

Model & Sample Forms

Model and sample forms included in this document are intended to be guidance. Districts and charter schools are not required to use the exact format and are responsible for ensuring accessibility for their end-users. As appropriate, utilize district or school letterhead and make available in multiple languages and alternative formats.

Sample Notification of Nondiscrimination

When the service area includes a significant community of individuals whose primary language is not English, the notification of nondiscrimination should be published in the language spoken by that community.

It is not sufficient to place the Notification of Nondiscrimination on a website without publishing it elsewhere. The notice of nondiscrimination may be included in the following:

- Student handbooks
- Website
- Catalogs and Course Listings
- Parent/Student Bulletins/Newsletter
- Brochures
- Enrollment and employment application
- Recruitment materials

The notice may include additional persons designated to coordinate other civil rights activities and their contact information.

Notification of Nondiscrimination

The _____ School District does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission to its educational programs, in the administration of services it offers, in its recruitment, hiring and employment practices, or in any aspect of its operations. _____ is designated to coordinate Section 504 compliance activities at _____ School District and may be contacted at:

(Name of Designated Individual and Position)

(Name of District/Charter School)

Mailing Address

City, State, Zip

Telephone number

This announcement is available in alternative formats to accommodate the hearing and vision impaired.

Sample Section 504 Referral

Section 504 Referral

The _____ School District has a duty to identify, locate, refer and evaluate all students within this jurisdiction that may qualify for services under Section 504 of the Rehabilitation Act of 1973.

- Anyone who believes that they have a child or know of a child that may have a mental or physical impairment that substantially limits one or more life activities should complete this form (unless already identified under Section 504 or the Individuals with Disabilities Education Act).
- Submit this form to _____ (Name of 504 Coordinator). They may be contacted at _____ (phone number) or _____ (email).

Today's Date _____ School _____

Student Name _____

Date of Birth _____ Age _____ Grade _____

Referred By _____ Phone Number _____

Relationship to Student: Parent/Guardian District Employee Other: _____

Briefly indicate the observed disability or reason for referral:

This is an effort by the _____ School District to provide a free appropriate public education and assure that every student has access to equitable educational opportunities to be successful in our district and to fulfil their potential.

Below to be completed by the Section 504 Coordinator

Date Received _____

Received by _____

Sample Section 504 Notice of Rights

Notice of Rights under Section 504

You have the right to be informed by the school district of your rights granted under §504 found at Title 34, Part 104.32 of the Code of Federal Regulations (CFR).

EDUCATION

The student has the right to:

- Receive a free and appropriate public education designed to meet their educational needs as adequately as the needs of non-disabled students (34 CFR 104.33).
- Participate in and benefit from the district's educational programs without discrimination.
- Be provided an equal opportunity to participate in the district's nonacademic and extracurricular activities.
- Be educated with students who do not have disabilities to the maximum extent appropriate (34 CFR 104.34).
- Be educated in facilities and receive services that are comparable to those provided to students without disabilities (34 CFR 104.34).
- Receive accommodations, modifications, related aids/services, and opportunities to participate in school activities without cost, except for those fees imposed on the parents of children without disabilities. Insurance companies are not relieved of any obligation to pay for services (34 CFR 104.33).
- Receive special education services if needed.

EDUCATIONAL RECORDS

The parent has the right to:

- Review and receive copies of your student's educational records (34 CFR 104.36), programs, and activities in their native language.
- A response to requests for explanations and interpretations of your student's education records.
- Request a change to your student's education records if believed they are wrong, misleading, or are otherwise in violation of privacy rights. If request denied, the right to challenge the refusal by requesting an impartial hearing.

SECTION 504 PROCESS

The student has the right to an evaluation before the school determines if they are eligible under Section 504. The parent has the right to:

- Receive notice before the district takes any action regarding the identification, evaluation, and placement of your student (34 CFR 104.36).

- Have evaluation and placement decisions made by a group of persons who know your student, the meaning of the evaluation information, and the placement options available (34 CFR 104.35).
- Have evaluation decisions based on a variety of sources such as academic data, behavior data, teacher and parent observations, physical conditions, and medical records.
- Refuse consent for the initial evaluation of your student.

If your student is eligible under Section 504, your student has a right to periodic re-evaluations, including re-evaluations before any significant change is made in their placement (34 CFR 104.35).

IF THERE IS DISAGREEMENT WITH THE DISTRICT'S DECISION

If you disagree with the district's decisions regarding your student's identification, evaluation, educational program, or placement under Section 504, you may request an impartial due process hearing (34 CFR 104.36). The parent and student have the right to take part in the hearing and have an attorney as representation. Hearing requests, clarification of rights, and other concerns can be made to your district's Section 504 Coordinator:

(Section 504 Coordinator Name)
(Address)
(City, State, Zip)
(Phone), (E-mail)

You have the right to file a complaint of discrimination with the Arkansas Department of Education Equity Assistance Center (EAC), U.S. Department of Education's Office for Civil Rights (OCR), or to file a case in federal court.

EAC

Four Capital Mall, Box 25
Little Rock, AR 72117
Phone: 501-682-4213
Fax: 501-682-7288
Email:
ADE.equityassistance@arkansas.gov

OCR Regional Office

One Petticoat Lane
1010 Walnut St., Suite
320 - 3rd Floor
Kansas City, MO 64106
Phone: 816-268-0550
TTY: 800-877-8339
FAX: 816-268-0599;
Email:
OCR.KansasCity@ed.gov

Sample Section 504 Parental Notice & Consent

Section 504 Parent/Guardian Notification of Referral and Consent for Evaluation

Date: _____

Dear _____:

[Student Name] has been referred for consideration for eligibility for services under Section 504 of the Rehabilitation Act of 1973. Such services may result in your student receiving additional assistance to aid them in their educational success. The Section 504 Team will analyze a variety of sources to determine whether they have a qualifying disability. Your student's teacher(s), building administrator(s), counselor, and others may be involved in data collection activities.

The district is requesting your consent to conduct this evaluation and based on it provide necessary accommodations. The evaluation data collection may include a review of the following as individually deemed appropriate:

| | | |
|-------------------|------------------------------|----------------------|
| Grades | Parent Observations | Achievement Tests |
| Work Samples | Teacher Observations | Screening Assessment |
| Attendance | Medical Reports | Other Tests |
| Behavioral Trends | Psych-educational Evaluation | Other Sources |

You will be notified and invited to attend a Section 504 Team meeting to review evaluation results and determine Section 504 eligibility. If eligibility is established, your student may require Section 504 services. If so, the Section 504 Team will develop an accommodation plan to provide educational opportunities equal to that of students without a disability.

Section 504 provides specific rights such as the required parental consent for evaluation. These rights are summarized in the *Notice of Rights under Section 504* document enclosed with this notice. If you have any questions or concerns, contact [Section 504 Coordinator] at [Phone Number] or [Email Address] or [Mailing Address] for assistance.

Sincerely,
Section 504 Coordinator, _____
(Name) (Signature)

Complete, sign and return this form with any additional information (i.e. Parent Observations, Medical Reports, etc.)

Concerning _____ (student name) attending _____ (school name),

Yes I **give my written consent** to have my student evaluated for Section 504 eligibility. I do consent to the proposed evaluation

No I **do not give my written consent** to have my student evaluated for Section 504 eligibility. I do not consent to the proposed evaluation.

I have received a copy of the *Notice of Rights under Section 504*

Parent/Guardian: _____
(Name) (Signature) (Date)

(Address) (Phone)

Date consent received by school district: _____

Sample Section 504 Teacher Input Form

Teachers should participate in the entire Section 504 process and do not have the discretion to decline or refuse to implement any component of a Section 504 Plan. The Teacher Input Form is to aid the teacher(s) in their reflection of the student's challenges and strengths, but collaborative meeting attendance of the teachers is still invaluable when determining as a team the root cause of concerns and how to address them.

SAMPLE

Section 504 Teacher Input Form

Student Name: _____

Date of Birth: _____

Teacher Name: _____

Subject/Course: _____

| Performance Area <i>(Check the box that identifies your level of concern for each performance area as applicable.)</i> | Rationale <i>(For each area of concern only, provide a brief explanation concerning ability to access the general education instructional program.)</i> |
|---|---|
| Attention & Concentration <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Communication or English Language Development <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Language Arts (Reading & Writing) <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Math <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Physical Education <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Problem Solving & Organizing <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Short- & Long-Term Memory <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Socialization & Behavior <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Test Taking <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Work & Study Habits <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |
| Other: _____ <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant | |

List any planned or used accommodations, interventions, or strategies & indicate its impact on the above concern(s).

Teacher: _____
 (Name)

 (Signature)

 (Date)

Submit this form & if you have questions or concerns contact [Section 504 Coordinator] at [Phone Number] or [Email Address] or [Mailing Address] for assistance.

Sample Section 504 Parent or Guardian Input Form

Section 504 Parent/Guardian Input Form

Student Name: _____ **Date of Birth:** _____

Teacher Name: _____ **Subject/Course:** _____

To assist the Section 504 Team in the evaluation of your student answer any question(s) below and submit this form to the Section 504 Coordinator, [Section 504 Coordinator Name] at [Phone Number] by [Email Address] or [Mailing Address].

| |
|--|
| <p>My Child's Health (<i>Check all that apply and/or explain responses as necessary.</i>)</p> <p><input type="checkbox"/> My child has a physical or mental disability and a formal diagnosis.</p> <p><input type="checkbox"/> My child has a physical or mental disability and no formal diagnosis.</p> <p><input type="checkbox"/> My child had a serious physical or mental condition that has gone away.</p> <p>Explain: _____</p> <p>_____</p> <p><input type="checkbox"/> My child is receiving service(s) from another agency. Explain: _____</p> <p>_____</p> <p><input type="checkbox"/> My child is not currently taking medications.</p> <p><input type="checkbox"/> My child is currently taking the following medications:</p> <p>Name of medication: _____ Name of medication: _____</p> <p>Purpose of medication: _____ Purpose of medication: _____</p> <p>Dosage: _____ Dosage: _____</p> <p>Known side effects: _____ Known side effects: _____</p> |
|--|

| |
|--|
| <p>My Child at Home (<i>Check all that apply and/or explain responses as necessary.</i>)</p> <p><input type="checkbox"/> My child usually eats breakfast.</p> <p>My child goes to bed at the following time: _____</p> <p><input type="checkbox"/> My child needs or uses physical supports at home or in the community.</p> <p><input type="checkbox"/> My child gets along with siblings and people outside of school.</p> <p><input type="checkbox"/> There has been significant changes within the family (<i>i.e.</i> divorce, separation, relocation, serious illnesses, death, etc.).</p> <p><input type="checkbox"/> My child seems to have difficulty doing homework. On average, the amount of time spent on homework each day is as follows: _____</p> <p>The following rewards and consequences are effective with my child -</p> <p>Rewards: _____ Consequences: _____</p> <p>_____</p> <p>_____</p> |
|--|

My Child at School *(Check all that apply and/or explain responses as necessary.)*

Some of my child's strengths include:

My child is experiencing and/or mentioned difficulties in school. Explain:

The cause of my child's difficulties include the following:

My child's success at school would be improved if the following was provided:

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Sample Section 504 Meeting Notice

Section 504 Meeting Notice

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

[Date]

Dear [Parent or Guardian Name]:

You are invited to attend a meeting to determine or review your child's eligibility for services under Section 504 of the Rehabilitation Act of 1973. If it is determined that your student is or continues to be eligible, a Section 504 Plan will be developed (or reviewed and revised) at this meeting.

The meeting will be held on: **[Meeting Date & Time]**

The meeting will be held at: **[Meeting Location]**

Although your participation in this meeting is not required by law, you are encouraged to attend and participate in the decision-making process. Your insights and contributions will be helpful to the Section 504 Team in bringing about the best decisions possible. If you have not already done so, fill out and return the Parent Input Form.

Section 504 provides specific rights such as the required parental consent for evaluation. These rights are summarized in the *Notice of Rights under Section 504* document enclosed with this notice.

Contact [Section 504 Coordinator] at [Phone Number] or [Email Address] or [Mailing Address] to confirm your attendance or if you have any questions\concerns, require the use of an interpreter or would like to submit other requests for assistance.

Sincerely,

Section 504 Coordinator, _____
(Name)

(Signature)

Sample Section 504 Team Evaluation Review & Eligibility Determination Form

Section 504 Team Evaluation and Determination

Referral Date: _____

School: _____

Student Name: _____

Date of Birth: _____

Reason for Team Meeting

- Initial Evaluation Re-evaluation Plan Review Dismissal

Has the student been previously evaluated for eligibility under IDEA? Yes No

Does the student have an Individual Health Plan (IHP)? Yes No

Data Team Considered (as appropriate):

| | |
|---|---|
| <input type="checkbox"/> Psychological Assessment Data | <input type="checkbox"/> Student Input or Work Samples |
| <input type="checkbox"/> State Assessment Data: _____ | <input type="checkbox"/> Parent/Guardian Input |
| <input type="checkbox"/> Other Assessment Data: _____ | <input type="checkbox"/> Teacher Input |
| <input type="checkbox"/> Progress Monitoring Data: _____ | <input type="checkbox"/> School Nurse Input |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Related Service Provider Input |
| <input type="checkbox"/> Attendance Data | <input type="checkbox"/> Physician Input |
| <input type="checkbox"/> Behavior Data & Discipline Records | <input type="checkbox"/> Other: _____ |

Team Determination of Eligibility under Section 504 based on the definition below:

Physical or mental impairment substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment

- Student **does not** have a physical or mental disability which substantially limits a major life activity, nor has a record of such an impairment, or regarded as having such an impairment.
- Student **qualifies and does have** a physical or mental impairment which substantially limits a major life activity, or has a record of such an impairment, or is regarded as having such an impairment.

Team Placement Decision

- General education (if not eligible for Section 504)
- General education with Section 504 protections
- General education with Section 504 services (plan)

Tentative Re-Evaluation Date: _____

Team IDEA Referral

The Section 504 Team has determined that this student may also be eligible under a separate definition of disability under IDEA and will refer this student for a Special Education Evaluation

School Personnel & Others in Attendance:

| Name | Title |
|------|-------|
| | |
| | |
| | |
| | |

Parent or Guardian Statement:

- I agree with the determination of the Section 504 Team
- I do not agree with the
 - determination decision
 - placement decision.
- I am requesting a review hearing.
- I received a copy of the parent *Notice of Rights under Section 504*.

Parent or Guardian Signature Date

Parent or Guardian Signature Date

Sample Section 504 Plan

Section 504 Plan

Student: _____

Date of Birth: _____ Grade: _____

Date of Plan: _____

Projected Date of Review: _____

| Area of Educational Need (i.e. Academics, Accessibility, Behavior, Career/Vocational, Specialized Health Care, Time Mgt., Transportation) | Accommodation, Modification or Service | Person(s) Responsible | Service Frequency, Duration & When Implemented |
|--|--|-----------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Parent(s): _____

School Personnel & Others in Attendance Below:

| Name | Title |
|------|-------|
| | |
| | |
| | |
| | |
| | |

Date: _____

Sample Section 504 Process Checklist

To ensure consistency in practices, the Section 504 Coordinator may benefit from documenting their steps of compliance for each student.

Section 504 Process Checklist

Student Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____

1. Section 504 Referral

- Receive signed Section 504 Referral for Evaluation
- Date referral received by the school district: _____

2. Parent/Guardian Consent for Evaluation

- Provide parent *Section 504 Parent/Guardian Notification of Referral* form and *Consent for Evaluation* form
- Provide parent *Notice of Rights under Section 504* form
- Date consent received by the school district: _____
- Date evaluation must be completed: _____
(___ days from consent received for initial evaluation)

3. Evaluation Process

- Identify Section 504 team members (persons knowledgeable about the student, the meaning of evaluation data, and placement options)
- Determine needed evaluation data (from a variety of sources)
- Seek parent consent to obtain medical information, if appropriate
- Distribute *Teacher Input* and *Parent/Guardian Input* forms

4. Section 504 Meeting

- Notify Section 504 team members of meeting date, time, and location
- Send parent *Section 504 Meeting Notice* form and call/email meeting date, time, and location
- Convene meeting, review evaluation data and determine eligibility
- Develop targeted Section 504 Plan, if appropriate
- Provide parent *Section 504 Notice of Rights under Section 504*
- Send parent copy of meeting results and/or Section 504 Plan and *Notice of Rights under Section 504*

5. Section 504 Plan Implementation

- Notify and train persons with implementation responsibilities of the Section 504 Plan and how to provide and monitor accommodations
- Monitor the student's progress & plan effectiveness
- Review the plan when progress is not made or plan is ineffective
- Reevaluate at least every three (3) years; Tentative Re-Evaluation Date: _____

Sample Root Causes & Accommodations

What follows are examples of accommodations, strategies, and services that might be considered. Because accommodations should be individualized for each student's challenge, this is a non-exhaustive, non-mandatory list of a few root causes and supports. Not all possible root causes and accommodations are listed and therefore these examples should not be used as a "checklist". Section 504 Teams may use this information to assist in their student-centered root cause analysis process to provide equitable learning opportunities.

Note that the mere presence of these challenges does not automatically qualify a student for a Section 504 Plan. The disability must significantly limit a major life function.

Accommodations may be grouped according to whether they are changes in teacher presentation, student response, timing, or setting. Accommodations should be designed to improve student access to the curriculum to receive and demonstrate knowledge.

Causes and Cures in the Classroom: Getting to the Root of Academic Behavior Problems by Margaret Searle was used as a resource in the development of these examples.

CHALLENGES RELATED TO POOR PLANNING & PROBLEM-SOLVING SKILLS

| | | |
|--|--|---|
| <p>Cannot visualize task or action plan or feels overwhelmed</p> <p><u>Root Cause Guiding Questions:</u> <i>Cannot visualize the final product?</i> <i>Cannot visualize needed steps?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use graph paper to line up numbers/problems <input type="checkbox"/> Use manipulatives: coins, blocks, base 10 sticks, puzzles <input type="checkbox"/> Use film illustration of concept <input type="checkbox"/> Cover, fold or mask sections at a time to limit material presented on a single page (i.e. cardboard window) <input type="checkbox"/> Read task to student <input type="checkbox"/> Model how to break task down into small steps <input type="checkbox"/> Model how to put task steps in logical order of completion <input type="checkbox"/> Review action plan steps <input type="checkbox"/> Review possible task roadblocks prior to assignment <input type="checkbox"/> Break down large packets & worksheets into sections <input type="checkbox"/> Class discussion of action plan <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Have student describe (orally or visually) the final product <input type="checkbox"/> Talk about how to solve problem <input type="checkbox"/> Draw chart/sketches to solve problem <input type="checkbox"/> Read task aloud <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Specific deadline extension <input type="checkbox"/> Assign due dates for small task <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Separate space for different task | <p>Poor visual perception</p> <p><u>Root Cause Guiding Questions:</u> <i>Unable to make sense of what is seen?</i> <i>Unable to focus on important visual information & filter unimportant?</i> <i>Cannot determine differences or similarities in objects (i.e. size, color, shape)?</i> <i>Unable to recall visual traits of an object?</i> <i>Unable to locate info. in busy background?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use visual cues (i.e. sticker on 1st page) <input type="checkbox"/> Use directional arrows for letter formation <input type="checkbox"/> Use vivid adjectives to describe <input type="checkbox"/> Highlight/bold keyword & concepts <input type="checkbox"/> Provide paper notes as oppose to copying from board <input type="checkbox"/> Provide Alphabet Strip on table for correct letter formation <input type="checkbox"/> Provide clear & simple worksheets <input type="checkbox"/> Break visual activities into small steps <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use graph paper for word spacing & sizing <input type="checkbox"/> Review work & mistakes in written material <input type="checkbox"/> Practice completing partially drawn pictures <input type="checkbox"/> Feel the shape of letters: bending pipe cleaners, Play-Doh <input type="checkbox"/> Identify objects by touch (i.e. blind bag) <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sit away from visual distractions | <p>Little sense of urgency</p> <p><u>Root Cause Guiding Questions:</u> <i>Difficulty in seeing the task as relevant?</i> <i>Unable to estimate the time needed for tasks?</i> <i>Unable to delay gratification of a want?</i> <i>Feels overwhelmed by tasks?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Model delayed gratification of an immediate want <input type="checkbox"/> Model & discuss intrinsic motivation <input type="checkbox"/> Provide extrinsic motivation: certificate, recognition, praise, prize <input type="checkbox"/> Connect games/puzzles to learning <input type="checkbox"/> Break down large packets & worksheets into sections <input type="checkbox"/> Offer extrinsic motivation (i.e. positive email to parent, break, etc.) <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Convey relevance & importance of task <input type="checkbox"/> List preferred motivators <input type="checkbox"/> Estimate the time a task may take <input type="checkbox"/> Use timer to pace appropriately <input type="checkbox"/> Use visual reminders: post-it notes, signs, timer, private signal <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow specific additional time on task in specific areas <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use auditory reminders: alarm, vibration, adult prompt, clap, bell |
| <p>No backup plan when things get hard</p> <p><u>Root Cause Guiding Questions:</u> <i>Does not know when & how to ask for help?</i> <i>Does not know when help is needed?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Model anticipated consequences <input type="checkbox"/> Model “plan B” strategy development <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify optional resources for task completion <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Small group task | <p>Poor self-monitoring skills</p> <p><u>Root Cause Guiding Questions:</u> <i>Cannot identify attributes of a quality product?</i> <i>Does not give self-credit?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Model self-credit for small successes <input type="checkbox"/> Provide examples of the final product <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use rubrics/checklists to self-monitor task quality <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide timeline for completing task <input type="checkbox"/> Provide time warning (i.e. “Finish up in 5 min.”) | |

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

CHALLENGES RELATED TO MEMORY PROBLEMS

| Poor encoding to short-term memory | Poor processing in working memory | Poor storage in & retrieval from long-term memory |
|---|---|---|
| <p><u>Root Cause Guiding Questions:</u> Cannot create visual image of the information? Cannot keep up with the pace of spoken instructions or directions? Misses details & sequences? Cannot break task down into manageable parts? Is distracted by irrelevant information? Cannot switch efficiently from one task to another?</p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide written & oral instructions <input type="checkbox"/> Ask a question, give a few minutes to think, & come back to student for answer <input type="checkbox"/> Teacher-guided practice with partially completed problems <input type="checkbox"/> Describe what steps to focus on & why <input type="checkbox"/> Memory tricks: acronyms, mnemonics, songs, rhymes <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbalize or draw images as they learn <input type="checkbox"/> Highlight important information as they learn <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Post-it signs with to-do lists/steps | <p><u>Root Cause Guiding Questions:</u> Cannot hold information long enough to work on it? Cannot keep track of steps in a process? Unable to see patterns & relationships? Cannot hold information long enough to copy it? Difficulty matching language with concepts & symbols? Fails to self-correct due to losing focus on purpose & details?</p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduce required copying <input type="checkbox"/> Provide plenty of time for required copying <input type="checkbox"/> Provide printed copies of formulas & problems <input type="checkbox"/> Provide visual list of steps to complete task <input type="checkbox"/> Use number lines, matrix charts <input type="checkbox"/> Direct teach metacognition of memory <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Write directly on worksheet <input type="checkbox"/> Highlight in consumable book <input type="checkbox"/> Repeat/paraphrase directions or learning to teacher or partner (check for understanding) <input type="checkbox"/> Journal how content or skill was learned <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Procedures checklist in class, at locker, at desk, for homework <input type="checkbox"/> Consistent routines | <p><u>Root Cause Guiding Questions:</u> Does not ask for help? Test anxiety? Needs multiple pathways for faster retrieval? Relies too much on rote learning? Uses a weak or only 1 pathway to learn material? Lacks the right type of modeling & practice? Cannot link new learning with existing knowledge? Cannot link to old information (similarities/differences)? Does not make the effort when information is not seen as important? Does not see the real-life application?</p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Tape or record lessons <input type="checkbox"/> Use symbols, synonyms, songs, skits, discussions examples or movement that clarify the same info. (create multiple memory storage paths) <input type="checkbox"/> Repeated practice: spaced practice, massed practice <input type="checkbox"/> Model note revision & visual organizer use <input type="checkbox"/> Use word bank <input type="checkbox"/> Direct teach metacognition of memory <input type="checkbox"/> Provide math formula sheets & resource notes <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Explain why info./skill is relevant <input type="checkbox"/> Make up test over new learning <input type="checkbox"/> Oral review with partner <input type="checkbox"/> Journal how content or skill was remembered <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Administer tests over more than 1 day <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assignment planner <input type="checkbox"/> Key lock for locker <input type="checkbox"/> Map of school with room numbers <input type="checkbox"/> Printed or picture schedule <input type="checkbox"/> Post the days assignments |

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

CHALLENGES RELATED TO PERSISTENT PROBLEMS IN MATH

| Poor problem-solving skills | Poor fluency with basic facts | Lack of perseverance |
|--|--|---|
| <p><u>Root Cause Guiding Questions:</u> <i>Cannot read & restate problems in own words?</i> <i>Cannot visualize the structure or patterns of problems?</i> <i>Cannot identify correct operation or useful data?</i> <i>Cannot break complex problems into logical steps?</i> <i>Does not apply strategies correctly?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Model think-aloud solving <input type="checkbox"/> Solve sample problems & leave on board <input type="checkbox"/> Use concrete materials: blocks, cubes, tangrams, number frames, algebra tiles, geometric figures <input type="checkbox"/> Use 2-dimensional representations: sketches, pictures, tallies, number lines <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Paraphrase vocabulary words <input type="checkbox"/> Articulate problem-solving strategy <input type="checkbox"/> Verbalize processes & steps as they work <input type="checkbox"/> Highlight/circle/underline key words & numbers in word problems <input type="checkbox"/> Prior to computation, write declarative sentence leaving blank for needed answer <input type="checkbox"/> Use math facts chart for computation: multiplication sheet, addition table <input type="checkbox"/> Use calculator when not being tested on computation <input type="checkbox"/> Use scratch paper <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Partnered practice: spaced practice, massed practice | <p><u>Root Cause Guiding Questions:</u> <i>Poor sense of counting & comparison of numbers?</i> <i>Cannot visualize numbers & their relationships?</i> <i>Cannot apply properties of math to make computation easier?</i> <i>Does not perform the right amount or type of practice?</i> <i>Asked to master new skills before prerequisite skills are in place?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Memory tricks: acronyms, mnemonics, songs, rhymes <input type="checkbox"/> Post key facts on T-Charts <input type="checkbox"/> Math flash cards <input type="checkbox"/> Short daily cumulative reviews <input type="checkbox"/> Model perceptual & conceptual subitizing (visual recognition of patterns & adding recognized small groups of a whole) <input type="checkbox"/> Compare actual quantities (how many more & how many less) <input type="checkbox"/> Review connections of new skill to prior knowledge <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use calculator <input type="checkbox"/> Use multiplication sheet <input type="checkbox"/> Verbalize new skill similarities to prior knowledge | <p><u>Root Cause Guiding Questions:</u> <i>Has an "I can't" attitude because of recent failures?</i> <i>Does not set personal goals or track progress?</i> <i>Needs frequent breaks to maintain energy/focus?</i> <i>Gives up because new skills are taught before prerequisite skills are in place?</i> <i>Cannot visualize multiple ways of getting a reasonable result?</i> <i>Does not ask for help?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Have students practice in pairs (i.e. make up own examples, discuss answers) <input type="checkbox"/> Review connections of new skill to prior knowledge <input type="checkbox"/> Provide extra space to write problems & solutions <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbalize new skill similarities to prior knowledge <input type="checkbox"/> Use positive self-talk, or visualize past success <input type="checkbox"/> Use math formula sheets & resource notes <p>Lack of self-monitoring or directing</p> <p><u>Root Cause Guiding Questions:</u> <i>Cannot estimate a reasonable answer?</i> <i>Does not see the real-life application?</i> <i>Thinks finishing 1st is important?</i> <i>Thinks the teacher should only check answers?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Immediately corrects errors & provides feedback explanation <input type="checkbox"/> Provide modeling, guided practice, & feedback on how to self-monitor <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use checklist or rubric when checking for errors |

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

CHALLENGES RELATED TO POOR ORGANIZATION

| | | |
|---|--|---|
| <p>Cannot meet deadlines</p> <p><u>Root Cause Guiding Questions:</u> <i>Does not have a sense of how long an X number of minutes feels like?</i> <i>Cannot estimate time for task?</i> <i>Does not prioritize or sequence tasks?</i> <i>Does not monitor break time?</i> <i>Does not know how to get started?</i></p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Model how to schedule/track time on task <input type="checkbox"/> Send important date reminders <input type="checkbox"/> Provide course syllabus that includes dates for projects, tests, etc. <input type="checkbox"/> "Get Ready" checklist of items needed to get started <input type="checkbox"/> Provide worked examples</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Use visual or disappearing timer <input type="checkbox"/> Use assignment planner</p> <p><u>Timing & Scheduling:</u> <input type="checkbox"/> Time how long it takes the student to get started with & without "Get Ready" checklist</p> <p><u>Setting:</u> <input type="checkbox"/> Notify parent of missing assignments <input type="checkbox"/> Monitor use of assignment planner</p> | <p>Cannot organize space & materials</p> <p><u>Root Cause Guiding Questions:</u> <i>Does not know why task is important?</i> <i>Poor sorting & classifying skills?</i> <i>Does not have or remember simple rules or patterns for organization?</i> <i>Cannot visualize the finished product or a plan to achieve it?</i> <i>Cannot break task down and sequence them?</i></p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Model how to organize desk <input type="checkbox"/> Model sorting: fun objects, supplies, assignments, handouts</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Visualize final product & answer "what should this look like when complete" <input type="checkbox"/> Gather materials prior to starting task</p> <p><u>Timing & Scheduling:</u> <input type="checkbox"/> Allow time to clean workspace</p> <p><u>Setting:</u> <input type="checkbox"/> Color code folders <input type="checkbox"/> Large binder with colored dividers for multiple classes <input type="checkbox"/> Provide 3-hole punched handouts <input type="checkbox"/> Non-white colors for project assignment details & dates <input type="checkbox"/> Set of books at home <input type="checkbox"/> Easy access to supplies</p> | <p>Cannot organize ideas</p> <p><u>Root Cause Guiding Questions:</u> <i>Does not establish a clear purpose for the task?</i> <i>Cannot brainstorm ideas for implementation or establish priorities?</i> <i>Does not understand the importance of a 1st draft plan?</i> <i>Cannot sequence ideas/tasks in a logical way?</i> <i>Does not know how to refine/revise a plan?</i></p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Modeled how to strikethrough on multiple choice task <input type="checkbox"/> Model breaking big tasks into a list of smaller parts</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Erasable highlighter for important info. <input type="checkbox"/> Repeat or paraphrase directions or learning-to teacher or partner (check for understanding) <input type="checkbox"/> Use outline or multi-colored retractable pens to take notes <input type="checkbox"/> Study by placing labels in margins or re-writing notes</p> <p><u>Timing & Scheduling:</u> <input type="checkbox"/> Allow time for short breaks</p> <p><u>Setting:</u> <input type="checkbox"/> Use "to do" list, checklist & timelines</p> |
| <p>Cannot transfer skills to unfamiliar settings</p> <p><u>Root Cause Guiding Questions:</u> <i>Cannot visualize how, when, or where to apply the skill?</i> <i>Is overly dependent on others?</i> <i>Is using an organizing system that doesn't match personal style?</i> <i>Does not feel payoff is enough to make organization strategies habits?</i> <i>Does not reflect & adjust regularly?</i></p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Allow student to self-assess their learning <input type="checkbox"/> Provide opportunity to reflect on coursework challenges</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Sort & classify similarities and differences in content</p> <p><u>Timing & Scheduling:</u> <input type="checkbox"/> Schedule student task reflection</p> | <p>Experience task paralysis due to anxiety or false beliefs</p> <p><u>Root Cause Guiding Questions:</u> <i>Avoids "boring" or difficult tasks?</i> <i>Has an unhealthy fear of mistakes?</i> <i>Has unclear expectations & priorities?</i> <i>Does not understand how organization affects success?</i> <i>Lacks self-confidence due to limited success?</i></p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Reinforce test taking skills <input type="checkbox"/> Utilize Growth-Mindset activities <input type="checkbox"/> Use Effort Supportive Language (<i>i.e.</i> "You worked hard", "You organized carefully", or "This is a challenge")</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Articulate resources if they get stuck <input type="checkbox"/> Chart self-improvement <input type="checkbox"/> Visualize & reflect on past success <input type="checkbox"/> Use positive self-talk</p> <p><u>Setting:</u> <input type="checkbox"/> Environment that describes mistakes as learning opportunities</p> | |

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

CHALLENGES RELATED TO POOR WRITING SKILLS

| Poor fluency | Poor clarity & organization skills | Weak editing & revision skills |
|--|--|---|
| <p><u>Root Cause Guiding Questions:</u> <i>Poor handwriting & spelling skills?</i> <i>Unable to apply writing strategies?</i> <i>Cannot visualize goal setting, brainstorming, planning, drafting, editing, & revision?</i> <i>Cannot transfer writing skills in unfamiliar situations?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Practice writing in the air using shoulder & forearm <input type="checkbox"/> Allow student to choose pencil grip <input type="checkbox"/> Handwriting practice (i.e. tracing letters, copying/dictating words & sentences) <input type="checkbox"/> Guided practice with writing strategies <input type="checkbox"/> Multiple short daily writing sessions <input type="checkbox"/> Direct instruction on penmanship <input type="checkbox"/> Provide fill in the blank notes <input type="checkbox"/> Provide Alphabet Strip on table for correct letter formation <input type="checkbox"/> Use directional arrows for letter formation <input type="checkbox"/> Provide spelling words that only focus on spelling patterns <input type="checkbox"/> Call out spelling words at a slower pace <input type="checkbox"/> Provide a letter scramble for spelling words <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbally explain responses before writing them down <input type="checkbox"/> Record verbal responses <input type="checkbox"/> Write response next to question rather than separate paper <input type="checkbox"/> Use wide-ruled or graph paper <input type="checkbox"/> Speech-to-text software <input type="checkbox"/> Typed assignments <input type="checkbox"/> Use scribe to write responses <input type="checkbox"/> Braille writer <input type="checkbox"/> Circle or point at answers <input type="checkbox"/> Track growth by reviewing previous writings <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outlined response with verbal presentation <input type="checkbox"/> Provide timely feedback as they work or by next class <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Average 2 grades for essays (1 for content & 1 for grammar) <input type="checkbox"/> Specific feedback does not include more info. then the student can process | <p><u>Root Cause Guiding Questions:</u> <i>Awkward sentence structure/word choice?</i> <i>Uses run-on or short sentences?</i> <i>Poor transitions?</i> <i>Guided practice on audience & purpose?</i> <i>Guided practice on sequencing thoughts?</i> <i>Guided practice on clear word choice?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Model writing tools (i.e. cut, copy, paste, underline, bold) <input type="checkbox"/> Provide printed lecture notes <input type="checkbox"/> Direct teach commonly known words for the grade level <input type="checkbox"/> Use exploratory approach to model identification of spelling patterns (i.e. phonetic, word families, syllables, and affixes) <input type="checkbox"/> Model editing phonetically spelled words in the student's writing <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sentence stems <input type="checkbox"/> Spell phonetically <input type="checkbox"/> Seek peer assistance in note taking <input type="checkbox"/> Log & study frequently misspelled words & error patterns <input type="checkbox"/> Track growth by reviewing previous spellings <input type="checkbox"/> Use spell checker <input type="checkbox"/> Use writing steps outline (purpose, audience, character development, details) <input type="checkbox"/> Graphic organizer <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide timely feedback as they work or by next class <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Word walls to refer to while writing <input type="checkbox"/> Minimal grading of initial writing practice <input type="checkbox"/> Specific feedback does not include more info. then the student can process | <p><u>Root Cause Guiding Questions:</u> <i>Focuses on too many things at once?</i> <i>Needs specific/frequent feedback?</i> <i>Unaware of revision/editing resources?</i> <i>Unable to see grammar, spelling, punctuation, or capitalization patterns?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Model quality editing & revision <input type="checkbox"/> Model sentence combining, run-on sentence modifying, & sentence editing <input type="checkbox"/> Use peer feedback sessions <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use spell checker or grammar checker <input type="checkbox"/> Use writing checklist or rubric to clarify ideas, remove unnecessary ideas, revise sequence <input type="checkbox"/> Edit someone else's writing <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide timely feedback as they work or by next class <p>Low motivation to write</p> <p><u>Root Cause Guiding Questions:</u> <i>Poor self-confidence in writing?</i> <i>Environment/feedback perceived as harsh?</i> <i>Overwhelmed by size/complexity of task?</i> <i>Direct guidance/support during writing?</i> <i>Does not track errors typically made to adjust?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide topic choices for the student to pick from <input type="checkbox"/> Publish writing for an audience: letter, e-mail, blog, hallway, local business, Google classroom <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use computer to complete task <input type="checkbox"/> Oral presenting or testing <input type="checkbox"/> Use personal journal <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide timely feedback as they work or by next class <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Small group task <input type="checkbox"/> Specific feedback does not include more info. then the student can process |

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

CHALLENGES RELATED TO POOR ATTENTION & FOCUS

Does not know what to focus on (Unable to relate to new things)

Root Cause Guiding Questions:

- Does not see personal importance of task?*
- Cannot inhibit distractors?*
- Due to stress, has reduced focus ability?*
- Cannot sort abstract information?*

Teacher Presentation Accommodations:

- Materials with bolded words & highlighted text
- Peer note-taker
- Printed notes
- Advance organizers with focusing questions (i.e. KWL chart)
- Use flashlight or pointer to illuminate important information
- Provide clear task purpose & learning targets
- Ask how a new skill is similar to an old skill
- Use concrete experiences
- Provide specific feedback
- Consider student style & interest
- Build choices into assignments

Student Response Accommodations:

- Verbalize what the task or target is and why it is useful
- Verbalize new skill similarities to prior knowledge
- Utilize sleep tracking form for use at home

Timing & Scheduling:

- Intersperse work time with short breaks
- Shortened school day
- Leave early or late passes

Setting:

- Window or pictures of nature used during short break times
- Outdoor break

Poor transition skills (Lacks flexible thinking)

Root Cause Guiding Questions:

- Feels stressed from fear of failure or unknown consequences?*
- Lacks clear goals & priorities*
- Unable to work without clear structure or pattern?*
- Cannot use self-talk to plan before acting?*
- Cannot adjust pace or plan for new situation?*

Teacher Presentation Accommodations:

- Use transition signals, sounds, or visual cues (i.e. cards)
- If multiple teachers are seen, align class routines when possible

Student Response Accommodations:

- Use visual agenda or to-do list

Timing & Scheduling:

- Transition Breaks
- Transition count downs

Setting:

- Move to quiet space to work
- Routines
- Visual timer
- Assistance getting to classes (i.e. labeled map, peer/adult)
- Tactile stimulation
- Provide supervision during transitions

Cannot sustain focus (Poor endurance)

Root Cause Guiding Questions:

- Cannot break large task into manageable chunks?*
- Overwhelmed when too much info. or skills required?*
- Cannot work for long periods without break?*
- Lacks variety in ways to approach task?*
- Lacks enough support to keep frustration low?*
- Cannot self-monitor on-task behavior?*

Teacher Presentation Accommodations:

- High contrast between text & background
- Sufficient space between letters, words, lines
- Task read to student
- Task read aloud by student
- Pace passive learning & student active reflection based on student age (i.e. lecture minutes same as age)

Student Response Accommodations:

- Verbalize and discuss direction & learning with partner
- Read with partner
- Draw example of learning
- Stand to complete task
- Use distraction-blockers: earplugs, earphones, privacy divider during seat work & tests
- Self-monitor on-task behavior & distraction reasons

- Keep lesson periods short when possible
- Redirect focus: ask a question, nonverbal cues, stand close
- Alternate between high- & low-interest activities
- Tangible learning experiences
- Use visualization strategies with sensory detail
- Track on-task behavior & provide feedback
- Provided worked or examples

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

CHALLENGES RELATED TO POOR READING COMPREHENSION

| Poor word attack skills | Poor oral reading fluency | Poor comprehension |
|---|---|--|
| <p><u>Root Cause Guiding Questions:</u> Cannot link sounds to letters? Experiences spatial confusion, causing reversals? Cannot break down or blend sounds? Cannot break words into syllables? Cannot see rhyme, vowel, or consonant patterns in syllables?</p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Use font type that reduces visual confusion (i.e. Helvetica, Courier, Arial, Verdana)</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Color overlays</p> | <p><u>Root Cause Guiding Questions:</u> Cannot read in phrases? Cannot keep track of current pace on the page? Ignores punctuation? Does not read with expression? Does not set personal goals & track progress?</p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Books and materials with large print <input type="checkbox"/> Device to magnify print: magnifiers, enlarged screen <input type="checkbox"/> Bookmark for tracking <input type="checkbox"/> Audiobooks <input type="checkbox"/> Oral reader: screen reader, peer, adult <input type="checkbox"/> Braille <input type="checkbox"/> Model reading with expression & attending to punctuation (i.e. Echo-reading) <input type="checkbox"/> Script & Play reading (i.e. Radio Reading) <input type="checkbox"/> Reading cue card with focus question</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Oral reading practice (i.e. Paired Repeated Reading, Phrase reading, Simple Assisted Reading, Radio Reading, etc.) <input type="checkbox"/> Braille Typewriter <input type="checkbox"/> Story retelling with “first”, “then”, & “finally” <input type="checkbox"/> Allowed to write notes in margins <input type="checkbox"/> Group picture cards by sounds</p> | <p><u>Root Cause Guiding Questions:</u> Does not set a purpose before reading? Cannot create visual images of the information? Does not predict or ask questions while reading? Does not know fix-up strategies & apply them? Does not self-monitor to see if text makes sense? Does not remember what was read? Highlight/circle key words and essential information?</p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Minimize double-sided worksheets <input type="checkbox"/> Vocabulary Flash Cards <input type="checkbox"/> Use variety of text <input type="checkbox"/> Provide relevance & connection to the reading <input type="checkbox"/> Model finding text topic <input type="checkbox"/> Model filtering out unimportant information <input type="checkbox"/> Read aloud <input type="checkbox"/> Model mental picture creation <input type="checkbox"/> Review connections of new skill to prior knowledge</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Break reading task into small steps <input type="checkbox"/> Highlight important parts of text (set limit on words/phrases) <input type="checkbox"/> Key word graphic organizer <input type="checkbox"/> Oral summarization (i.e. Partner Turn-and-talks, class discussion) <input type="checkbox"/> Verbalize new skill similarities to prior knowledge <input type="checkbox"/> Sketch mental pictures <input type="checkbox"/> Repeat 1-step instructions <input type="checkbox"/> Reciprocal teaching <input type="checkbox"/> Concept mapping (graphical representations of text) <input type="checkbox"/> Student self-questioning of text before, during, and after reading</p> <p><u>Timing & Scheduling:</u> <input type="checkbox"/> Plan mental breaks</p> |
| <p>Poor automatic word recognition and vocabulary</p> <p><u>Root Cause Guiding Questions:</u> Lacks rich oral language experiences? Has not encountered words multiple times in multiple contexts? Cannot analyze words using roots & affixes? Cannot infer a meaning by using context clues? Does not relate to idioms or other forms of figurative language?</p> <p><u>Teacher Presentation Accommodations:</u> <input type="checkbox"/> Direct teach literal & figurative idioms <input type="checkbox"/> Model use of context cues</p> <p><u>Student Response Accommodations:</u> <input type="checkbox"/> Define words linguistically & non-linguistically (i.e. sketch) <input type="checkbox"/> List characteristics, examples, & non-examples of new vocabulary words <input type="checkbox"/> List synonym and antonym of words <input type="checkbox"/> Write new words in a sentence</p> | | |

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

CHALLENGES RELATED TO IMPULSIVNESS & POOR SELF-MONITORING

| | | |
|---|--|---|
| <p>Inability to delay gratification or reacts before thinking</p> <p><u>Root Cause Guiding Questions:</u> <i>Cannot distinguish feelings from actions or wants from needs?</i> <i>Needs attention or higher level of stimulation?</i> <i>Is unable to slow down and use self-talk to calm down?</i> <i>Has limited repertoire of appropriate responses?</i> <i>Needs more structure & routine</i> <i>Unsure of how actions affects others?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide opportunity to reflect on coursework challenges <input type="checkbox"/> Direct teach metacognition of reasoning & emotion <input type="checkbox"/> Direct teach self-monitoring <input type="checkbox"/> Provide immediate feedback on success & areas of improvement <input type="checkbox"/> Provide parent with feedback on success & areas of improvement <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Journal emotional triggers or events (home & school) <input type="checkbox"/> Chart behaviors & feelings (home & school) <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule 5 minute period to check work prior to submitting <input type="checkbox"/> Time 15 or 20 min.'s of pure focus then allow break <input type="checkbox"/> Allow 20 min.'s to calm after emotional trigger <input type="checkbox"/> Schedule end of the day/period self-monitoring <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Ignore minor inappropriate behavior <input type="checkbox"/> Increase immediacy of rewards & consequences <input type="checkbox"/> Tactile stimulation | <p>Inability to cope with frustration, anger or feelings of discouragement or helplessness</p> <p><u>Root Cause Guiding Questions:</u> <i>Cannot articulate the problem/feelings?</i> <i>Avoids situations that are too difficult or boring?</i> <i>Retaliates for perceived mistreatment?</i> <i>Cannot identify what triggers problems or causes stress?</i> <i>Cannot reframe (see things from a new perspective)?</i> <i>Does know how to gain power, attention, or control appropriately?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Direct teach calming self-talk <input type="checkbox"/> Direct teach reframing strategies to cope with stress <input type="checkbox"/> Utilize Vocabulary Continuum strategy to identify & label ranges of feelings (i.e. miserable, poor, good) <input type="checkbox"/> Direct teach the impact of prior experiences on decisions & choices <input type="checkbox"/> Direct teach reframing & considering alternative explanations <input type="checkbox"/> Provide/model language to convey what they are feeling "I feel", "I accept", or "It's frustrating when" <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use constructive self-verbalization, calming self-talk, or visualize past success <input type="checkbox"/> Journal emotional triggers or events (home & school) <input type="checkbox"/> Use breathing exercises <input type="checkbox"/> Flex & relax muscles <input type="checkbox"/> Count to 10 or talk to an adult <input type="checkbox"/> Drink water <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule sensory break <input type="checkbox"/> Schedule small group on anger management <input type="checkbox"/> Schedule core exercises, stretching, and/or walking <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Space for student's guide dog (service animal) <input type="checkbox"/> Adjust lighting <input type="checkbox"/> Play calming music <input type="checkbox"/> Use air purifier <input type="checkbox"/> Tactile stimulation <input type="checkbox"/> Provide quiet spot for student use as needed | <p>Inability to adjust behavior to a situation and/or is unaware of how own behavior affects others</p> <p><u>Root Cause Guiding Questions:</u> <i>Is unclear about expectations or goals?</i> <i>Does not pick up on feedback that indicates a need to alter behavior?</i> <i>Needs practice for appropriate behavior & responses?</i> <i>Cannot accurately predict consequences?</i> <i>Needs feedback for improvement & reinforcement?</i> <i>In unable to use past experiences & mistakes to self-correct?</i></p> <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide structured opportunities to talk (i.e. read morning announcements, daily assignment) <input type="checkbox"/> Model conversation courtesy <input type="checkbox"/> Direct teach figurative expressions <input type="checkbox"/> Direct teach nonverbal cues for emotions (i.e. nonverbal charades, body language scrapbook) <input type="checkbox"/> Direct teach active listening: reflective listening, paraphrasing responses <input type="checkbox"/> Model consequences prediction <input type="checkbox"/> Synchronize strategies with those used by other providers (i.e. counselor) <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Act out non-verbal cues <input type="checkbox"/> Reflect on feedback for improvement & successes <input type="checkbox"/> Practice performing appropriate behavior responses <input type="checkbox"/> Practice predicting consequences (i.e. "What will happen if I do this?", evaluate false predictions) <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> When redirecting use "I feel", "he/she feels", or "it hurts when" statements <input type="checkbox"/> Use Behavior Matrix for specific areas (i.e. class, cafeteria, hallway) <input type="checkbox"/> Send daily/weekly progress updates home <input type="checkbox"/> Utilize behavior contract <input type="checkbox"/> Compliment positive behavior |
|---|--|---|

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

| CHALLENGES RELATED TO <u>ALLERGIES</u> | CHALLENGES RELATED TO <u>ARTHRITIS</u> | CHALLENGES RELATED TO <u>ASTHMA</u> |
|--|---|--|
| <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Adapt physical education curriculum during high pollen season <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow time for shots & appointments <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Eliminate contact with allergy-causing substances <input type="checkbox"/> Use air purifiers <input type="checkbox"/> Assess pets & animals in class | <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Adapt physical education curriculum <input type="checkbox"/> Digital lab curriculum <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use pencil grips, typewriter, or computer <input type="checkbox"/> Use locker assistance or lock with key <input type="checkbox"/> Use peer note taker, tape recorder, or printed notes <input type="checkbox"/> Use Velcro fasteners for bags <input type="checkbox"/> Oral reports <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow time for appointments <input type="checkbox"/> Allow extra time between classes <input type="checkbox"/> Schedule peer support group <input type="checkbox"/> Schedule rest periods <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide assistance in carrying books or tray (<i>i.e.</i> book caddie) <input type="checkbox"/> Allow movement to avoid stiffness <input type="checkbox"/> Provide padded chairs <input type="checkbox"/> Sit close to heat | <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Adapt physical education curriculum <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule rest periods <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Remove allergens <input type="checkbox"/> Provide inhalant therapy assistance |

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

| CHALLENGES RELATED TO <u>CANCER</u> | CHALLENGES RELATED TO <u>HEARING IMPAIRMENT</u> | CHALLENGES RELATED TO <u>VISUAL IMPAIRMENT</u> |
|---|---|---|
| <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Limit the number of classes taken <input type="checkbox"/> Tape lessons <input type="checkbox"/> Use mastery learning techniques <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use peer note taker, tape recorder, or printed notes <input type="checkbox"/> Use individual school counseling <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow time for breaks, recuperation, appointments, etc. <input type="checkbox"/> Shorten school day <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide instruction or tutor at hospital or home <input type="checkbox"/> Provide dietary accommodations | <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use written notes for communication <input type="checkbox"/> Qualified interpreter <input type="checkbox"/> Real-time captioning <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use assistive listening devices <p><u>Timing & Scheduling:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule peer support group <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide interpreter for school events <input type="checkbox"/> Provide assistive devices on public phones <input type="checkbox"/> Provide TDD or relay services | <p><u>Teacher Presentation Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide copies of text/notes, large print materials, books on tape <input type="checkbox"/> Review tactile maps <input type="checkbox"/> Reduce visual clutter <input type="checkbox"/> Verbalize as write on board <input type="checkbox"/> Avoid red, orange or yellow markers <p><u>Student Response Accommodations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sits where vision is optimized <input type="checkbox"/> Use dark felt tip pens, dark lined writing paper, magnifier, monocular glass, desktop slant board <input type="checkbox"/> Avoid working in own shadow or facing the light <p><u>Setting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as possible consistent room arrangement <input type="checkbox"/> Remove entryway obstacles |

NOTE: Non-exhaustive, non-mandatory list; Accommodations should be individualized

Sample Impartial Hearing Agenda

Impartial Hearing Agenda

1. Formal call to order
 - a. Date, time and place
 - b. Statement such as: “We are here in the matter of (student’s first name and last initial, district or charter school, and case number)

2. Introductory statement by hearing officer
 - a. Introduction of hearing officer
 - b. Statement of open or closed hearing
 - c. Statement such as “For the record I request that parties speak loudly and clearly and only one at a time.”
 - d. Introduction of participants for record requesting that parties spell their name for the record
 - e. Purpose of the hearing
 - f. Explanation of hearing procedures

3. Opening of formal testimony
 - a. Opening statement
 - i. School district or charter school
 - ii. Parent/guardian opening statement
 - b. Presentation of written evidence and testimony
 - i. School district or charter school
 - ii. Parent/guardian opening statement
 - iii. School district or charter school (rebuttal)

4. Closing arguments
 - a. School district or charter school
 - b. Parent/guardian opening statement

5. Closing arguments by hearing officer
 - a. Filing of closing arguments
 - b. Decision due date
 - c. Procedures for appeal

Sample School District/Charter School Section 504 Complaint/Grievance Policy & Procedure
School District/Charter School Section 504 Complaint/Grievance Procedure

It is the preference of the school district/charter school to resolve allegations of discrimination through informal processes and communications. A request for an informal conference must be made by the grievant within ___ calendar days after an alleged violation has occurred. An informal conference must be convened within ___ calendar days after receipt of the request.

If the informal process fails to satisfy the grievant, a grievance may be processed as follows:

Step 1: Within ___ calendar days following the informal conference, the grievant shall file a grievance on the form provided by the school district/charter school. The grievant should present the grievance orally or in writing to the District/Charter School Section 504 Coordinator. Oral complaints will be placed in writing. Within ___ calendar days of the receipt of the grievance, the coordinator shall conduct a hearing regarding the complaint. All parties involved in the grievance shall be given a ___ calendar day notice of the date, time and place of the hearing. The parties shall be granted appropriate due process rights as required by law including the right to be represented by counsel, offer testimony, present evidence, cross-examine witnesses, and appeal rulings. Within ___ calendar days of the adjournment of the hearing, the District/Charter School Section 504 Coordinator will render a written decision regarding the grievance.

Step 2: If the grievant is not satisfied at Step 1, the grievant may refer the grievance to the superintendent/director within ___ calendar days after receipt of the Step 1 written decision. The superintendent/director or designee shall hold a hearing following the same procedures as in the previous hearing.

Step 3: If the grievant is not satisfied at Step 2, the grievant may within ___ days request a Due Process Hearing.

Definitions:

Grievance: Refers to any claim by an employee that there has been a violation, misinterpretation, or misapplication of the terms of Section 504.

Advanced Step Filing: Grievances may be initially filed at Step 1 thereby eliminating the informal conference.

No Reprisals: No reprisals shall be taken by the Board or its agents against any individual because of participation in this process.

Withdrawal: A grievance may be withdrawn at any level without establishing a precedent.

Time Limitations: An extension of the time limits is permissible by mutual consent of the parties at any level.

Sample Section 504 LEA Complaint & Grievance Filing Form

Section 504 Complaint & Grievance Filing Form

Date _____

Your name _____

Your school and/or position _____

Your address _____

Your telephone _____

Nature of your grievance (Please describe the practice or action you believe may be in violation of Section 504 and identify the name and title of person(s) you believe may be responsible.)

Provide a brief description of what, when and how the incident occurred. (Attach additional pages, if necessary).

Explain what steps, if any, you have already taken to resolve this matter.

Describe any corrective action you would like to see taken with regard to the possible violation.

Signature of grievant

Signature of person receiving grievance

Location of grievance filing

Sample Section 504 Complaint & Grievance Case Record Form

Section 504 Complaint & Grievance Case Record Form – LEA Initial Processing

Name of grievant(s) _____ Grievance number _____

School and/or position _____

Nature of grievance: Student Employee Parent

Suggested corrective action, if given _____

Any pre-grievance contacts Yes No

Data grievance filed _____ Place grievance filed _____

Stage of initial consideration Stage 1 Stage 2 Stage 3

Identified respondent _____ Date notified _____ Date answer received _____

Identified respondent _____ Date notified _____ Date answer received _____

Respondent's answer: Agree with facts
 Disagree with facts
 Request hearing

Hearing officer _____ Date notified _____ Date decision received _____

Decision of hearing officer: Accepts grievant's corrective action
 Proposes alternative corrective action
 Requires Level I hearing

Grievant's response: Accepts corrective action
 Requests hearing

| If hearing requested: | If corrective action accepted: |
|------------------------------|--|
| Date of hearing _____ | Date of notification of respondent and hearing officer _____ |
| Time of hearing _____ | Corrective steps description _____ |
| Place _____ | _____ |
| Date notification sent _____ | _____ |

Section 504 Grievance Policy Self-Evaluation

Self-Evaluation: Section 504 Grievance Written Policy

Each district leadership team should consider the below-listed items when evaluating the content of a district’s written Section 504 grievance policy to determine adjustments. The evaluation is organized into three sections:

- INITIATION AND FILING THE GRIEVANCE
- PROCESSING THE GRIEVANCE
- BASIC PROCEDURAL RIGHTS

- INITIATION AND FILING OF THE GRIEVANCE

Does the written grievance policy:

| | |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

1. Provide clear and adequate definitions of who may grieve, of what issues may be grievances, and of the terms used throughout the procedure?
2. Cover all students and employees?
3. Clearly state the form and procedure for filing grievances?
4. Specify any applicable time limits for the initiation of a grievance?
5. Provide for assistance to grievants in the filing, preparation, processing of a grievance?
6. Specify the responsibilities of appropriate staff for the receipt and initial handling of grievances?
7. Provide methods for informal and prompt resolution of grievances?

- PROCESSING THE GRIEVANCE

Does the written grievance policy:

| | |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

1. State the number and levels of steps for grievance processing and the criteria for referral to each level?
2. State the form of grievance presentation and processing (oral/written; hearing officer/hearing panel; etc.) at each step?
3. Specify the criteria and procedure for the assignment of initial hearing levels?
4. Describe procedures and responsibilities for notification of all parties at each processing level?
5. Explain timelines for all activities within the grievance procedure?
6. Specify the procedures which shall be used in conducting grievance hearings:
 - Amount of time allocated to each hearing?
 - Amount of time allocated to each party to the grievance?
 - Right of each party to representation and assistance?
 - Right of each party to present witnesses and evidence?
 - Right of each party to question witnesses?
 - Roles of persons involved in the hearing?
 - Right of grievant to determine whether hearing shall be open to the public?
 - Provisions and requirements for recording the hearing?

| | |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

7. Specify requirements for submission of written information by grievants?
8. State the form and timelines for the preparation of grievance decisions?
9. State the procedures and timelines for the grievant's acceptance or appeal of grievance decisions?
10. Specify the roles and selection of persons involved in grievance processing?

- BASIC PROCEDURAL RIGHTS

Does the written grievance policy:

| | |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

1. Provide grievants with the right to appeal to progressive levels of decision-making?
2. Provide assurances regarding the impartiality of hearing officers?
3. Provide for confidentiality of grievance proceedings if so desired by the grievant?
4. Provide for grievants' access to relevant institutional and agency records?
5. Provide for the protection of grievants and respondents from harassment and entry of information into student and personnel files?
6. Provide for confidentiality of grievance records if so desired by the grievant?

