

## SECTION THREE: Section 504 Resources

### Sample Forms

**E**xample and sample forms included in this document are intended to be guidance. School districts/charter schools are not required to use the exact format. School districts/charter schools are responsible for ensuring the accessibility of their documents for their end-users. As appropriate, make available necessary documents in multiple languages and alternative formats. The use of district or school letterhead on Section 504 forms are encouraged.

### **Available Sample Documents**

#### **Notice of Nondiscrimination**

##### **Referral**

- Section 504 Referral for Evaluation ^
- Section 504 Parent Notice of Referral and Consent to Evaluate

##### **Data Collection**

- Consent to Release Information (Third Party)
- Section 504 Student Input
- Section 504 Parent Input
- Section 504 Teacher Input

##### **Evaluation and Review**

- Section 504 Notice of Meeting
- Section 504 Team Evaluation and Determination
- Section 504 Plan
- Section 504 Receipt of Plan Acknowledgment
- Section 504 Plan Review Teacher Input
- Section 504 Plan Review
- Section 504 Manifestation Determination Review
- Section 504 Process Checklist

##### **Parent Rights and Grievance Process**

- Section 504 Notice of Parent and Student Rights \*^
- Section 504 Grievance Procedures \*^
- Section 504 Complaint and Grievance Filing ^
- Section 504 Complaint and Grievance Record
- Impartial Hearing Procedure
- Impartial Hearing Agenda
- Impartial Hearing Review Procedure

\* These documents should be presented and offered at every Section 504 meeting.

^ These documents should be readily available on the district/charter website.

### Sample Notification of Nondiscrimination

An effective notice of nondiscrimination makes it clear that the institution does not discriminate on the basis of disability, has a duty to locate students with disabilities, and how to contact the Section 504 Coordinator.

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

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.

The notice may include additional persons designated to coordinate other civil rights activities and their contact information. For assistance on a combined civil rights nondiscrimination notice see [SECTION THREE: Links \(e.g., Public Resources\)](#).

### **Notification of Nondiscrimination**

The \_\_\_\_\_ School District does not discriminate on the basis of disability in admission or access to its educational programs, in treatment and the administration of services it offers, in its recruitment, hiring and employment practices, or in any aspect of its operations in violation of Section 504.

The \_\_\_\_\_ School District takes appropriate steps to notify students with disabilities and their parents or guardians of our duty to annually identify and locate every qualified student with a disability residing in the school district's jurisdiction who is not receiving a public education.

\_\_\_\_\_ 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. Information as to the existence and location of services, activities, and

facilities that are accessible to and useable by individuals with disabilities may be requested from the above-referenced coordinator.

Sample Referral for Evaluation

**Section 504 Referral for Evaluation**

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 Level \_\_\_\_\_

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.

-----  
*This portion completed by the Section 504 Coordinator*

Student ID# \_\_\_\_\_

Date Referral Received \_\_\_\_\_

Received by \_\_\_\_\_

## Sample Notice of Rights

### Notice of Rights under Section 504

You have the right to be informed by the school system of 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 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 the student's educational records (34 CFR 104.36), programs, and activities in their native language.
- A response to requests for explanations and interpretations of their student's education records.
- Request a change to their 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 actions regarding the identification, evaluation, and placement of their student (34 CFR 104.36).

- Have evaluation and placement decisions made by a group of persons who know the 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 the student.

If the student is eligible under Section 504, they have the right to periodic reevaluations, including reevaluations before any significant change is made in their placement (34 CFR 104.35).

#### **IF THERE IS DISAGREEMENT WITH THE DISTRICT'S DECISION**

A parent that disagrees with the district's decisions regarding their student's identification, evaluation, educational program, or placement under Section 504, may submit a grievance or request an impartial hearing (34 CFR 104.36). A parent may take part in the hearing and have an attorney as representation. A parent may request a review of the hearing decision. Clarification of these rights and other concerns can be made to the district's Section 504 Coordinator:

[Section 504 Coordinator Name]

[Address]

[City, State, Zip]

[Phone Number], [E-mail]

A parent may file a complaint of discrimination with the Arkansas Division of Elementary and Secondary Education Equity Assistance Center (EAC), the U.S. Department of Education Office for Civil Rights (OCR) or seek relief in federal court.

#### **EAC**

4 Capital Mall, Box 25  
Little Rock, AR 72117  
Phone: 501-682-4213  
Fax: 501-682-7288  
Email:  
[ADE.EquityAssistance@ADE.Arkansas.gov](mailto:ADE.EquityAssistance@ADE.Arkansas.gov)

#### **OCR Regional Office**

One Petticoat Lane  
1010 Walnut St., Suite  
320 - 3<sup>rd</sup> Floor  
Kansas City, MO 64106  
Phone: 816-268-0550  
TTY: 800-877-8339  
FAX: 816-268-0599  
[OCR.KansasCity@ed.gov](mailto:OCR.KansasCity@ed.gov)

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

Sample Parental Notice & Consent

**Section 504 Parent/Guardian Notification of Referral & 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 an initial evaluation and based on it provide necessary accommodations. The evaluation data collection may include a review of the following as individually deemed appropriate:

Grades	Teacher Observations	Achievement Tests
Work Samples	Parent 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)

*Parent/Guardian complete & return this form with any additional information (e.g., Parent Observations, Medical Reports)*

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 **refuse and 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 Printed Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

*This portion completed by the Section 504 Coordinator*

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

Copy provided to parent

Sample Parental Authorization for Release of Information

**Parental Authorization for Release of Information**

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

**Information Requested** (as appropriate)

<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Demographic and Social Histories
<input type="checkbox"/> Speech-Language Evaluation	<input type="checkbox"/> Medical and Developmental Histories
<input type="checkbox"/> Vision Evaluation	<input type="checkbox"/> Medical Diagnosis
<input type="checkbox"/> Hearing Exam Evaluation	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Occupational Therapy Evaluation	<input type="checkbox"/> Physical Therapy Evaluation
	<input type="checkbox"/> Other: _____
	_____

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Email: \_\_\_\_\_

I consent for the Agency listed above to release the information specified above to the following:

School District/Charter: \_\_\_\_\_

School District/Charter Address: \_\_\_\_\_

District/Charter Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

District/Charter Email: \_\_\_\_\_

I understand that I may revoke this consent in writing at any time and that my consent will expire upon graduation or un-enrollment of the child listed above from the School/District.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

*Any information received and maintained by the school district will be subject to the Family Educational Rights and Privacy Act (FERPA).*

**Section 504 Meeting Notice**

**Student Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

[Date]

Dear [Parent or Guardian Name]:

You are invited to attend a meeting planned by the Section 504 Team to discuss your child's educational needs. Please notify the Section 504 Coordinator if you are not available so that we may reschedule.

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

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

The meeting is scheduled for the following reason(s)

- Initial Evaluation for Eligibility
- Section 504 Plan Review and Monitoring
- Reevaluation
- Manifestation Determination Reevaluation
- Other: \_\_\_\_\_

While parents are not required participants of the Section 504 Team, 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 most appropriate decisions possible. If you have not already done so, complete and return the *Parent Input Form*.

Section 504 provides specific rights to parents and students. 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 Parent or Guardian Input Form

**Section 504 Parent/Guardian Input Form**

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

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

<p><b>My Child's Health</b> (<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>_____</p> <p><input type="checkbox"/> My child is receiving service(s) from another agency. Explain:</p> <p>_____</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> <table><tr><td>Name of medication: _____</td><td>Name of medication: _____</td></tr><tr><td>Purpose of medication: _____</td><td>Purpose of medication: _____</td></tr><tr><td>Dosage: _____</td><td>Dosage: _____</td></tr><tr><td>Known side effects: _____</td><td>Known side effects: _____</td></tr></table>	Name of medication: _____	Name of medication: _____	Purpose of medication: _____	Purpose of medication: _____	Dosage: _____	Dosage: _____	Known side effects: _____	Known side effects: _____
Name of medication: _____	Name of medication: _____							
Purpose of medication: _____	Purpose of medication: _____							
Dosage: _____	Dosage: _____							
Known side effects: _____	Known side effects: _____							

<p><b>My Child at Home</b> (<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 have been significant changes within the family (e.g., 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> <table><tr><td>Rewards: _____</td><td>Consequences: _____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>	Rewards: _____	Consequences: _____	_____	_____	_____	_____
Rewards: _____	Consequences: _____					
_____	_____					
_____	_____					

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

Some of my child's strengths include:

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---

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

---

---

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

---

---

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

---

---

Previously attend schools include:

---

---

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

-----  
*This portion completed by the Section 504 Coordinator*

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

Sample Student Input Form

**Section 504 Student Input Form**

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

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

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

- I struggle doing work by myself.
- I struggle doing work in groups.
- I struggle understanding directions at school.
- I find it hard to stay focused in class.
  - All classes
  - These classes: \_\_\_\_\_
- I get overwhelmed by all the:
  - Sounds
  - Sights
  - Noises at school
- I find it hard to control my frustration or anger.
- I feel overwhelmed whenever I start a new project or assignment.
- It seems like my friends can take notes and record assignments better than I can.
- I can never finish my work in time, even when I know all the answers.
- I can never finish my tests or quizzes in time, even when I know all the answers.

**At Home** (*Check all that apply and/or explain responses as necessary.*)

- I struggle doing homework.
  - Amount of time I spend on homework each day: \_\_\_\_\_
- I often forget what work was assigned in class.
- I often forget when assignments are due.
- I cannot seem to get big assignments or projects done by the due date.
- I find it hard to stay focused -
  - All the time
  - When I am... \_\_\_\_\_
- I get overwhelmed by all the:
  - Sounds
  - Sights
  - Noises at school
- I find it hard to control my frustration or anger.
- I feel overwhelmed whenever I start a new task or chore.

**What Helps Me Most** *(Only check what helps)*

- Being in a room with little noise and/or few distractions.
- Having the following read to me –
  - Textbooks
  - Assignments
  - Tests
- Having large assignments broken into small parts.
- Watching a recording of the lesson.
- Getting assignments (not tests) ahead of time
- Studying –
  - In a group
  - By myself
  - With an adult
- An adult checking with me on my progress –
  - Beginning
  - Middle
- Reviewing class notes and study guides –
  - The notes I make
  - The teacher's notes
- Asking questions or asking for help –
  - From the teacher
  - From another student
- Giving me some time to think about my response.
- Having extra time to complete
  - In-class assignments
  - Homework
  - Tests
- Giving my answers by –
  - Writing them myself
  - Typing them
  - Speaking them verbally
- An assignment tracker sheet that an adult regularly checks on
- Having a “cool down” process –
  - Place
  - Adult Mentor
- An adult noticing my triggers (see below)

**Other Information**

Some of my strengths are:

\_\_\_\_\_

\_\_\_\_\_

I am having these other difficulties at school:

\_\_\_\_\_

\_\_\_\_\_

When I am getting frustrated or triggered, you can tell by:

\_\_\_\_\_

\_\_\_\_\_

In addition to what I checked above, the following things help me succeed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*This portion completed by the Section 504 Coordinator*

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

### Sample Teacher Input Form

Teachers should participate in the Section 504 process where appropriate 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.

## Section 504 Teacher Input Form

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

Student ID#: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Subject/Course: \_\_\_\_\_

<b>Performance Area</b> <i>(Check the box that identifies your level of concern for each area/skill as applicable.)</i>	<b>Rationale</b> <i>(For each area, briefly explain the student's ability to access the general education instructional program.)</i>
<b>Attention &amp; Concentration</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Communication or English Language Development</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Language Arts (Reading &amp; Writing)</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Math</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Physical Education</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Problem Solving &amp; Organizing</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Short- &amp; Long-Term Memory</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Socialization &amp; Behavior</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Test Taking</b> <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Significant	
<b>Work &amp; Study Habits</b> <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). \_\_\_\_\_

What assignments, tests, or projects are problematic for the student? \_\_\_\_\_

Current Grade Average: \_\_\_\_\_

(Teacher Signature)

(Date)

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

*This portion completed by the Section 504 Coordinator*

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

Sample Team Evaluation & Eligibility Determination Form

**Section 504 Team Evaluation & Determination**

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

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

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

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

**Reason for Team Meeting**

- Initial Evaluation                       Reevaluation

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 Reviewed** (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"/> Grade Reports	<input type="checkbox"/> School Counselor Input
<input type="checkbox"/> Attendance Data	<input type="checkbox"/> Related Service Provider Input
<input type="checkbox"/> Behavior Data & Discipline Records	<input type="checkbox"/> Physician Input
	<input type="checkbox"/> Other: _____

**Team Determination of Eligibility under Section 504**

Section 504 definition of disability:

*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*

Does the student have a physical or mental impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasoning _____
_____
_____
Does the student's impairment substantially limit a major life activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasoning _____
_____
_____

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

Tentative Reevaluation Date:

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

\_\_\_\_\_

**Team IDEA Referral**

- The Section 504 Team has determined that the student may also be eligible under a separate definition of disability under the Individuals with Disabilities Education Act (IDEA) and will refer this student for a Special Education Evaluation.

**School Personnel & Others in Attendance:**

Name	Title

**Parent / Guardian Statement:**

- I **agree** with the Section 504 Team's
  - determination of eligibility decision.
  - placement decision.
- I **do not agree** with the Section 504 Team's
  - determination of eligibility decision.
  - placement decision.

- I received a copy of the school district's *Notice of Rights under Section 504*.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Sample Plan

**Section 504 Plan**

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

Student ID#: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

Tentative Section 504 Plan Review Date: \_\_\_\_\_

Area of Educational Need* <small>(e.g., Academics, Accessibility, Behavior, Specialized Health Care, Transportation)</small>	Service <small>(e.g., Accommodation, Modification, Counseling, Exception)</small>	Person(s) Responsible <small>(e.g., Specific Subject/Course, Transportation Staff)</small>	Additional Detail Regarding Implementation <small>(e.g., How &amp; When to Implement, Frequency, Duration)</small>

\*Data-based need identified (see assessments; grade, attendance, discipline reports; observations; etc.)

The Section 504 Plan **will be implemented**, beginning on: \_\_\_\_\_

The Section 504 Plan **will not be implemented** due to the parent's refusal of consent for initial Section 504 services received on: \_\_\_\_\_

**School Personnel & Others in Attendance at Plan Development:**

Name	Title



Sample Plan Review Teacher Input Form

**Section 504 Plan Review Teacher Input**

Teacher Name: \_\_\_\_\_ Course Name: \_\_\_\_\_

Grade Period: \_\_\_\_\_ Student Current Course Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Tentative Section 504 Plan Review Date: \_\_\_\_\_

**Accommodation Review & Recommendations to the Section 504 Team**

List the student's accommodations pertaining to the course, rate the overall effectiveness of the accommodations, suggest changes, and comment as appropriate

N= Not observed      1 = Ineffective      2 = Somewhat Effective      3 = Effective

RC = Recommend Implementation Change/Adjustment

RR = Recommend Removing Accommodation      RN = Recommend a New Accommodation

Current Accommodations	Rating / Recommendation / Comments
	<input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> RC <input type="checkbox"/> RR <input type="checkbox"/> RN
	<input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> RC <input type="checkbox"/> RR <input type="checkbox"/> RN
	<input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> RC <input type="checkbox"/> RR <input type="checkbox"/> RN
	<input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> RC <input type="checkbox"/> RR <input type="checkbox"/> RN

**Appropriateness** (check as needed)

The **Section 504 Plan is appropriate.** It effectively supports the student by providing an equal opportunity to achieve as compared to their peers and recommend that it be continued.

The student is passing.

The student has access to the curriculum.

There are no concerns.

The student has access to the educational environment.

The **Section 504 Plan is not appropriate.** It does not effectively support the student by providing an equal opportunity to achieve as compared to their peers and request a meeting.

The student is failing.

The student's access to the curriculum is currently limited.

There are concerns.

The student's access to the educational environment is limited.

**Teacher Observations**

Problematic Assignments, Interactions, etc.	Possible Causal Factors

Return this form and any evidence of implementation to the [Section 504 Coordinator] at [Phone Number] or [Email Address] or [Mailing Address].

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This portion completed by the Section 504 Coordinator

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

Sample Team Plan Review Form

**Section 504 Team Plan Review**

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

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

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

Student ID#: \_\_\_\_\_

**Reason for Team Meeting**

- Annual Review                       Requested or "As Needed" Review

**Data Team Reviewed** (as appropriate)

<input type="checkbox"/> Psychological Assessment Data <input type="checkbox"/> State Assessment Data: _____ <input type="checkbox"/> Other Assessment Data: _____ <input type="checkbox"/> Progress Monitoring Data: _____ <input type="checkbox"/> Grade Reports <input type="checkbox"/> Attendance Data <input type="checkbox"/> Behavior Data & Discipline Records	<input type="checkbox"/> Student Input or Work Samples <input type="checkbox"/> Parent/Guardian Input <input type="checkbox"/> Teacher Input <input type="checkbox"/> School Nurse Input <input type="checkbox"/> School Counselor Input <input type="checkbox"/> Related Service Provider Input <input type="checkbox"/> Physician Input <input type="checkbox"/> Other: _____
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**Team Accommodation Review**

List the student's accommodations, rate the overall effectiveness of the accommodations, list changes\* as appropriate

- N= Not observed              1 = Ineffective              2 = Somewhat Effective              3 = Effective  
 C = Change/Adjustment              R = Removing Accommodation              N = New Accommodation

Current Accommodations	Overall Rating / Comments
	<input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> N _____
	<input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> N _____
	<input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> N _____
	<input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> N _____

\*Update the Section 504 Plan with any changes

**Appropriateness** (check as needed)

The **Section 504 Plan is appropriate.** It effectively supports the student by providing an equal opportunity to achieve as compared to their peers and recommend that it be continued.

The **Section 504 Plan is not appropriate.** It does not effectively support the student by providing an equal opportunity to achieve as compared to their peers and recommend revision.

**Team IDEA Referral**

- The Section 504 Team has determined that the student may also be eligible under a separate definition of disability under the Individuals with Disabilities Education Act (IDEA) and will refer this student for a Special Education Evaluation.

**School Personnel & Others in Attendance:**

Name	Title

SAMPLE

Sample Team Manifestation Determination Review

**Section 504 Manifestation Determination Review**

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

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

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

Student ID#: \_\_\_\_\_

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

Date of Incident: \_\_\_\_\_

**Description of Incident:**

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**Data Considered in Addition to the Student's § 504 Plan:**

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

**Manifestation Determination:**

*Was there a direct and substantial relationship between the conduct described above and the child's disability?*       Yes       No

Reasoning \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Was the conduct described above a direct result of the failure to implement the student's § 504 Plan?*       Yes       No

Reasoning \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Sample 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:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

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 when the plan is ineffective
- Reevaluate at least every three (3) years; Tentative Reevaluation Date: \_\_\_\_\_

## **Section 504 Complaint & Grievance Procedure**

The [school district/charter school] assures an objective and impartial Section 504 grievance procedures. The school district/charter school assures that it will take steps to prevent discrimination on the basis of disability from recurring and to correct its efforts when appropriate.

It is the preference of the school district/charter school to resolve allegations of discrimination through informal processes and communications. An informal meeting must be convened within \_\_\_ school days after receipt of a request.

Grievances are processed as follows in compliance with Section 504 of the Rehabilitation Act of 1973:

Step 1: Within \_\_\_ school days following the informal meeting, 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 \_\_\_ school days of the receipt of the grievance, the coordinator shall conduct an investigation/hearing regarding the grievance. All parties involved in the grievance shall be given \_\_\_ school days of notice of the date, time, and place [of the submission of written evidence for consideration **OR** 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. The consideration of the allegations must be based on applying the related legal requirements under Section 504 to the facts. Within \_\_\_ school days of the [completion of the investigation **OR** adjournment of the hearing], the District/Charter School Section 504 Coordinator will render a written decision regarding the grievance to be provided to all parties.

Step 2: If the grievant is not satisfied at Step 1, the grievant may refer the grievance to the superintendent/director within \_\_\_ school days after receipt of the Step 1 written decision. The superintendent/director or designee shall [investigate **OR** hold a hearing] following the same procedures as in Step 1.

The availability and use of this Section 504 grievance procedure does not prevent a person from requesting a local Section 504 impartial hearing, filing a complaint with the Arkansas Department of Education (ADE) Equity Assistance Center (EAC), the United States Department of Education (USDOE) Office for Civil Rights (OCR), or filing a civil action in federal or state court.

The LEA prohibits discrimination on the basis of disability in accordance with Section 504 and prohibits retaliation for exercising rights protected under Section 504.

Definitions:

**Grievance:** Refers to any claim by an individual that there has been a violation, misinterpretation, or misapplication of Section 504 of the Rehabilitation Act of 1973.

**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.

I received a copy of the school district's Section 504 Grievance Procedures.

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Parent or Guardian Signature

Date

Sample Complaint & Grievance Filing Form

**Section 504 Complaint & Grievance Filing Form**

Your name \_\_\_\_\_

Student name \_\_\_\_\_

Your school and/or position \_\_\_\_\_

Your address \_\_\_\_\_

Your telephone \_\_\_\_\_

Date the grievant became aware of the alleged discriminatory action \_\_\_\_\_

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

\_\_\_\_\_  
Date grievant signed

\_\_\_\_\_  
Signature of person receiving grievance

\_\_\_\_\_  
Date grievance received



## **Section 504 Impartial Hearing Procedure**

It is the preference of the school district/charter school to resolve disagreements fairly and equitably. Impartial hearings are available under Section 504 to resolve disagreements between parents and the school district/charter school over matters related to the identification, evaluation, or educational placement of a student with a disability.

- An impartial hearing may be called at the request of the school district/charter school or a parent/guardian.
- There is an exception for student use of drugs or alcohol. The school district/charter school can take disciplinary action against any student with a disability “who currently is engaging in the illegal use of drugs or in the use of alcohol to the same extent that such disciplinary action is taken against students who are not individuals with disabilities,” 29 U.S.C. § 705(20)(C)(iv).
- These impartial hearing procedures shall not be used if the remedy requested by the complainant is available through the due process procedures outlined in the Individuals with Disabilities Education Act (“IDEA”), 20 U.S.C. § 1415 (f).

Requests for impartial hearings must be made in writing and submitted to the school district's/charter school's Section 504 Coordinator. An impartial hearing must be requested within \_\_\_\_ school days of the dispute giving rise to the hearing. The impartial hearing request must include the following information:

- A description of the decision(s) made by the school district/charter school with which the complainant disagrees, including facts relating to such decision.
- A proposed resolution of the problem to the extent known and available to the party at the time.

The school district/charter school will appoint an impartial hearing officer. The impartial hearing officer must be knowledgeable of Section 504 and disability laws and be impartial. The impartial hearing officer may neither be employed by nor represent the school district/charter school.

- The school district/charter school will identify \_\_\_\_ to maintain a list of persons who may serve as impartial hearing officers. This list should include a statement regarding the backgrounds of each of the impartial hearing officers and should be made available upon request.
- The impartial hearing officer will be appointed within \_\_\_\_ school days of receipt of a request for an impartial hearing unless an extension is requested.

The school district's/charter school's pre-impartial hearing procedures include responsibilities of the impartial hearing officer. The impartial hearing officer before the impartial hearing must:

- Within \_\_\_\_ school days of appointment, secure a date, time, and location for the hearing that are convenient to both parties, and notify both parties, in writing, of the date, time, and location of the hearing.
- Ascertain whether the parties will be represented at the hearing.
- Ensure that the hearing is accurately recorded.

The school district's/charter school's pre-impartial hearing procedures require a list of witnesses and documentary evidence for the impartial hearing (including all evaluations and related recommendations that each party intends to use at the impartial hearing) to be exchanged by the parties and received by the impartial hearing officer at least \_\_\_\_ school days before the hearing.

- The impartial hearing officer has the authority to exclude any documentary evidence which was not provided and any testimony of witnesses who were not identified at least \_\_\_\_ school days before the hearing.

The school district/charter school may hold a pre-impartial hearing conference if appropriate and may be conducted by telephone.

The school district's/charter school's impartial hearing procedures include responsibilities of the impartial hearing officer.

- Maintain an atmosphere conducive to impartiality and fairness.
- Maintain an accurate record of the proceedings.
- Issue a written decision to all parties setting forth findings of fact and conclusions of law based on the evidence presented in the hearing.
- Render a written decision within \_\_\_\_ school days from the date of the impartial hearing, unless continued upon a request of either party to the hearing. A continuance can be granted by the hearing officer upon a showing of good cause.
- Assign the burden of proof and the order of proof to the party that requested the impartial hearing.

The school district's/charter school's impartial hearing procedures provide the following rights to parties:

- Participate in the hearing and be represented by counsel at their own expense.
- Present evidence and cross-examine witnesses.

- Obtain a copy of the transcript or a tape recording of the hearing (the cost of the transcript to be borne by the requesting party).

The school district/charter school will provide communication to the parent/guardian in their preferred language or mode of communication.

Upon request, the school district/charter school Section 504 Coordinator shall provide a review procedure of the impartial hearing to ensure that the hearing was properly conducted according to the requirements of the Section 504 procedural safeguards and the school district's/charter school's Section 504 impartial hearing procedures.

The availability and use of this Section 504 impartial hearing procedure does not prevent a person from filing a complaint with the Arkansas Department of Education (ADE) Equity Assistance Center (EAC), the United States Department of Education (USDOE) Office for Civil Rights (OCR), or filing a civil action in federal or state court.

The LEA prohibits discrimination on the basis of disability in accordance with Section 504 and prohibits retaliation for exercising rights protected under Section 504.

I received a copy of the school district's/charter school's Section 504 Impartial Hearing Procedures.

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Parent or Guardian Signature

Date

## 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, school district/charter school, and case number)
  
2. Introductory statement by the impartial hearing officer
  - a. Introduction of the impartial 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/charter school
    - ii. Parent/guardian opening statement
  - b. Presentation of written evidence and testimony
    - i. School district/charter school
    - ii. Parent/guardian opening statement
    - iii. School district/charter school (rebuttal)
  
4. Closing arguments\*
  - a. School district/charter school
  - b. Parent/guardian
  
5. Closing arguments by hearing officer
  - a. Filing of closing arguments
  - b. Decision due date
  - c. Procedures for appeal

*\* The order of proof is assigned to the party that requested the impartial hearing*

## Sample Impartial Hearing Review Procedure

### **School District/Charter School Section 504 Impartial Hearing Review Procedure**

It is the preference of the school district/charter school to resolve disagreements fairly and equitably. An impartial hearing review is available under Section 504 to resolve concerns regarding if the Section 504 impartial hearing was properly conducted according to the requirements of the Section 504 procedural safeguards and the school district's/charter school's Section 504 impartial hearing procedures.

- Any party aggrieved by the impartial hearing officer's decision may request a review of the decision by a review officer.
- A request may be noted by a party by submitting a written notice of this request with the school district's/charter school's Section 504 Coordinator within \_\_\_\_\_ school days of the date of the impartial hearing officer's decision.
  - The request should include a brief description of the basis of the request.
- A review officer will be appointed by the Section 504 Coordinator from the maintained list within \_\_\_\_\_ school days of the request for review.
- The [review officer OR Section 504 Coordinator] will conduct a review of the impartial hearing decision.
- The review officer must:
  - Examine the record of the impartial hearing.
  - Determine whether the procedures at the impartial hearing were in accordance with the requirements of due process including Section 504 procedural safeguards and the school district's/charter school's Section 504 impartial hearing procedures.
  - Afford the parties an opportunity for written or oral argument, or both, at the discretion of the review officer.
  - Seek additional evidence, if necessary; and
  - Issue a written decision.
- The review officer shall uphold the initial decision unless it is found to be arbitrary or capricious, contrary to law, or not supported by evidence.
  - The decision will be based on a review of the written request, the impartial hearing officer's decision, the school district's/charter school's Section 504 impartial hearing procedures, Section 504 procedural safeguards, additional information provided by the parent, and any additional information deemed relevant by the Section 504 Coordinator.

- The review officer's decision must be issued within \_\_\_\_\_ school days from the date the request was provided to the review officer, unless continued at the request of a party. A continuance may be granted by the review officer upon a showing of good cause. A copy of the decision must be sent to all parties.
- The record of the administrative hearings shall be sent by the review officer to the Section 504 Coordinator upon the issuance of the decision.
- The Section 504 Coordinator is responsible for maintaining all records of hearings.
- Any party aggrieved by the review officer's decision may file a civil action in a court of appropriate jurisdiction.

I received a copy of the school district's Section 504 Impartial Hearing Review Procedures.

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Parent or Guardian Signature

Date

## Links

This subsection includes additional local and federal resources concerning Section 504 of the Rehabilitation ACT of 1973. This information is provided for the reader's convenience and are shared in an effort to support multiple audiences (e.g., stakeholders, parents, students, advocacy groups, and educators). Resources include links to websites and information created and maintained by public and private organizations. The Arkansas Division of Elementary and Secondary Education (DESE) and the Equity Assistance Center (EAC) do not guarantee the accuracy of the information contained within these resources, and do not endorse any views expressed, or products or services offered.

### Public Resources

#### **Arkansas Department of Education Data Center District and School Personnel Directory**

- For contact information of LEA Equity Section 504 Coordinators & other school district and charter school staff.  
<https://adedata.arkansas.gov/spd/Home/districts>

#### **Arkansas Division of Elementary and Secondary Education (DESE) Equity Assistance Center (EAC)**

- For guidance, resources, and assistance in Section 504, advisors are available to provide support and technical assistance.  
<https://dese.ade.arkansas.gov/Offices/legal/equity-assistance-center/section-504>
- For an overview of a specific Section 504 topic or of a specific role within the Section 504 process view videos developed by the EAC.  
<https://dese.ade.arkansas.gov/Offices/legal/equity-assistance-center/section-504-guidance-videos>
- For guidance on a combined nondiscrimination notice that encompasses the regulatory requirements of the Age Discrimination Act, Boy Scouts of America Equal Access Act, Section 504, Title II of Americans with Disabilities Act, Title VI, and Title IX view this resource  
[https://dese.ade.arkansas.gov/Files/Nondiscrimination\\_Notice\\_Guidance\\_EAC\\_FINALALRV\\_20210901145440.pdf](https://dese.ade.arkansas.gov/Files/Nondiscrimination_Notice_Guidance_EAC_FINALALRV_20210901145440.pdf)

#### **Equity Assistance Center (EAC) Contact Information**

Equity Assistance Center  
Office of Legal Services  
Division of Elementary and Secondary Education  
Arkansas Department of Education  
4 Capitol Mall, Box 25  
Little Rock, AR 72201

Telephone: 501-682-4213  
FAX: 501-682-7288  
Email: [ADE.EquityAssistance@ADE.Arkansas.gov](mailto:ADE.EquityAssistance@ADE.Arkansas.gov)

### **Information and Technical Assistance on the Americans with Disabilities Act (ADA)**

- Website lists ADA laws, resources and information hotline. ADA Specialists are available to provide ADA information and answers to technical questions.  
[https://www.ada.gov/contact\\_drs.htm](https://www.ada.gov/contact_drs.htm)

### **Electronic Code of Federal Regulations (e-CFR)**

- Website provides an electronic version of the statute Section 504 of the Rehabilitation Act of 1973, 34 C.F.R. Part 104.  
[https://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title34/34cfr104\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title34/34cfr104_main_02.tpl)
- Website provides an electronic version of the statute Individuals with Disabilities Education Act (IDEA), 34 C.F.R. Part 300.  
<https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300?toc=1>

### **Office for Civil Rights (OCR) of the U.S. Department of Education Guidance**

- Guidance provides an overview of disability discrimination and laws.  
<https://www2.ed.gov/about/offices/list/ocr/disabilityoverview.html>
- Guidance concerns frequently asked questions (FAQ) about Section 504 and the education of students with disabilities.  
<https://www2.ed.gov/about/offices/list/ocr/504faq.html>
- Guidance summarizes key requirements of Section 504 - *Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools*, OCR, Washington, DC, 2016.  
<https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>
- Guidance describes proper evaluation and timely and appropriate services to students with attention deficit hyperactivity disorder (ADHD) - *Students with ADHD and Section 504: A Resources Guide*, OCR, Washington, DC, 2016.  
[www.ed.gov/ocr/letters/colleague-201607-504-adhd.pdf](http://www.ed.gov/ocr/letters/colleague-201607-504-adhd.pdf).

#### **OCR “Dear Colleague” Letters of Guidance (non-exhaustive list)**

- ***OCR Placement of School Children with Acquired Immune Deficiency Syndrome (AIDS), July 1991***  
Letter provides information on the third prong in the definition of disability under Section 504 and the reaction of others that perceive that a student has a disability.  
<https://www2.ed.gov/about/offices/list/ocr/docs/hq53e9.html>

- ***OCR Releases Guidance about the Rights of Students with Disabilities in Public Charter Schools, December 28, 2016***  
 Letter addresses students with disabilities who are enrolled in public charter schools and their rights under Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA).  
<https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201612-504-charter-school.pdf>
- ***Guidance on Effective Communication for Students with Hearing, Vision, or Speech Disabilities in Public Elementary and Secondary Schools, November 12, 2014***  
 Letter concerns public school obligations to meet the communication needs of students with hearing, vision, or speech disabilities.  
<https://www2.ed.gov/about/offices/list/ocr/letters/colleague-effective-communication-201411.pdf>
- ***Guidance on Bullying of Students with Disabilities, October 21, 2014***  
 Letter discusses the school's obligation to respond to the bullying of students with disabilities. It describes the actions schools must take when bullying interferes with the education of a student with a disability and provides insight into how OCR analyzes complaints involving bullying of students with disabilities.  
<https://www2.ed.gov/about/offices/list/ocr/letters/colleague-bullying-201410.pdf>
- ***Guidance on Schools' Obligation to Provide Equal Opportunity to Students with Disabilities to Participate in Extracurricular Athletics, January 25, 2013***  
 Letter overviews the obligations of schools under Section 504 of the Rehabilitation Act and cautions against making decisions based on presumptions and stereotypes. The letter details the requirement that students with disabilities have equal opportunity for participation in nonacademic and extracurricular activities and discusses the provision of separate or different athletic opportunities.  
<https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.pdf>
- ***Questions and Answers on Report Cards and Transcripts for Students with Disabilities Attending Public Elementary and Secondary School, October 17, 2008***  
 Letter describes the general principle that report cards may contain information about a student's disability as long as it informs parents about their child's progress or level of achievement in specific classes, course content, or curriculum. Transcripts may not contain information disclosing students' disabilities.  
<https://www2.ed.gov/about/offices/list/ocr/letters/colleague-20081017.pdf>

- ***Guidance on Access by Students with Disabilities to Accelerated Programs, December 26, 2007***  
Letter states that a school district or charter school may not refuse qualified students with disabilities participation in challenging academic programs such as Advanced Placement and International Baccalaureate classes. Neither can a school district or charter school require qualified students with disabilities to give up the services that have been designed to meet their individual needs.  
<https://www2.ed.gov/about/offices/list/ocr/letters/colleague-20071226.pdf>
- ***Guidance on Students with Disabilities and Transitioning to Postsecondary Education Programs, March 16, 2007***  
Letter provides information on the legal rights and responsibilities will affect students with disabilities as they transition from high school to institutions of postsecondary education.  
<https://www2.ed.gov/about/offices/list/ocr/letters/parent-20070316.html>

### **Office for Civil Rights (OCR) Contact Information**

Kansas City Office  
Office for Civil Rights  
U.S. Department of Education  
One Petticoat Lane  
1010 Walnut Street, Suite 320 – 3<sup>rd</sup> Floor  
Kansas City, Missouri 64106  
Telephone: 816-268-0550  
FAX: 816-268-0599; TDD: 800-877-8339  
Email: [OCR.KansasCity@ed.gov](mailto:OCR.KansasCity@ed.gov)

### **Office of Special Education and Rehabilitation Services (OSEP) of the U. S. Department of Education Guidance**

- ***Memo 11-07: A Response to Intervention (RTI) Process Cannot Be Used to Delay-Deny an Evaluation for Eligibility under the Individuals with Disabilities Education Act (IDEA), January 21, 2011***  
<https://sites.ed.gov/idea/idea-files/osep-memo-11-07-response-to-intervention-rti-memo/>

### **Arkansas Rehabilitation Services**

- For transition to employment accessibility and training needs for individuals with disabilities.  
<https://arcareereducation.org/about/arkansas-rehabilitation-services>

## Private Resources

### **ADDitude**

- For ADHD guides, tools, and webinars.  
<https://www.additudemag.com/>

### **Arkansas Disability Rights Center**

- For resources on disability-related rights and advocacy support services.  
<http://disabilityrightsar.org/resources/>

### **Center for Exceptional Families**

- For presentations, useful forms, and advocacy support services.  
<http://thecenterforexceptionalfamilies.org/>

### **Easterseals Outreach Program and Technology Services**

- For available short-term loan technology equipment to assist students.  
<https://eastersealsopts.org/>. When on the dashboard, click on the drop-down for “short-term loan”.

### **ICAN of Arkansas**

- For assistive technology information assistance, device loans and demonstrations.  
<https://ar-ican.org/> (search items [here](#))

### **Understood**

- For tools and webinars concerning learning and attention issues.  
<https://www.understood.org/en>