hospitalization, or outpatient care, including psychological/psychiatric impairment, drug abuse, alcoholism, AIDS or HIV tests, unless otherwise excluded here: _____

I also understand that the school district is responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological and health records are exchanged among California public schools.

I have read and understand the "Authorization Restrictions and Rights" on the backside of this form which includes my right to refuse to sign this authorization, to revoke this authorization and to receive a copy of this authorization.

Unless revoked, this authorization will expire in 1 year, unless otherwise specified here: _____

Signature of Parent/Legal Guardian	Date
Signature of Witness	Date



MCFARLAND UNIFIED SCHOOL DISTRICT
601 2nd Street
McFarland, CA 93250
(661) 792-3081

Date: _____

Student's Name: _____
 School: _____ Teacher: _____ Grade: _____

HEALTH AND DEVELOPMENTAL HISTORY
Student Support Services - Health

Dear Parent/s:

This form is to help provide health and developmental information about your student. It is confidential and may assist the school in determining the most appropriate educational services for your child. Please complete this form and return it to the school. Thank you.

FAMILY - SOCIAL INFORMATION

Student's address: _____ Telephone: _____ DOB: _____

Mother: (e.g. step-mother, foster, guardian, grandmother) **Father:** (e.g. step-father, foster, guardian, grandfather)

Name: _____ Name: _____

Occupation: _____ DOB: _____ Occupation: _____ DOB: _____

Cell phone: _____ Highest grade completed: _____ Cell phone: _____ Highest grade completed: _____

Mother's present status: Married _____ Divorced _____ Single _____ Separated _____ Remarried _____ Widowed _____

Other parental information: _____

Student is NOW living with whom? _____ Relationship: _____

Other children/siblings:

Name	Age	M/F	Comments (in home?, in school?, working?, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Others in home? _____

At the present time, who usually cares for your child during the day or after school? (Check one.)

Mother _____ Father _____ Babysitter _____ Friend _____ Family member _____ Other _____ Who? _____

Does your family speak a second language? Yes _____ No _____ If yes, which language? _____

Does your child receive assistance or is known to any community agencies? _____

Please describe your concerns about your child or your child's problem:

What pleases you most about your child?

Reviewed by: _____ Date: _____

Comments: _____

Student Name: _____

PERINATAL HISTORY

This section refers to the pregnancy with this child and mother's health.

Mother's age when this child was born: _____ years.

During this pregnancy, did any of the following occur? (Please check.)

Toxemia/Edema (high blood pressure).....	_____	Unusual emotional stress.....	_____
Accidents/injuries.....	_____	Anemia.....	_____
Bleeding.....	_____	Medications.....	_____
Seizures.....	_____	Nausea/vomiting after 1 st trimester.....	_____
Alcohol/illegal drug use/smoking.....	_____	Illnesses (describe)...	_____
Other:	_____		

OB/GYN doctor: _____ Hospital: _____

LABOR AND DELIVERY

Did mother have any of these events with labor or in delivery?

	Yes	No		Yes	No
Caesarean-section	_____	_____	Labor longer than 24 hours	_____	_____
Forceps delivery	_____	_____	Breech delivery (feet first)	_____	_____
Was anesthetic used?	_____	_____	If yes, what type? (epidural, etc.)	_____	

Birth weight: _____ Full-term (40 weeks): Yes _____ No _____ If not, how many weeks? _____

Birth Length: _____ APGAR Score (if known): _____

Did any of these problems occur at birth? Yes No Yes No

Difficulty with taking first breath	_____	_____	Jaundice	_____	_____
Difficulty with breathing during first few days	_____	_____	Anemia	_____	_____
Post-mature or overdue (> 3weeks)	_____	_____	Rh factor	_____	_____
Blood transfusions	_____	_____	Infection	_____	_____
Any other problem/s	_____	_____			

(such as need for oxygen, resuscitation, admission to NICU, further medical treatment, etc.)
If yes, what type of problem? _____

How old was the baby when he/she was discharged from the hospital? _____ days.

EARLY DEVELOPMENT

Was child breast fed? Yes___ No___ If yes, how long? _____ Bottle fed? Yes___ No___ If yes, how long? _____
Formula: _____

Did this child have any trouble eating? Yes___ No___ If yes, please describe: _____

Did this child have any of the following?

	Yes	No		Yes	No
...not a regular eating pattern	<input type="checkbox"/>	<input type="checkbox"/>	...seizures	<input type="checkbox"/>	<input type="checkbox"/>
...problems with sleeping	<input type="checkbox"/>	<input type="checkbox"/>	...colic	<input type="checkbox"/>	<input type="checkbox"/>
...poor weight gain	<input type="checkbox"/>	<input type="checkbox"/>	...reactions to immunizations	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please describe how it was treated? _____

Have there been any significant problems in any of the above areas with any other pregnancies or births? Yes No

If yes, please describe: _____

Student Name: _____

DEVELOPMENTAL MILESTONES

At what age (in months) did your child...

Sit alone? (6-11 months)	_____	Spoke first single word? (9-13 months)	_____
Crawl? (6-10 months)	_____	Spoke first 2-3 word statement? (15-28 months)	_____
Walked alone (11-15 months)	_____	Toilet trained? (18-30 months)	_____

Was your child in a walker? Yes___ No___ If yes, how long each day? _____

Was your child in a playpen? Yes___ No___ If yes, how long each day? _____

Did your child have a problem with bedwetting after 3 years old? Yes___ No___

Is the problem continuing as of this date? Yes___ No___

If yes to either question, was child medically examined and/or treated? Yes___ No___

If yes, what was the treatment? _____

Is the problem continuing as of this date since treatment? Yes___ No___

MEDICAL HISTORY

Has your child had any of the following conditions?

	Yes	No		Yes	No
Allergies – skin rash	___	___	Allergies – foods, other	___	___
Asthma	___	___	Constipation or diarrhea	___	___
ADHD/ADD	___	___	Diabetes	___	___
Encephalitis	___	___	Fractures (broken bones)	___	___
Hearing problems	___	___	Repeated ear infections, ET tubes	___	___
Heart murmur/conditions	___	___	Kidney/bladder disease	___	___
Menstrual problems	___	___	Frequent colds/pneumonia	___	___
Prolonged fever	___	___	Serious dental problems	___	___
Serious accident	___	___	Serious head injury	___	___
Seizures (without fever)	___	___	Seizures (with fever)	___	___
Strep throat, other infections	___	___	Severe headaches	___	___
Surgery, any type	___	___	Unconsciousness	___	___
Urinary tract infections	___	___	Vision or eye problems	___	___
Severe reaction to insect bite/sting	___	___	Other problems: _____		

If yes to any above, please describe:

Present Health Problems or Concerns:

Current Medical Status:

Diagnosis: _____

Current medications: _____

Purpose: _____

Comments:

Diet: Does he/she skip breakfast? Yes___ No___
Appetite: Good___ Fair___ Poor___ "Picky eater" _____

Special Diet: _____

Family Doctor: _____ Address: _____ Telephone: _____

Date of last visit: _____ Reason: _____

Family Dentist: _____ Address: _____ Telephone: _____

Date of last visit: _____ Reason: _____

SOCIAL – EMOTIONAL HEALTH STATUS

Please check the response to these statements as they apply to this child at the present time.

	Above Average	Average	Below Average
I feel that generally my child's physical development is	_____	_____	_____
.....emotional development is	_____	_____	_____
.....mental development is	_____	_____	_____
.....speaking ability is	_____	_____	_____
.....general schoolwork is	_____	_____	_____
.....reading ability is	_____	_____	_____
.....mathematical ability is	_____	_____	_____
.....ability to concentrate on his work is	_____	_____	_____
.....gross motor coordination is	_____	_____	_____
.....fine motor coordination is	_____	_____	_____

Do any of these terms apply to this child?

- | | | |
|---|--|---|
| <input type="checkbox"/> timid, shy | <input type="checkbox"/> reacts out of proportion | <input type="checkbox"/> sensitive to criticism |
| <input type="checkbox"/> short attention span | <input type="checkbox"/> fearful | <input type="checkbox"/> restless |
| <input type="checkbox"/> nervous | <input type="checkbox"/> behavior problems | <input type="checkbox"/> independent |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> prefers to be alone | <input type="checkbox"/> irritable, excitable |
| <input type="checkbox"/> clumsy | <input type="checkbox"/> tantrums | <input type="checkbox"/> sad |
| <input type="checkbox"/> restless sleeper | <input type="checkbox"/> moody | <input type="checkbox"/> any sleep disturbances |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> prefers company of adults | <input type="checkbox"/> easily frustrated |
| <input type="checkbox"/> extremely quiet | <input type="checkbox"/> organizes and completes tasks | <input type="checkbox"/> aggressive |

Television: How much TV does this child watch daily? _____

What type of TV does this child watch? _____

Computer/Video Games: How much gaming does this child play daily? _____

What type of video/computer games does this child play? _____

Present Social Health Information: (Please describe if the answer is **NO**.)

Does your child ...

- | | | |
|---|---------------|-------|
| ..get along with others the same age? | Yes___ No___: | _____ |
| ..get along well with brothers/sisters? | Yes___ No___: | _____ |
| ..get along well with parents and other adults? | Yes___ No___: | _____ |
| ..attend school regularly? | Yes___ No___: | _____ |
| ..assume responsibilities at home? | Yes___ No___: | _____ |
| ..accept discipline from parents or other adults? | Yes___ No___: | _____ |
| ..usually behave in a socially acceptable manner? | Yes___ No___: | _____ |
| ..show progress in assuming responsibility for him/herself? | Yes___ No___: | _____ |

Present Emotional Health Information: (Please describe if the answer is **YES**.)

Does your child...

- | | | |
|--|---------------|-------|
| ..have extreme fears? | Yes___ No___: | _____ |
| ..show angry or aggressive behavior? | Yes___ No___: | _____ |
| ..act very shy or withdrawn? | Yes___ No___: | _____ |
| ..have extreme changes in mood? | Yes___ No___: | _____ |
| ..have trouble sleeping? | Yes___ No___: | _____ |
| ..cause disruption at home? | Yes___ No___: | _____ |
| ..drink alcohol? | Yes___ No___: | _____ |
| ..use drugs? | Yes___ No___: | _____ |
| ..smoke cigarettes? | Yes___ No___: | _____ |
| ..have unexplained absences from home? | Yes___ No___: | _____ |

Have there been recent upsetting events in the home (birth or death in family or friends, illness of family member, recent divorce, separation or remarriage, moving)? _____

Please add anything else that you feel we need to know about your child.

Distrito Escolar Unificado de McFarland
601 2nd Street
McFarland, CA 93250
(661) 792-3081

Fecha: _____

Nombre del estudiante: _____

Escuela: _____ Profesor: _____ Grado del: _____

SALUD E HISTORIA DE DESARROLLO

Servicios de ayuda del estudiante - salud

Estimado padres:

Esta forma es para ayudar a proporcionar información de la salud y el desarrollo sobre su niño/estudiante. Es confidencial y puede asistir a la escuela en la determinación de los servicios educativos más apropiados para su niño. Favor de llenar el formulario regresarlo a la escuela. Gracias.

----- FAMILIA - INFORMACIÓN SOCIAL -----

Dirección del **Estudiante**: _____ Teléfono: _____ FDN: _____

Madre: (ejem. madrastra, madre de crianza, tutor, abuela)

Padre: (ejem. padrastro, padre de crianza, tutor, abuelo)

Nombre: _____ Nombre: _____

Ocupación: _____ FDN: _____ Ocupación: _____ FDN: _____

Teléfono celular: _____ El grado más alto terminó: _____ Teléfono celular: _____ El grado más alto terminó: _____

Actual estado de la **Madre**: (Indique cual) Casada ___ Divorciada ___ Soltera ___ Separada ___ Casada de Nuevo ___ Viuda ___

Otra información de los padres: _____

¿El estudiante AHORA está viviendo con quién? _____ Parentesco: _____

Otros niños/hermanos:

Nombre	Edad	M/F	Comentarios (¿En el hogar? ¿En la escuela? ¿Trabajando? , etc.)
--------	------	-----	---

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¿Otros en el hogar? _____

¿Actualmente, quién cuida generalmente a su niño durante el día o después de escuela? (Marque uno.)

Madre ___ Padre ___ Niñera ___ Amigo ___ Miembro de la familia ___ ¿Otro? ___ ¿Quién? _____

¿Su familia habla una segunda lengua? Sí ___ No ___ Si sí, ¿que lengua? _____

¿Su niño recibe ayuda o lo conocen al alguna agencia de la comunidad? _____

(por ejemplo, Servicios de Protección de Menores, SARB, Clínica Child Guidance, Centro de Recursos Familiares de McFarland, Centro Regional del Condado, etc.)

Describe por favor sus preocupaciones o los problemas de su niño:

¿Qué le satisface más sobre su niño?

Revisado por: _____ Fecha: _____

(Enfermera de escuela u otro)

Comentarios: _____

Revisado: 04/2008 SFV

Nombre del estudiante: _____

----- **HISTORIA PERINATAL** -----

Esta sección se refiere al embarazo con este niño/a y la salud de la madre.

Edad de la madre en que este niño nació: _____ años.

¿Cuántas semanas de embarazadas tenía cuando fue por primera vez al doctor? _____ semanas.

¿Cuándo comenzó la madre el cuidado prenatal? _____ semanas.

¿Qué hizo la madre para el cuidado prenatal? _____

(Tales como vitaminas prenatales, ácido fólico, suplementos dietéticos, supervisando BP, etc.)

¿Durante este embarazo, ocurrió algo de lo que sigue? (Por favor marque)

Toxemia/edema (presión arterial alta) _____ Tensión Emocional inusual..... _____

Accidentes/Heridas..... _____ Anemia..... _____

Hemorragia..... _____ Medicamentos..... _____

Convulsiones..... _____ Nausea/vómitos después 1st trimestre..... _____

Alcohol/uso ilegal de drogas/fumar..... _____ Enfermedades (describa)..... _____

(Por la madre o alguien en la casa)

Otro: _____

Obstétrico /Ginecólogo: _____ Hospital: _____

----- **DOLORES DE PARTO Y ALUMBRAMIENTO** -----

¿La madre tuvo algunos de estos acontecimientos en los dolores de parto o el alumbramiento?

	Sí	No		Sí	No
Nacimiento tipo Cesaria	_____	_____	Parto mas largo de 24 horas	_____	_____
Nacimiento con fórceps	_____	_____	Nacimiento de pies	_____	_____
¿Fue utilizado anestésico?	_____	_____	¿Si sí, qué tipo? (epidural, etc.)	_____	

Peso al nacimiento: _____ Longitud al nacimiento: _____

Término completo (40 semanas): Sí _____ No _____ ¿Si no, cuantas semanas? _____ Marca de Apgar (si la conoce): _____

¿Ninguno de estos problemas ocurrieron en el nacimiento? Sí No Sí No

Dificultad para tomar la primera respiración _____ Color amarillento _____

Dificultad con la respiración durante _____ Anemia _____

Los días primeros _____ Factor Rh _____

Poste-maduro o atrasado (> 3weeks) _____ Infección _____

Transfusiones de sangre _____

Cualquier otro problemas _____

(Por ejemplo la necesidad del oxígeno, de la resucitación, de la admisión a NICU, del tratamiento médico adicional, del etc.).

¿Si sí, qué tipo de problema? _____

¿Cuánto tenía el bebé de nacido cuando lo dieron de alta del hospital? _____ días.

----- **DESARROLLO TEMPRANO** -----

¿Era el niño criado al pecho? Sí ___ No ___ ¿Si sí, cuanto tiempo? _____ ¿Biberón? Sí ___ No ___ ¿Si sí, cómo desee? _____
Fórmula: _____

¿Este niño tiene problemas para comer? Sí ___ No ___ Si sí, describa por favor: _____

¿Este niño tiene cualquiera de lo siguiente?

... no tiene un patrón regular para comer Sí No Sí No

... problemas para dormir _____ ... Convulsiones _____

_____ ... cólicos _____

... aumento pobre del peso _____ ... reacciones a las inmunizaciones _____

¿Si sí a antedicho un de los, describa por favor cómo fue tratada? _____

¿Ha habido problemas significativos en las áreas mencionadas arriba con otros embarazos o nacimientos? Sí ___ No ___

Si sí, describa por favor: _____

Nombre del estudiante: _____

----- **ETAPAS IMPORTANTES DEL DESARROLLO** -----

A qué edad (en meses) hizo a su niño(a)...

¿Sentarse solo(a)? (6-11 meses) _____ ¿Primera sola palabra? (9-13 meses) _____
¿Gatear? (6-10 meses) _____ ¿Hablo las primeras frases de 2-3 palabras? (15-28 meses) _____
Caminó solo(a) (11-15 meses) _____ ¿Fue al baño solo? (18-30 meses) _____

¿Su niño(a) uso una andadera? Sí ___ No ___ ¿Si sí, cuanto tiempo cada día? _____

¿Estaba su niño en un corralito de juego? Sí ___ No ___ ¿Si sí, cuanto tiempo cada día? _____

¿Tenia/Tiene su niño(a) un problema con orinarse en la cama después de 3 años? Sí ___ No ___

¿Continua hasta hoy el problema? Sí ___ No ___

¿Si contesto sí a cualquier pregunta, fue tratado el niño médicamente? Sí ___ No ___

¿Si sí, cuál fue el tratamiento? _____

¿Si el problema continúa hasta esta fecha desde el tratamiento? Sí ___ No ___

----- **HISTORIAL MÉDICO** -----

¿Su ha tenido su niño(a) algunas de los siguientes condiciones?

	Sí	No		Sí	No
Alergias – granos en la piel	___	___	Alergias - de alimentos, otro	___	___
Asma	___	___	Estreñimiento o diarrea	___	___
ADHD/ADD	___	___	Diabetes	___	___
Encefalitis	___	___	Fracturas (huesos rotos)	___	___
Problemas del oído	___	___	Infecciones repetidas del oído, ET tubos	___	___
Murmullos /condiciones del corazón	___	___	Enfermedad del riñón/ de la vejiga	___	___
Problemas menstruales	___	___	Resfriados frecuentes/pulmonía	___	___
Fiebre prolongada	___	___	Serios problemas dentales	___	___
Accidente serio	___	___	Lesión en la cabeza seria	___	___
Convulsiones (sin fiebre)	___	___	Convulsiones (con fiebre)	___	___
Infecciones de garganta u otras infecciones	___	___	Dolores de cabeza severos	___	___
Cirugía, cualquier tipo	___	___	Inconsciencia	___	___
Infecciones de la zona urinaria	___	___	Problemas de la visión o del ojo	___	___
Reacción severa a la mordedura/a la picadura de un insecto	___	___			

Otros problemas: _____

Si sí a cualquier condición arriba, describa por favor:

Problemas actuales o preocupaciones de salud:

Estado médico actual:

Diagnosis: _____

Medicinas actuales: _____

Propósito: _____

Comentarios:

Dieta: ¿Se salta el desayuno? Sí___ No___
Apetito: Bueno___ Medio___ Bajo___ “chintinoso para comer”

Dieta especial: _____

Médico de cabecera: _____ Dirección: _____ Teléfono: _____

Fecha de la última visita: _____ Razón: _____

Dentista de la familia: _____ Dirección: _____ Teléfono: _____

Fecha de la última visita: _____ Razón: _____

Nombre del estudiante: _____

----- **ESTATUS DE SALUD EMOCIONAL-SOCIAL** -----

Marque por favor la respuesta a estas declaraciones si aplican a este niño actualmente.

	Promedio	Sobre Promedio	Debajo Promedio
Me siento que el desarrollo físico de mi niño está generalmente	_____	_____	_____
..... el desarrollo emocional es	_____	_____	_____
..... el desarrollo mental es	_____	_____	_____
..... la capacidad del habla	_____	_____	_____
..... el trabajo general en la escuela es	_____	_____	_____
..... la capacidad de la lectura es	_____	_____	_____
..... la capacidad en matemática es	_____	_____	_____
..... la capacidad de concentrarse en su trabajo es	_____	_____	_____
..... la coordinación motor- gruesa es	_____	_____	_____
..... la coordinación motor-fina es	_____	_____	_____

¿Alguno de estos términos se aplican a este niño?

<input type="checkbox"/> tímido	<input type="checkbox"/> reacciona fuera de la apropiado	<input type="checkbox"/> sensitivo a la crítica
<input type="checkbox"/> atención corta	<input type="checkbox"/> temeroso	<input type="checkbox"/> agitado
<input type="checkbox"/> Nervioso	<input type="checkbox"/> problemas del comportamiento	<input type="checkbox"/> independiente
<input type="checkbox"/> cariñoso	<input type="checkbox"/> prefiere estar solo	<input type="checkbox"/> irritable
<input type="checkbox"/> torpe	<input type="checkbox"/> berrinches	<input type="checkbox"/> triste
<input type="checkbox"/> no duerme/agitado	<input type="checkbox"/> cambia de modo	<input type="checkbox"/> cualquier tipo de disturbios de dormir
<input type="checkbox"/> impulsivo	<input type="checkbox"/> prefiere la compañía de adultos	<input type="checkbox"/> se frustra fácilmente
<input type="checkbox"/> extremadamente callado	<input type="checkbox"/> organiza y termina tareas	<input type="checkbox"/> agresivo

Televisión: ¿Cuánto tiempo ve TV este niño a diario? _____ (minutos/horas)

¿Qué tipo de TV ve este niño? _____

Juegos de computadora/video: ¿Cuánto tiempo juega este niño diariamente? _____ (minutos/horas)

¿Qué tipo de juegos de vídeo/de computadora juega este niño? _____

Información actual de la salud social:

(Describa por favor si es la respuesta es **NO.**)

Hace a su niño...

. ¿Se lleva bien con otros de la misma edad?	Sí___ No___:	_____
. ¿Se lleva bien con los hermanos/las hermanas?	Sí___ No___:	_____
. ¿Se lleva bien con los padres y otros adultos?	Sí___ No___:	_____
. ¿Asiste a la escuela regularmente?	Sí___ No___:	_____
. ¿Asume responsabilidades en la casa?	Sí___ No___:	_____
. ¿Acepta la disciplina de los padres o de otros adultos?	Sí___ No___:	_____
. ¿Usualmente se comportan de una manera social aceptable?	Sí___ No___:	_____
. Enseña un al asumir sus responsabilidades		
¿Para él/ella misma?	Sí___ No___:	_____

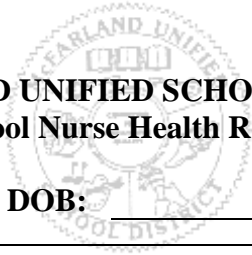
Información de la salud emocional: (Describa por favor si es la respuesta **SÍ**.)

Hace a su niño...

- . ¿Tiene miedos extremos? Sí___ No___: _____
- . Enseña un comportamiento enojado o agresivo? Sí___ No___: _____
- . ¿Actúa muy tímido o aislado? Sí___ No___: _____
- . ¿Tiene cambios extremos del humor? Sí___ No___: _____
- . ¿Tiene dificultad para dormir? Sí___ No___: _____
- . ¿Causa interrupción en casa? Sí___ No___: _____
- . ¿Toma alcohol? Sí___ No___: _____
- . ¿Usa drogas? Sí___ No___: _____
- . ¿Fuma cigarrillos? Sí___ No___: _____
- . ¿Tiene ausencias inexplicadas de la casa? Sí___ No___: _____

¿Ha habido acontecimientos en el hogar que le han molestado (nacimiento o muerte en la familia o los amigos, enfermedad del miembro de la familia, divorcio reciente, separación o evento nupcial,)? _____

Agregue por favor todo lo demás que usted siente que necesitamos saber sobre su niño. Gracias.



MCFARLAND UNIFIED SCHOOL DISTRICT
School Nurse Health Report

Student: _____ DOB: _____ School: _____

Date _____
VISION - Distance Acuity Screen With correction [] Yes [] No
Chart used:
[] Letter Right eye 20/ [] Not able to screen using conventional methods; vision appears grossly normal per observation.
[] "E" Left eye 20/
[] H:O:T:V [] Pass
[] Machine [] Fail/Refer
Comments or observations:

Date _____
HEARING - Pure tone audio sweep at [] 20dB [] 25dB
Right: [] Pass [] Fail [] Fluid [] Wax [] Appears grossly normal
Left: [] Pass [] Fail [] Fluid [] Wax [] Appears grossly normal
[] Unable to screen Refer: [] Yes [] No

HEALTH - Health History Review
List documented health problems? _____
Observations _____
Does the student receive medication at school? [] Yes _____
(list medication, purpose and time of administration)
Medications taken at home _____
(list medication, purpose and time of administration)
Does this student require adaptive equipment or facility adaptation? [] Yes [] No
Is there a need to request medical records? _____ If so, from whom? _____
Comments: _____

School Nurse _____ Date _____

SECTION 504 ACCOMMODATIONS PLANNING GUIDE
Examples of areas and specific accommodations to consider when completing a
Section 504 Accommodation Plan

ADAPTATION OF MATERIALS: Provide		BEHAVIOR MANAGEMENT: Provide	
	Peer to read materials		Clearly defined limits
	Peer to take notes		Frequent reminder of rules
	Peer or small group discussion of materials		Frequent eye contact
	Tape recording of required readings		Private discussion regarding behavior
	Highlighted materials for emphasis		Seating near the teacher
	Altered format of materials (specify)		Opportunity to help teacher
	Study aids/use of manipulatives (specify)		Supervision during transition
	Outlines and study guides		Ignoring of minor infractions
			Implementation of behavior contract
MODIFICATIONS OF INSTRUCTION: Provide			Positive reinforcement
	Shortened, simplified instructions		Emphasis on student's special talents
	Repeated instructions		Secret signal between teacher and student
	Opportunity to repeat instructions		Structured learning environment
	Written instructions		Frequent breaks
	Visual aids (pictures, flash cards, etc.)		
	Auditory aids (cues, tapes, etc.)		ALTERATIONS OF ASSIGNMENTS: Provide
	Instructional aids (specify)		
	Multisensory instruction		Simplified homework assignments
	Extra time for oral response		Reduced assignments
	Extra time for written response		Taped assignments
	"Over learning"		Prioritized assignments
	Exams of reduced length		Extra time for assignments
	Oral exams		Opportunity to respond orally
	Open book exams		Individual contracts
	Written review for exams		Emphasis on major points
	Preview of test questions		Exemption from reading before peers
	Isolated area for independent work		Assistance in class discussion
	Frequent/immediate feedback		Special projects in lieu of assignments
	Checks for understanding		
	Minimize auditory distractions		ENVIRONMENTAL ADAPTATIONS: Provide
	Encourage participation		
	Extended "wait time"		Modified chair/seating
	Computer-aided instruction		Modified lighting
			Changing of air filters

BEHAVIOR

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

NINES TYPES OF CURRICULUM ADAPTATIONS

Quantity * •

Adapt the number of items that the learner is expected to learn or numbers of activities student will complete prior to assessment for mastery.

For example:

Reduce the number of social studies terms a learner must learn at any one time. Add more practice activities or worksheets.

Time *

Adapt the time allotted and allowed for learning, task completion, or testing.

For example:

Individualize a timeline for completing a task; pace learning differently (increase or decrease) for some learners.

Level of Support *

Increase the amount of personal assistance to keep the student on task or to reinforce or prompt use of specific skills. Enhance adult-student relationship, use physical space and environmental structure.

For example:

Assign peer buddies, teaching assistants, peer tutors, or cross-age tutors. Specify how to interact with the student or how to structure the environment.

Input *

Adapt the way instruction is delivered to the learner .

For example:

Use different visual aids, enlarge text, plan more concrete examples, provide hands-on activities place students in cooperative groups, pre-teach key concepts or terms before the lesson.

Difficulty *•

Adapt the skill level, problem type, or the rules on how the learner may approach the work.

For example:

Allow the use of a calculator to figure math problems; simplify task directions; change rules to accommodate learner needs.

Output *

Adapt how the student can respond to instruction.

For Example:

Instead of answering questions in writing, allow a verbal response, use a communication book for some students, allow students to show knowledge with hands on materials.

Participation *

Adapt the extent to which a learner is actively involved in the task.

For example:

In geography, have a student hold the globe, while others point our locations. Ask the student to lead a group. Have the student turn the pages while sitting on your lap. (kindergarten)

Alternate Goals •

Adapt the goals or outcome expectations while using the same materials. When routinely utilized this is only for students with moderate to severe disabilities.

For Example:

In a social studies lesson, expect a student to be able to locate the colors of the states on a map, while others students learn to locate each state and name each capital.

Substitute Curriculum •

Sometimes called "functional curriculum"

Provide different instruction and materials to meet a learner's individual's goals. When routinely utilized, this is only for students with moderate to severe disabilities.

For example:

During a language lesson a student is learning toileting skills and an aide.

- *This adaptation is an accommodation if the student can demonstrate mastery of the standard on an assessment.* The key concept is: will the student ultimately master the same material but demonstrate that mastery is alternate ways or with alternate supports? If standards are not fundamentally or substantially altered, then this adaptation is an accommodation to a learning or performance difference.
- *This adaptation is a modification if the student will not demonstrate mastery of the standard on an assessment.* If routinely utilized, these adaptations are modifications and require individualized goals and assessment.

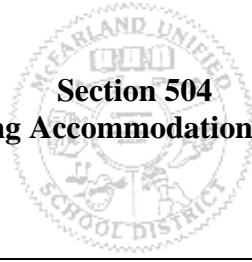
Substantially altered by Diana Browning Wright with permission from Jeff Sprague, Ph.D. from an original by DeSchebenes, C., Ebeling, D., & Sprague, J. (1994). Adapting Curriculum & Instruction in Inclusive Classrooms: A Teachers Desk Reference. ISDD-CSCI Publication.

Diana Browning Wright, *Teaching & Learning 2005*

**MATRIX
OF TEST VARIATIONS, ACCOMMODATIONS & MODIFICATIONS**

Visit the California Department of Education website for a current testing matrix of variations, accommodations and modifications:

<http://www.cde.ca.gov/ta/tg/sr/>



Section 504 Testing Accommodations Form

Student Name: _____

Date: _____

This form is to be used by a student's Section 504 committee in documenting the need for testing accommodations and must be on file with the student's Section 504 Plan. Accommodations are specific for each student and must be on file in the student's folder. Relevant information from this form must be provided to the appropriate test administrator(s). Test security procedures must be strictly adhered to in the administration of NPEP testing for all students. Either Option I or II must be completed.

I. NO ACCOMMODATIONS NEEDED

_____ It is the judgment of the 504 committee that no accommodations are needed for this student. The student will test using standard conditions.

II. ACCOMMODATIONS

The test variations and accommodations listed are from the Matrix of Test Variations, Accommodations, and Modifications for Administration of California Statewide Assessments (October 2007) from the California Department of Education.

Accommodations in the Test Setting (Check only those that apply to this student):

- _____ Test individual student separately, with direct supervision by a test examiner.
- _____ Small group administration (other than regular classroom).
- _____ Administration in an alternative setting will be allowed.

Describe: _____
_____ Provide for special lighting; special or adaptive furniture.

Describe: _____
_____ Provide for test administration in a study carrel or reasonable substitute (noise buffers).
_____ Provide for special acoustics such as an amplifier for verbal instructions.
Describe: _____

Accommodations in Test Scheduling (Check only those that apply to this student):

- _____ Tests administered at a time of day when the student is expected to do his/her best work.
- _____ Extra time on a test within a testing day.
- _____ Test over more than one day for a test or test part to be administered in a single setting.
- _____ Test administered at home or in hospital by a test examiner.
- _____ Supervised breaks within a section of the test.

Describe: _____

Accommodations in Test Administration (Check only those that apply to this student):

- _____ Provide test administration by a specific individual (i.e., guidance counselor, etc.).
Specify: _____

Student will use:

- _____ A visual magnification device.
- _____ An electronic device whose sole function is to enlarge text.
- _____ A mask or colored overlay (circle one) to cover portions of the test.
- _____ Markers to maintain his/her place.
- _____ Large print versions/test items enlarged if font larger than required on large print versions.
- _____ Braille transcriptions provided by the test contractor.

Test administrator or proctor will:

- _____ Use an auditory amplification device to give directions.
- _____ Simplify or clarify the test administration directions (does not apply to test questions).

- _____ Provide directions at the beginning of the test, to the student, in Manually Coded English or ASL.
- _____ Present test questions in Manually Coded English or ASL (*for math only*)
- _____ Read the mathematics test(s) word for word, text only, in English, to the student. **(It is NOT permissible to verbalize, explain, sign, or define mathematical symbols.)**
- _____ Read the science test(s) word for word, text only, in English, to the student. **(It is NOT permissible to verbalize, explain, sign, or define scientific symbols.)**
- _____ Read the writing **prompt** word for word, in English, to the student. **(No help can be given on responding to the prompt, nor may the prompt or any part of it be translated into another language.)**
- _____ Read the history/Social Science **prompt** word for word, in English, to the student. **(No help can be given on responding to the prompt, nor may the prompt or any part of it be translated into another language.)**

IT IS NOT PERMISSIBLE TO READ A READING TEST OR VOCABULARY TEST TO THE STUDENT.

Accommodations in Student Responses (Check only those that apply to this student):

Student will:

- _____ Dictate essay responses orally or in Manually Coded English to a scribe, audio recorder, or speech-to-text converter and the student provides all spelling and language conventions.
- _____ Dictate responses orally or in Manually Coded English or American Sign Language to a scribe, for selected-response items (multiple-choice questions.)
- _____ Use Assistive device that does not interfere with the independent work of the student on the multiple-choice and/or essay responses (writing portion of the test.)
- _____ Mark in test booklet (other than responses) including highlighting.
- _____ Use word processing software with spell and grammar check tools turned off for the essay responses (writing portion of the test). **The use of electronic aids such as spelling, grammar, or hyphenation checks is NOT permitted.**
- _____ Mark responses in test booklet and responses will be transferred to a scorable answer document by an employee or the school or district.

Other Accommodation(s):

Accommodations not listed on this form must be approved in writing by the California Department of Education. Please attach a copy of the approval letter to this form.

Description of accommodation: _____

Coordination of Plans: Behavior Support, Accommodation, and Mental Health Treatment

by Diana Browning Wright

I. BEHAVIOR SUPPORT PLANS

- **IDEA/504** When “Behavior Impedes Learning” of the Student or Peers, or
- **IDEA/504** After a Functional Behavioral for Assessment for suspension past 10 days, involuntary transfer or expulsion recommendation
- **IDEA** To “ensure behavior doesn’t recur (after student has been removed for up to 45 days for drugs, weapons, “dangerousness”), or
- **No Disability** It is best practice for a school team addressing ANY student support need

*Public agency shall ensure...that each teacher and provider is informed of his or her specific responsibilities related to implementing the child’s IEP and the **specific** accommodations, modifications, and **supports** that must be provided for the child in accordance with the IEP.*

IDEA 1997 (300.342 (b) (3))

Considerations in Developing Behavior Support Plans:

- Some data is required, but extensive data collection is typically unnecessary
- Assessment plan required?
 1. **Special Education or 504**
 - ...**Unnecessary** if “based on a review of existing data;” but involve parents and student in the development process
 - ...**Necessary** if new data collected (testing, analysis to determine disability, etc.) develop an assessment plan; involve parents and student in the process
 2. **No Disability**
 - ...**Unnecessary** if no disability is suspected, but involve family and student in development of plan
 - ...**Necessary** if disability is suspected and new data is to be collected (testing, analysis to determine disability, etc.)

Best Practices for Behavior Support Plans:

Assure the plan always addresses both the student/environment match and the reason (function) of the behavior:

- Specify environmental/instructional changes to reduce need to exhibit the behavior and what ‘predicts’ or ‘triggers’ the behavior
- Teach, elicit, and reinforce another behavior that meets the same function
- Specify parties responsible for implementing each component
- Specify coordination with other plans and communication between parties
- Specify reactive strategies all implements will employ when the challenging behavior occurs.

Behavior Support Plans for Whom?

Students who have behaviors impeding their learning or that of others

- If student has an IEP - regular IEP team function to develop BSP, standard parent rights
- If student has a 504 plan - becomes a part of the service plan to ameliorate adverse effects on a major life activity (learning)
- If student receives only general education services - school can elect to provide for any student (optional, but best practice)
- Can be a part of “pre-referral interventions prior to considering special education evaluation” in the student intervention/RTI.

II. ACCOMMODATION PLANS

Accommodation Plans For Whom?

- **IDEA/504** - A student with an identified disability whose IEP team (or 504 team) determines accommodations (not substantially altered standards), and/or modifications (substantially altered standards) are needed to afford equal opportunity to access curriculum in the least restrictive environment.

Public agency shall ensure... that each teacher and provider is informed of his or specific responsibilities related to implementing the child's IEP and the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.

IDEA 1997 (300.342 (b) (3))

- **No Disability** -
 1. School team determines, or teacher independently decides to differentiate instruction, provide accommodations, for ANY of the learner's characteristics. Because there is no disability identified, these adaptations must not substantially alter the standards' (accommodations).
 2. A student intervention planning team specifies pre-referral interventions for special education evaluation - not designed to 'substantially alter the standards'(accommodations).

Best Practices for Accommodation Plans:

- Team developed, minimally intrusive, with least affect on standards.
- District and school system for assuring all providers know an IEP or 504 plan is a legally binding document detailing specifically what must be done, how to grade, how to change the plan if needed
- The accommodations facilitate both effective instruction and effective measurement of content mastery, not the continued measurement of the effects of disability on performance (e.g., a non-reader showing content mastery in history by a paper/pencil test requiring reading and writing demonstrates the effects of the disability, not the knowledge gained)

Difference between Behavior Plans and Accommodation Plans:

- **Behavior Support Plan:** addresses environmental changes and teaching of new behaviors to eliminate the student's use of inappropriate forms of behavior to get their needs met (either the 'getting of something' or the "protest/avoidance/escape" of something)
- **Accommodation Plan:** addresses changes in instructional content, form, delivery, measurement, performance criteria, etc. that reduce effects of the disability on mastery of learning goals and objectives

Similarities between Behavior Plans and Accommodation Plans:

- Both seek to change how the student performs in a school environment
- Both are an IEP team function if the student has an IEP/504 plan, requiring no specific assessments to develop
- Both are an IEP team function if the student does not have an IEP/504 plan
- Both are implemented by teachers and other providers on campus

III. MENTAL HEALTH/BEHAVIORAL HEALTH TREATMENT PLANS

- Treatment plans are developed by a licensed provider to address mental health status, often feelings and thoughts, that may be affecting emotional well-being and concomitant behavior patterns. This can include measurement of change in behavior as a result of interventions.
- Treatment plans are based on assessment with signed informed consent conducted by a licensed provider, with services often provided in a variety of settings to achieve goals
- Treatment plans may include medication management, parent training, and therapies: group, individual, milieu, art, music, play and movement therapies etc.

Similarities between Behavior Plans and Mental Health/Behavioral Health Treatment Plans:

- Address patterns of behavior and long standing difficulties that lesser interventions have not eliminated
- Require coordination between plans and providers with on-going communication

Differences between Behavior Support Plans and Mental Health/Behavioral Health Treatment Plans:

BEHAVIOR SUPPORT PLAN		MENTAL HEALTH/ BEHAVIORAL HEALTH PLANS
Based on analysis of antecedent and consequences in immediate and immediate past to identify “predictors” or “triggers” for the behavior	vs.	Based on analysis of emotional status, psycho-social stressors past and current, DSM-IV diagnoses - the longer range ‘predictors’ or triggers often internalized and removed in time from current settings
Primarily targets the “do” of “think, feel, do” change efforts.	vs.	Primarily targets the “think, feel” of “think, feel, do” change efforts
Change the form of the unacceptable behavior, change the environment to remove need to use the behavior (can include helping student think about his/her behavior)	vs.	Changes how the student feels and thinks in order to change actions; manage medication; assist family with interventions in interagency collaboration
Specific to educational setting to eliminate behaviors impeding learning	vs.	Addresses behaviors interfering with emotional/mental well-being in any environment, including home, school, community, workplace
Specifically states what school personnel should do to support the student at school and how to communicate with all implementers and stakeholders	vs.	States goals and objectives for the student, nature of the problem. Does not always state how school personnel should support the student in the classroom.
Broad definition of who requires	vs.	Narrower definition of who requires (if school is funding)
Ongoing communication between service providers at school without permission for communication	vs.	Informed consent necessary confidentiality rules between agencies.

Method of Coordinating All Plans

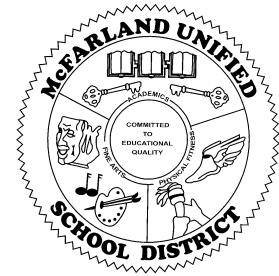
- **Action Planning** for all three plans: An IEP team appointed case manager is necessary with assigned contact dates and system for contacting, documenting, communicating with all implementers (including designated mental health providers) and family. Remember confidentiality and necessary for informed consent.
- **Measure student progress** on all three plans through goals and objectives reporting “at least as often as is reported for student without disabilities.”
- **Develop written forms** for all three plans which specifically reference other plans in effect.
- **Develop** “memorandum of understanding” between agencies when interagency collaboration is in effect (e.g., Systems of Care) to facilitate information sharing.

APPENDIX I

BOARD POLICY & ADMINISTRATIVE REGULATIONS

McFarland Unified School District

Board Policy



BP 6164.6
Instruction

Identification And Education Under Section 504

The Governing Board recognizes the need to identify and evaluate children with disabilities in order to provide them with the services required by law.

The district shall provide a free appropriate public education to students who reside within the district and who are classified as disabled under Section 504 of the federal Rehabilitation Act of 1973. Such students shall receive regular or special education and related aids and services designed to meet their individual educational needs as adequately as the needs of nondisabled students are met. (34 CFR 104.33)

(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 0430 - Comprehensive Local Plan for Special Education)
(cf. 5141.24 - Administering Medication and Monitoring Health Conditions)
(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))
(cf. 6164.4 - Identification and Evaluation of Individuals for Special Education)

Legal Reference:

EDUCATION CODE

49423.5 Specialized physical health care services

CODE OF REGULATIONS, TITLE 5

3051.12 Health and Nursing Services

UNITED STATES CODE, TITLE 20

1232g Family Educational Rights and Privacy Act of 1974

1400-1482 Individuals with Disabilities Education Act

UNITED STATES CODE, TITLE 29

794 Rehabilitation Act of 1973, Section 504

CODE OF FEDERAL REGULATIONS, TITLE 34

104.1-104.61 Nondiscrimination on the basis of handicap, especially:

104.1 Purpose to effectuate Section 504 of the Rehabilitation Act of 1973

104.3 Definitions

104.33 Free appropriate public education

104.35 Evaluation and placement

104.36 Procedural safeguards

COURT DECISIONS

Christopher S. v. Stanislaus County Office of Education, (2004) 384 F.3d 1205

Management Resources:

CSBA PUBLICATIONS

Rights of Students with Diabetes Under IDEA and Section 504, Policy Brief, November 2007

CALIFORNIA DEPARTMENT OF EDUCATION LEGAL ADVISORIES

Legal Advisory on Rights of Students with Diabetes in California's K-12 Public Schools, August 2007

U.S. DEPARTMENT OF EDUCATION OFFICE FOR CIVIL RIGHTS PUBLICATIONS

Free Appropriate Public Education for Students with Disabilities: Requirements under Section 504 of the Rehabilitation Act of 1973, July 1999

WEB SITES

CSBA: <http://www.csba.org>

California Department of Education: <http://www.cde.ca.gov>

U.S. Department of Education, Office for Civil Rights:

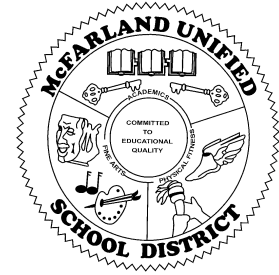
<http://www.ed.gov/about/offices/list/ocr/index.html?src=mr>

Policy McFARLAND UNIFIED SCHOOL DISTRICT

adopted: February 12, 2008 McFarland, California

McFarland Unified School District

Administrative Regulation



AR 6164.6
Instruction

Identification And Education Under Section 504

Definitions

Eligibility for services under Section 504 of the federal Rehabilitation Act of 1973 means a student has any of the following conditions: (34 CFR 104.3)

1. A physical or mental impairment which substantially limits one or more major life activities
2. Has a record or history of such impairment
3. Is regarded as having such impairment because he/she:
 - a. Has a physical or mental impairment that does not substantially limit a major life activity but is treated by the district as having such a limitation (e.g., a student who has scarring, a student who walks with a limp)
 - b. Has a physical or mental impairment that substantially limits a major life activity only as a result of the attitudes of others towards such impairment (e.g., a student who has scarring or disfigurement)
 - c. Has no physical or mental impairment but is treated by the district as having such an impairment (e.g., a student who tests positive with the HIV virus but has no physical effects from it)

Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. (34 CFR 104.3)

Physical or mental impairment means any of the following: (34 CFR 104.3)

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal, special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitourinary; hemic and lymphatic; skin; and endocrine
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities

District Coordinator for Implementation of Section 504

The district has designated the following individual to coordinate its efforts to comply with the requirements of law, Board policy, and administrative regulation pertaining to the implementation of Section 504: (34 CFR 104.7)

Director of Curriculum and Instruction

601 Second St.

McFarland, CA 93250

(661) 792-3081

(cf. 1312.3 - Uniform Complaint Procedures)

(cf. 5145.3 - Nondiscrimination/Harassment)

Referral, Identification, and Evaluation

1. Any student may be referred by a parent/guardian, teacher, other school employee, student success team, or community agency for consideration of eligibility as a disabled student under Section 504. This referral may be made to the principal or 504 Coordinator.

(cf. 6164.5 - Student Success Teams)

2. Upon receipt of a referral for eligibility, the principal or designee shall promptly convene a meeting of a multi-disciplinary 504 team to consider the referral and determine whether an evaluation of the student is appropriate.

The 504 team shall consist of a group of persons knowledgeable about the student, the meaning of the evaluation data, and the placement options. (34 CFR 104.35)

The team's determination shall be based on a review of the student's school records, including academic and nonacademic areas of the school program; consultation with the student's teacher(s), other professionals, and the parent/guardian, as appropriate; and analysis of the student's needs.

Prior to conducting an evaluation of a student for eligibility under Section 504, the district shall obtain written parent/guardian consent.

If the 504 team determines that an evaluation is unnecessary, it shall inform the parents/guardians of this decision and of the procedural safeguards as described below.

3. If the team believes that a student needs or is believed to need special education or related services under Section 504, the district shall conduct an evaluation of the student prior to initial placement and before any significant change in placement. (34 CFR 104.35)

The district's evaluation procedures shall ensure that tests and other evaluation materials: (34 CFR 104.35)

a. Have been validated and are administered by trained personnel in conformance with the instruction provided by the test publishers

b. Are tailored to assess specific areas of educational need and are not based solely on a single IQ score

c. Reflect aptitude or achievement or whatever else the tests purport to measure and do not reflect the student's impaired sensory, manual, or speaking skills unless the test is designed to measure these particular deficits

4. In interpreting evaluation data and making placement decisions, the team shall draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior. The team shall also ensure that information obtained from all such sources is documented and carefully considered and that the placement decision is made in conformity with 34 CFR 104.34. (34 CFR 104.35)

Accommodation Plan and Placement

1. If, upon evaluation, a student is determined to be eligible for services under Section 504, the 504 team shall meet to develop a written accommodation plan which shall specify placement, accommodations, and supplementary aids and services necessary to ensure that the student receives a free appropriate public education.

The parents/guardians shall be invited to participate in the meeting and shall be given an opportunity to examine all relevant records.

2. If the 504 team determines that no services are necessary for the student, the record of the committee's meeting shall reflect the identification of the student as a disabled person under Section 504 and shall state the basis for the decision that no special services are presently needed.

3. The student shall be placed in the regular educational environment, unless the district can demonstrate that the education of the student in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. The student shall be educated with those who are not disabled to the maximum extent appropriate to his/her individual needs. (34 CFR 104.34)

4. The district shall complete the identification, evaluation, and placement process within a reasonable time frame.

5. A copy of the student's accommodation plan shall be kept in his/her student record. The student's teacher, and any other staff who provide services to the student, shall be informed of the plan's requirements.

(cf. 5125 - Student Records)

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

Review and Reevaluation

1. The 504 team shall monitor the progress of the student and the effectiveness of the student's plan to determine whether the services are appropriate and necessary and whether the student's needs are being met as adequately as the needs of nondisabled students. The team shall review the student's accommodation plan annually. In addition, the student's eligibility under Section 504 shall be reevaluated at least once every three years.

2. A reevaluation of the student's needs shall be conducted before any subsequent significant change in placement. (34 CFR 104.35)

(cf. 5144.1 - Suspension and Expulsion/Due Process)

(cf. 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities))

Procedural Safeguards

Parents/guardians shall be notified in writing of all district decisions regarding the identification, evaluation, or educational placement of students with disabilities or suspected disabilities. Notifications shall include a statement of their right to: (34 CFR 104.36)

1. Examine relevant records

2. Have an impartial hearing with an opportunity for participation by the parents/guardians and their counsel

3. Have a review procedure

(cf. 5145.6 - Parental Notifications)

Notifications shall also detail the parent/guardian's right to file a grievance with the school district over an alleged violation of Section 504 regulation; right to have an evaluation that draws on information from a variety of sources; right to be informed of any proposed actions related to eligibility and plan for services; right to receive all information in the parent/guardian's native language and primary mode of communication; right to periodic reevaluations and an evaluation before any significant change in program/service modifications; right to an impartial hearing if there is a disagreement with the school district's proposed action; right to be represented by counsel in the impartial hearing process; and right to appeal the impartial hearing officer's decision.

If a parent/guardian disagrees with the identification, evaluation, or educational placement of his/her child under Section 504, he/she may initiate the following procedures:

1. Within 30 days of receiving the accommodation plan, file a written complaint with the 504 Coordinator detailing his/her disagreement and request that the 504 team review the plan in an attempt to resolve the disagreement. This review shall be held within 14 days of receiving the parent/guardian's request and the parent/guardian shall be invited to attend the meeting at which the review is conducted.

2. If disagreement continues, request in writing that the Superintendent or designee review the plan. This review shall be held within 14 days of receiving the parent/guardian's request, and the parent/guardian shall be invited to meet with the Superintendent or designee to discuss the review.

3. If disagreement continues, request in writing a Section 504 due process hearing. The request shall include:

a. The specific nature of the decision with which the parent/guardian disagrees

b. The specific relief the parent/guardian seeks

c. Any other information the parent/guardian believes pertinent

Within 30 days of receiving the parent/guardian's request, the Superintendent or designee and 504 Coordinator shall select an impartial hearing officer. This 30-day deadline may be extended for good cause or by mutual agreement of the parties.

The 504 Coordinator shall maintain a list of impartial hearing officers who are qualified and willing to conduct Section 504 hearings. To ensure impartiality, such officers shall not be employed by or under contract with the district in any capacity other than that of hearing officer and shall not have any professional or personal involvement that would affect their impartiality or objectivity in the matter.

Within 45 days of the selection of the hearing officer, the Section 504 due process hearing shall be conducted and a written decision mailed to all parties. This 45-day deadline may be extended for good cause or by mutual agreement of the parties.

Any party to the hearing shall be afforded the right to:

1. Be accompanied and advised by counsel and by individuals with special knowledge or training related to the problems of students who are qualified as disabled under Section 504
2. Present written and oral evidence
3. Question and cross-examine witnesses
4. Receive written findings by the hearing officer

If desired, either party may seek a review of the hearing officer's decision by a federal court of competent jurisdiction.

Notifications

The Superintendent or designee shall ensure that the district has taken appropriate steps to notify students and parents/guardians of the district's duty under Section 504. (34 CFR 104.32)

Regulation **McFARLAND UNIFIED SCHOOL DISTRICT**
approved: February 12, 2008 McFarland, California