

**WAKULLA COUNTY  
SCHOOL BOARD**

**504  
PLAN**

**Revised  
2009**

**WAKULLA COUNTY SCHOOL BOARD**  
**Section 504**  
**General Procedures for All Disabilities**

The intent of the districts' Section 504 Plan is to guarantee that all qualified individuals with disabilities a free and appropriate public education which consists of regular or special education and related aids and services that are designed to meet the individual educational needs of qualified persons with disabilities as adequately as the individual education needs of other persons are met.

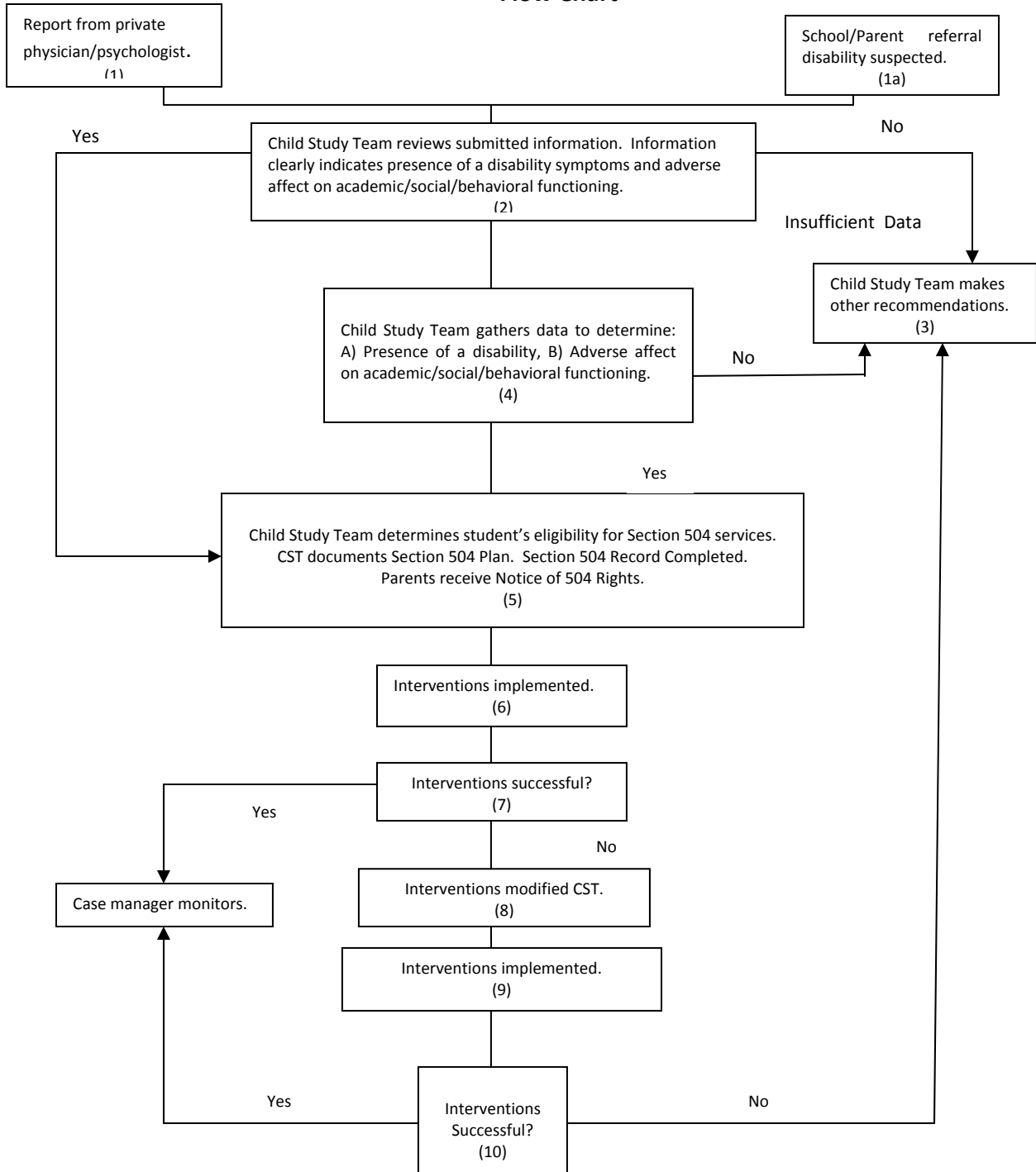
- (1) Parents, teachers and private practitioners, may submit their reports and/or referrals for review to the Child Study Team (CST).
- (2) All referrals and private evaluations are reviewed by the CST on a case by case basis. The CST may elect to consider the following options:
  - a. consider a student eligible for Section 504 services based solely on a private evaluation and/or other supportive data (e.g. review of records, etc.);
  - b. decide to make other recommendations if the information does not support a disability which substantially limits a major life activity (i.e., academic/social/behavioral functioning);
  - c. the CST collects data to confirm for a suspected disability.
- (3) Child Study Team makes other recommendations.
- (4) The CST collects information utilizing a multidisciplinary team approach. This information determines the presence of a disability as well as the adverse affect the disorder has on a student's academic, social and behavioral functioning. The CST determines what screening instruments will be utilized and then shares the responsibility for collecting this information. If data does not support a Section 504 Plan, other recommendations may be forthcoming at this time.
- (5) The CST multidisciplinary team concurs that the result of the student's assessment suggests a disability exists that substantially limits a major life activity (e.g., academic, social/behavioral functioning) and determines the student eligible for Section 504 services.

If the student is considered a candidate for Section 504 services, the teacher(s), parents, and support professionals collaborate in planning accommodation strategies. These accommodations are documented on a Section 504 Accommodation Plan. Finally, a person is assigned from the school staff (e.g., counselor, administration, team leader, etc.) to monitor the student's progress. The school is responsible for completing the Section 504 Accommodation Record form and setting timelines for implementing and monitoring the accommodations.

Parents receive copies of the Section 504 Accommodation Plan and the Section 504 Accommodation Record forms, along with a formal Notice of the Rights afforded to them by Section 504 of the Rehabilitation Act of 1973.

- (6) Teacher(s), parent, support professionals will participate directly in implementing the accommodations. Support professionals remain accessible to the teacher/parent and offer additional suggestions as necessary.
- (7) The effectiveness of the accommodations is evaluated by the assigned person from the school staff (e.g., counselor, administrator, team leader, etc). If the accommodations need to be modified or redesigned, the case is resubmitted to the CST.
- (8) If the accommodations have proven ineffective, the CST makes other recommendations (i.e., remedial education, Drop Out Prevention classes, schedule changes, alternative education, psychoeducational screening/evaluation).

**WAKULLA COUNTY SCHOOL BOARD**  
**Section 504**  
**General Procedures for All Disabilities**  
**Flow Chart**



**WAKULLA COUNTY SCHOOL BOARD  
Section 502/ADA**

**Documentation Packet Checklist**

**Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 504/ADA Liaison:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Please complete this form and attach it to the front of the referral packet. Attach the required forms, in the order presented below, and submit to: **School Personnel***

**Note:** *It is the responsibility of the school to determine that the student meets eligibility, that all documentation is available, and that interventions and strategies are appropriate. Review of this packet is intended only to verify the presence of required documentation.*

Prior to referral to Child Study Team (CST), teacher(s) must have documented parent/guardian contacts regarding learning difficulties. Teacher(s) and parent/guardian should have agreed on strategies and interventions for implementation. Implementation results must be documented. If strategies and interventions were ineffective, then a referral is made to CST.

<b>Date</b>	<b>Required Forms</b>
_____	1. Referral to CST form ( <i>school form</i> )
_____	2. Notification Letter to Parent/Guardian <i>(Note: Must receive parent/guardian consent prior to screening/evaluation)</i>
_____	3. Referral to CST for Section 504/ADA Eligibility/Ineligibility <i>(Note: If student is determined Section 504/ADA ineligible, then only this page is completed.)</i>
_____	4. Parent Conference Notice <i>(Note: If ADHD is suspected, then include the ADHD Rating Scale – Teacher and Parent Form. It is the responsibility of the parent/guardian to complete the parent conference school form and return it to the school.</i>
_____	5. Academic/Social/Behavioral Information ( <i>completed by student's teacher(s), as needed</i> ) <i>(Note: If ADHD is suspected, then include the ADHD Rating Scale – Teacher and Parent Form.)</i>
_____	6. Section 504/ADA Determination <i>(Note: If student is determined Section 504/ADA eligible, then the Referral Form and this form must be completed.)</i>
_____	7. Section 504/ADA Accommodation Plan

- The student's Section 504/ADA Accommodation Plan should be reviewed at least annually or when changes are needed. Parents may request a review at any time.
- Reevaluation is required at least every three (3) years.
- Parent/Guardian has the right to file a grievance. The District's Grievance procedures must be followed.

**WAKULLA COUNTY SCHOOL BOARD**  
**Section 504/ADA**  
**NOTIFICATION LETTER TO PARENT**  
**CONSENT FOR EVALUATION**

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

To the Parent/Guardian of: \_\_\_\_\_

As part of our efforts to help improve your child's classroom performance, I have asked members of our Child Study Team to collect and review information on your child's learning and behavior. The teacher(s), guidance counselor, school psychologist, and other staff members may be involved in observations, interviews, administration of behavior checklist, and other data collection activities. Once the information has been reviewed, we will be meeting with you to discuss our intervention strategies. If you have any questions, please contact:

\_\_\_\_\_

Section 504/ADA Liaison

\_\_\_\_\_

School

\_\_\_\_\_

Phone Number

**RIGHTS AFFORDED BY SECTION 504 OF THE**  
**REHABILITATION ACT OF 1973/AMERICANS WITH DISABILITIES ACT**

Federal law requires that you be advised of your rights. The intent of the law is to keep you fully informed concerning decisions about your child and your options should you disagree with any decisions regarding your child's education.

**You have the right to:**

1. Have your child take part in, and receive benefits from a free appropriate public education program, including nonacademic and extra-curricular activities without discrimination because of his/her disabling condition(s);
2. Have your child receive services and be educated in facilities which are comparable to those provided to nondisabled students;
3. Receive notice of decisions regarding your child and examine all relevant records relating to identification, evaluation, or placement of your child;
4. Have evaluation, educational, and placement decisions made based on a variety of information sources, and by persons who know the student and who are knowledgeable about the evaluation data and placement options;
5. Have transportation provided to and from an alternative placement setting (*if the setting is a program not operated by the district*) at no greater cost to you than would be incurred if the student were placed in a program operated by the district;
6. Request mediation or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program, or placement (*You and your child may take part in the hearing and be represented by counsel. Hearing requests must be made to your superintendent of schools.*);
7. File a local grievance. The **Informal Grievance Filing Forms** may be acquired from the School Personnel, or the Student Services Coordinator. Forms may be submitted to the school principal, or Student Services Coordinator. The person in your district responsible for assuring that the district complies with Section 504/ADA is: **Tanya English, Executive Director of ESE/Student Services, who may be reached at (850) 926-0065**

**Parent Consent**

**Please provide your consent for us to accomplish this screening/evaluation by indicating your decision, providing your signature (below) and returning this form to your Section 504 School Liaison.**

Student: \_\_\_\_\_

\_\_\_\_\_ Yes, I consent to the proposed screening/evaluation, if determined necessary.

\_\_\_\_\_ No, I do not consent to the proposed screening/evaluation.

Comments: \_\_\_\_\_

Copies to: Parent and Section 504 Liaison

WAKULLA COUNTY SCHOOL BOARD  
Section 504/ADA

REFERRAL TO CHILD STUDY TEAM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade, Team or Subject: \_\_\_\_\_ Sex: \_\_\_\_\_

C.A.: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Parents: \_\_\_\_\_ Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

1. State reason for referral: \_\_\_\_\_  
\_\_\_\_\_

2. State suspected/known physical or mental condition: \_\_\_\_\_  
\_\_\_\_\_

3. How does the condition adversely affect educational performance? \_\_\_\_\_  
\_\_\_\_\_

4. Additional information including any interventions and outcomes to date: \_\_\_\_\_  
\_\_\_\_\_

Persons to be contacted for CST meeting:

Section 504/ADA Liaison     Teacher     Parent     ESE Coordinator     Other  
 School Psychologist     LEA     Guidance     School Nurse     Other

The CST will meet on: \_\_\_\_\_ at \_\_\_\_\_ to develop a Section 504/ADA Plan.  
*Date* *Time*

PLAN OF ACTION

**Ineligible 504/ADA**

Current information indicates that this student is **not** a Section 504/ADA disabled individual because:

The student does not exhibit a Section 504/ADA disability, **OR**

The student does not exhibit a substantial limitation in learning and/or other major life activity.

Alternative Actions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eligible 504/ADA**

The reports support that this student has a Section 504 eligible disability, **AND**

The student exhibits a substantial limitation in learning and/or other major life activity.

**WAKULLA COUNTY SCHOOL BOARD**  
**Section 504/ADA**

**Parent Conference Notice**

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

Dear \_\_\_\_\_:  
*Name of Parent*

You are invited to attend a conference for your son/daughter \_\_\_\_\_  
*Name of Student*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Date Time Place*

The purpose of this meeting is to:

- \_\_\_\_\_ Review your child's records and determine whether he/she is eligible for a Section 504/ADA Plan or any other assistance. If eligible, a Section 504/ADA Plan will be developed at this time.
- \_\_\_\_\_ Review and update your child's Section 504/ADA Plan.
- \_\_\_\_\_ Other: \_\_\_\_\_

The following persons are invited to this conference:

- |                              |                          |                    |
|------------------------------|--------------------------|--------------------|
| _____ 504/ADA School Liaison | _____ Teacher (s)        | _____ Parent(s)    |
| _____ School Psychologist    | _____ Guidance Counselor | _____ School Nurse |
| _____ OT/PT                  | _____ LEA                | _____ Other        |

We look forward to having you participate in this meeting. If you have any questions, please call me at: \_\_\_\_\_  
*Phone*

Sincerely,

Section 504/ADA Liaison



<input type="checkbox"/>	Yes, I will attend at the scheduled time.
<input type="checkbox"/>	No, I cannot attend at this time. Please contact me at <i>(Phone Number)</i> _____ to reschedule meeting.
<input type="checkbox"/>	No, I cannot attend at any time. Please hold the meeting without me.
<input type="checkbox"/>	Other: _____

\_\_\_\_\_  
*Signature of Parent, Guardian, or Surrogate Parent*

\_\_\_\_\_  
*Date*

**NOTICE TO PARENTS  
RIGHTS AFFORDED BY SECTION 504 OF THE  
REHABILITATION ACT OF 1973/AMERICANS WITH DISABILITIES ACT**

Federal law requires that you be advised of your rights. The intent of the law is to keep you fully informed concerning decisions about your child and your options should you disagree with any decisions regarding your child's education.

**You have the right to:**

1. Have your child take part in, and receive benefits from a free appropriate public education program, including nonacademic and extra-curricular activities without discrimination because of his/her disabling condition(s);
2. Have your child receive services and be educated in facilities which are comparable to those provided to nondisabled students;
3. Receive notice of decisions regarding your child and examine all relevant records relating to identification, evaluation, or placement of your child;
4. Have evaluation, educational, and placement decisions made based on a variety of information sources, and by persons who know the student and who are knowledgeable about the evaluation data and placement options;
5. Have transportation provided to and from an alternative placement setting *(if the setting is a program not operated by the district)* at no greater cost to you than would be incurred if the student were placed in a program operated by the district.
6. Request mediation or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program, or placement *(You and your child may take part in the hearing and be represented by counsel. Hearing requests must be made to your superintendent of schools.)*
7. File a local grievance. The **Informal Grievance Filing Forms** may be acquired from the School's Representative or Coordinator of Student Services. Forms may be submitted to the school Principal, Coordinator of Student Services.

The person in your district responsible for assuring that the district complies with Section 504/ADA is:

**Tanya English  
Executive Director of ESE/Student Services  
(850) 926-0065**

**WAKULLA COUNTY SCHOOL BOARD**  
**ADHD Rating Scale**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

<b>Section I: Attention</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
1. Does not attend to details, or makes careless mistakes.				
2. Does not sustain attention to tasks.				
3. Does not seem to listen when spoken to directly.				
4. Does not follow through on instructions; fails to finish schoolwork or chores. (Not due to oppositional behavior, or failure to understand instructions.)				
5. Seems disorganized.				
6. Avoids or dislikes tasks requiring sustained mental effort.				
7. Loses things necessary for tasks or activities, e.g., toys pencils, or books etc.				
8. Is easily distracted by extraneous stimuli.				
9. If often forgetful in daily activities.				
<b>Section II: Behavior</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
1. Fidgets with hands or feet or squirms in seat.				
2. Leaves seat in situations where remaining seated is expected.				
3. Runs about or climbs in inappropriate situations. (If verbally restrained, acts "restless.")				
4. Has difficulty planning or engaging in leisure activities in a quiet manner.				
5. Is "on the go," acts as if "driven by a motor."				
6. Talks excessively				
7. Blurts out answers before questions are complete.				
8. Has difficulty waiting for his/her turn.				
9. Interrupts or intrudes on others, e.g., "butts in."				

Please return this rating scale to: \_\_\_\_\_, Guidance

**WAKULLA COUNTY SCHOOL BOARD**  
**Academic/Social/Behavioral Information**  
**Elementary**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please complete this form and return to: \_\_\_\_\_ by: \_\_\_\_\_

*Please rate this student compared to others in your class of similar ability and cultural background.*

**ACADEMIC PERFORMANCE**

Overall Rating:      \_\_\_ Excellent      \_\_\_ Satisfactory      \_\_\_ Unsatisfactory      \_\_\_ Failing

**PRODUCTIVITY: Rate only if they apply to your grade/subject.**

1=Hardly Ever

2=Sometimes

3=Frequently

4=Almost Always

	1	2	3	4
Contributes to large group discussion				
Contributes to small group discussion				
Follows directions without prompting				
Keeps place in book/materials during directed lesson				
Keeps track of supplies needed for task				
Finishes directed work done as a group				
Finishes independent work within assigned time				
Completes work carefully				
Turns in classwork he/she finishes				
Turns in legible work				
Completes assigned homework				
Takes tests carefully				
Compares favorably in overall productivity with average students in class.				

**Scoring: Majority of ratings in columns 1 & 2 suggest significant productivity problems.**

**SOCIAL/BEHAVIORAL FUNCTIONING**

Overall Rating:      \_\_\_ Excellent      \_\_\_ Satisfactory      \_\_\_ Unsatisfactory

	1	2	3	4
Demonstrates disruptive behavior in classroom				
Repeatedly involved in disciplinary infractions in the school setting				
Rejected or ignored by peers				
Demonstrates poor peer relationships due to difficulty reading and responding to social cues				
Repeatedly receives poor grades for citizenship				

**Scoring: Majority of ratings in columns 3 & 4 suggest significant social/behavioral problems.**

Check the following area(s) that are affected by this student's difficulties:

\_\_\_\_\_ Grades      \_\_\_\_\_ Social/Behavioral Functioning      \_\_\_\_\_ Productivity      \_\_\_\_\_ None

**WAKULLA COUNTY SCHOOL BOARD**  
**Academic/Social/Behavioral Information**  
**Middle/High**

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

\_\_\_\_\_ please complete this form on: \_\_\_\_\_  
*(Teacher)* *(Student's Name)*

And return it to: \_\_\_\_\_ by: \_\_\_\_\_  
*(Section 504/ADA Liaison)* *(Date)*

Subject *(Circle One)*: Math; Reading; Language Arts; Science; Social Studies; Other: \_\_\_\_\_

**ACADEMIC PERFORMANCE**

Overall Rating:    \_\_\_ Excellent            \_\_\_ Satisfactory            \_\_\_ Unsatisfactory            \_\_\_ Failing

WEAK	AVERAGE	STRONG	ACADEMIC FUNCTIONS
			Written language
			Handwriting
			Vocabulary and expression
			Math concepts
			Reading comprehension
			Spelling
			Memory
			Other:

Comments: \_\_\_\_\_

Current Interventions: \_\_\_\_\_

**PRODUCTIVITY & BEHAVIORAL FUNCTIONING**

Overall Rating:    \_\_\_ Excellent            \_\_\_ Satisfactory            \_\_\_ Unsatisfactory

WEAK	AVERAGE	STRONG	BEHAVIOR
			Concentration on tasks
			Organization
			Completes tests on time
			Is careful and checks work
			Relationship to peers
			Follows class rules
			Follows Directions
			Test-taking skills
			Perseveres on task
			Other:

Comments: \_\_\_\_\_

Current Interventions: \_\_\_\_\_

EXCUSED ABSENCES:    \_\_\_ Rarely    \_\_\_ Less than once/month    \_\_\_ More than one/month    \_\_\_ More than once/week  
 TRUANCY OR  
 SKIPING CLASS:    \_\_\_ In past    \_\_\_ Never    \_\_\_ Less than once/month    \_\_\_ More than once/month    \_\_\_ Once a week or more

**WAKULLA COUNTY SCHOOL BOARD  
SECTION 504/ADA  
DETERMINATION OF SECTION 504 DISABLING CONDITION**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Directions: Check all that apply in Sections A, B, and C.**

A. The eligibility determination is based on:

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Information<br><input type="checkbox"/> Behavioral Checklist(s)<br><input type="checkbox"/> Behavioral Observations(s)<br><input type="checkbox"/> Behavior Management Records<br><input type="checkbox"/> Change in Instructional Methods<br><input type="checkbox"/> Tests, Records, Reports<br>Specify Type, date _____<br>_____ | <input type="checkbox"/> Change in Instructional Level<br><input type="checkbox"/> Parent Conference<br><input type="checkbox"/> Academic Tests (S.A.T., etc.)<br><input type="checkbox"/> Current Grades<br><input type="checkbox"/> Chapter I Data<br><input type="checkbox"/> Other Factors _____<br>_____ |
|--|---|

B. The student:

- Has a physical or mental condition: \_\_\_\_\_  
 Does not have a physical or mental condition *(Complete C if student has a physical or mental condition)*

C. The impairment substantially limits one or more of the student's major life activities that affect education as indicated: \_\_\_\_\_

**Directions: Check the appropriate response(s) to D, E, and F.**

- D. The committee has determined that the student  **does** or  **does not** have a disability, exclusively under Section 504 of the *Rehabilitation Act of 1973*.
- E. The committee  **does recommend** or  **does not recommend** further referral for possible Exceptional Student Education placement, related aids, and services. *(Refer to Child Study Team.)*
- F. The committee  **does recommend** or  **does not recommend** modifications in the  
 regular classroom     alternative classroom     lunchroom  
 school building     school yard     other

*Recommendations of modifications are documented on the Section 504 Accommodation Plan.*

**Signatures:**

504/ADA School Liaison:	Guidance Counselor:
Parent:	Parent:
School Psychologist:	LEA:
School Nurse:	Student Services Coordinator:
Teacher:	Teacher:
Other:	Other:

**Copies to: Parent, School, District**

**WAKULLA COUNTY SCHOOL BOARD**  
**Section 504/ADA Plan**  
**Accommodation Plan**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Section 504/ADA Liaison: \_\_\_\_\_ Phone: \_\_\_\_\_

Review Date: \_\_\_\_\_ (To be determined by CST)      Reevaluation Date: \_\_\_\_\_ (Three years from initiation date)

1. Specify the name of the Section 504 disability: \_\_\_\_\_  
 \_\_\_\_\_
  
2. Describe how the disability affects academic, social/emotional, and/or physical performance: \_\_\_\_\_  
 \_\_\_\_\_

The Child Study Team/Intervention Assistance Team has reviewed the files of the above named student and has concluded that he/she meets the classification as a qualified disabled individual under Section 504/ADA. The intent of the Section 504/ADA Plan is to guarantee all qualified individuals with disabilities a free and appropriate public education, which consists of regular or special education and related aids and services that are designed to meet the individual educational needs of qualified persons with disabilities as adequately as the individual educational needs of other, non-disabled persons.

Area(s) of Student's Difficulty	Subjects	Accommodations (include checklist)	Starting Date	Person(s) Responsible For Accommodations	Outcome(s)

Comments: (medical, special behavioral/discipline, transportation, other) \_\_\_\_\_

504/ADA School Liaison:	Guidance Counselor:	School Psychologist:
LEA:	Parent:	Parent:
School Nurse:	Coordinator of Student Services:	Teacher:
Teacher:	Other:	Other:

**WAKULLA COUNTY SCHOOL BOARD**  
**Section 504 Re-Evaluation Form**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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Reason(s) for Re-evaluation:

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Outcomes of Existing Accommodations:

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- Committee reviewed records including Section 504 Accommodation Plan.
- Committee recommends change in program.
- Continue accommodations on existing Section 504 Accommodation Plan.
- Modify existing Section 504 Accommodation Plan.
- Student meets IDEA referral criteria at this time.
- Student does not meet eligibility requirements for a Section 504 Accommodation Plan at this time.

Comments:

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***Signatures:***

504/ADA School Liaison	Guidance Counselor
Parent	Parent
School Psychologist	LEA
School Nurse	Coordinator of Student Services
Teacher	Teacher
Other	Other

**WAKULLA COUNTY SCHOOL BOARD  
SECTION 504 OF THE REHABILITATION ACT OF 1973/AMERICANS  
WITH DISABILITIES ACT**

**Informal Grievance Procedures**

**1. DISAGREEMENT BETWEEN PARENT AND SCHOOL**

- A. Initial concerns regarding a student are handled between the Parent(s) and Teacher(s).
- B. Next, the Section 504/ADA School Liaison designee will consult in regard to screening/evaluation procedures and specific requirements under Section 504.
- C. The next step involves a meeting with the Child Study Team, a School Administrator and the Section 504/ADA School Liaison designee. The School Principal will provide a written response to the Parent's request.
- D. If the Parent(s) and School exhaust all negotiating options, then Section 2(a) is complete.

**2. DISTRICT SECTION 504 FACILITATOR**

- A. The District Section 504 Facilitator/Coordinator of Student Services assists the School and Parent(s) in defining the Section 504 rules and regulations as they apply to the case. At the school level, the District Section 504 Facilitator acts as a mediator and helps the school and Parent(s) consider and/or develop alternatives to the issue. A written response will be provided to the Parent(s).
- B. If the District Section 504/Facilitator, Parent(s) and School exhaust all negotiating options, then Section 3(a) is completed.

**3. DISTRICT SECTION 504 REVIEW COMMITTEE**

- A. If an impasse continues, a District Level Team including the Director of Instructional Services, Coordinator of Student Services, and School Representative may convene to review the case and direct its recommendations to the Superintendent and School Board Attorney. The parent must make a written request for review by the District Level Team. The team will provide a written response to the parent request.

**4. FORMAL HEARING**

- A. The Parent(s) and/or District may request mediation from the Department of Education.
- B. The Parent may request a hearing conducted by a Hearing Officer from the Division of Administrative Hearings, Department of Administration.







**WAKULLA COUNTY SCHOOL BOARD  
Section 504/ADA**

**IMPORTANT NOTICE**

This Grievance Resolution Notice is due back to the grievant within fifteen (15) days of receipt of the **Informal Grievance Filing Form**. Prior to sending the **Informal Grievance Resolution Notice** to the grievant the Principal **must** submit this document for review to:

**Coordinator of Student Services**

\_\_\_\_\_  
*Signature of Person Receiving Grievance Resolution Notice*

\_\_\_\_\_  
*Date Received*

If you are not in agreement with the decision, or want further clarification, contact:

\_\_\_\_\_  
*Principal*

at

\_\_\_\_\_  
*School Telephone*

***The School Board of Wakulla County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender, national origin, marital status, race, religion, or sexual orientation.***

**Copies to: Principal, Grievant, Student Services Office**

# **GRIEVANCE PROCEDURES**

**GRIEVANCE PROCEDURES**  
**SECTION 504 OF THE REHABILITATION ACT OF 1973**

**(1) DISAGREEMENT BETWEEN PARENT AND SCHOOL**

- A. Initial concerns regarding a student are handled between the parent(s) and teacher(s).
- B. Next, the Guidance Counselor and/or the Section 504 Designee will consult in regard to screening/evaluation procedures and specific requirements under Section 504.
- C. The next step involves a meeting with the Educational Planning Team including an Administrator and Section 504 Designee.
- D. If the Parent(s) and School Staff exhaust all negotiating options, then

**(2) DISTRICT SECTION 504 FACILITATOR**

- A. The District Section 504 Facilitator reviews the Parent complaint and assists the School and Parent(s) in defining the Section 504 rules and regulations as they apply to the case. At the School level, the District Section 504 Facilitator acts as a mediator and helps the School and Parent(s) consider and/or develop alternatives to the dispute.

**(3) DISTRICT SECTION 504 REVIEW COMMITTEE**

- A. If an impasse continues, a District Level Team, including the Coordinator of Student Services, and the Personnel Director may convene to review the case and direct its recommendations to the Superintendent and School Board Attorney. The Parent must make a written request for review by the District Level Team. The team will provide a written response to the request within 45 days of the Parent(s) request.

**(4) FORMAL HEARING**

- A. The Parent(s) and/or District may request Mediation from the Department of Education.
- B. The Parent may request a hearing conducted by a Hearing Officer from the Division of Administrative Hearings, Department of Administration.

## WAKULLA COUNTY SCHOOL BOARD

### NOTICE OF PARENT/STUDENT RIGHTS AFFORDED BY SECTION 504 OF THE REHABILITATION ACT OF 1973

The following rights are granted by federal law to students with disabilities. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

You have the right to:

1. Have your child take part in, and receive benefits from, public education programs without discrimination because of his/her disabling condition(s).
2. Have the school district advise you of your rights under federal law.
3. Receive notice with respect to identification, evaluation, or placement of your child.
4. Have your child receive a free appropriate public education.
5. Have your child receive services and be educated in facilities which are comparable to those provided to non-disabled students.
6. Have evaluation, education, and placement decisions made based on a variety of information sources, and by persons who know the student and who are knowledgeable about the evaluation data and placement options.
7. Have transportation provided to and from an alternative placement setting (if the setting is a program not operated by the district) at no greater cost to you than would be incurred if the student were placed in a program operated by the district.
8. Have your child be given an equal opportunity to participate in non-academic and extracurricular activities offered by the district.
9. Examine all relevant records relating to decisions regarding your child's identification, evaluation, and placement.
10. Request medication or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program, or placement (you and your child may take part in the hearing and be represented by counsel. Hearing requests must be made to your local district superintendent).
11. File a local grievance.

A district person is \_\_\_\_\_.

Contact your local school for your 504 Facilitator.