



Gunter Independent School District

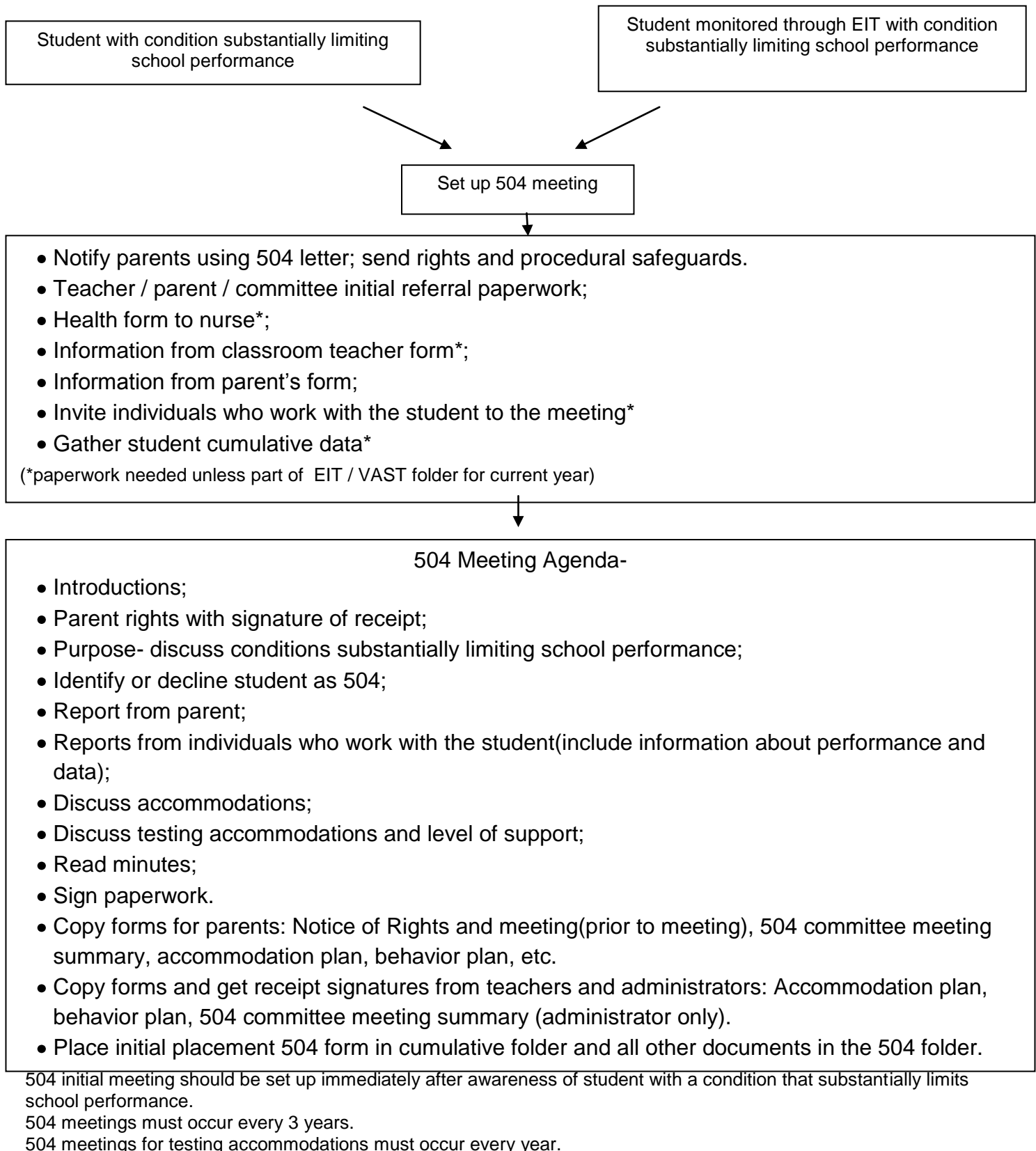


Gunter Independent School District

Section 504

Information and Forms

504 Flow Chart



Notice of Section 504 Meeting
Notificacion de Junta de la Seccion 504

Student: _____
Estudiante

Date of Birth: _____
Fecha de Nacimiento

Campus: _____
Escuela

Grade: _____
Grado

Dear Parent/Guardian:
Estimado Padre o Tutor:

This letter is to inform you that the Seccion 504 Campus Review Committee is scheduled to meet to discuss your child's educational needs. Details of the meeting are as follows:
Esta carta es para informarle que el Comite de Revision de la Seccion 504 de la escuela tiene planes a reunirse para discutir las necesidades educativas de su hijo(a). Los detalles de la reunion son las siguientes:

Date: _____ Time: _____
Fecha Hora

Location: _____
Lugar

We would appreciate your participation. If you do not respond to this letter, please be advised that we shall proceed with the meeting.
Su participacion sera apreciada. Si usted no esta presente o no responde a esta carta procederemos con la junta.

Campus 504 Coordinator
Coordinador de la escuela para la Seccion 504

Date
Fecha

Please check below, sign and return to your child's campus. Por favor marque abajo, firme y regrese a la escuela de su hijo(a).

- I will be able to attend the meeting. Estare en la reunion.
I will not be able to attend the meeting. Please have the meeting without me and notify me of the results. No estare en la reunion. Favor de tener la reunion sin mi y notifiqueme de los resultados.
I will not be able to attend the meeting. Please notify me by phone at _____. No estare en la reunion. Por favor notifiqueme por telefono al _____.
I will not be able to attend the meeting. I would like to reschedule. No estare en la reunion. Me gustaria cambiar la reunion para otra fecha.

Cicle one- marque uno Monday/lunes Tuesday/martes Wednesday/miercoles Thursday/jueves
Cicle one- before school after school same time as above
Antes de escuela despues de escuela al mismo tiempo notado arriba

I will not be able to attend the meeting. I am refusing to consent to an initial evaluation for 504 services due to the following reason-_____
No estare en la reunion. No doy mi consentimiento para una evaluacion inicial de 504 por la siguiente razon _____

If you have any questions please call me at _____.
Si tiene cualquier pregunta por favor comuniquese conmigo al _____.

Please initial. Por favor marque con sus iniciales.

I have received the NOTICE OF RIGHTS FOR DISABLED STUDENTS AND THEIR PARENTS UNDER §504 OF THE REHABILITATION ACT OF 1973 and PROCEDURAL SAFEGUARDS/GRIEVANCE PROCEDURE UNDER SECTION 504

He recibido el aviso de los derechos para los estudiantes discapacitados y sus padres sobre el programa 504 del Acto Rehabilitacion de 1973 y el proceso de quejas/procedimientos de proteccion del programa 504.

Parent signature: _____ Date: _____

**NOTICE OF RIGHTS FOR DISABLED STUDENTS AND THEIR PARENTS UNDER §504 OF THE
REHABILITATION ACT OF 1973**

The Rehabilitation Act of 1973, commonly known in the schools as "SECTION 504", is a federal law passed by the United States Congress with the purpose of prohibiting discrimination against disabled persons who may participate in, or receive benefits from, programs receiving federal disabled persons who may participate in, receive benefits from, programs receiving federal financial assistance. In the public schools specifically, §504 applies to ensure that eligible disabled students are provided with educational benefits equal to those provided to non-disabled students.

Under §504, a student is considered "disabled" if he or she suffers from a physical or mental impairment that substantially; limits one or more of their major life activities, such as learning, self-care, walking, seeing, hearing, speaking, breathing, working, and performing manual tasks. Section 504 also applies to students who have a record of having a substantially limiting impairment, or who are regarded as being disabled even if they are truly not disabled. Students can be considered disabled, and can receive services under §504, even if they do not qualify for, or receive, special education.

The purpose of this Notice is to inform parents and students of the rights granted them under §504. The federal regulations that implement §504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR) and entitle parents of eligible students, and the students themselves, to have the following rights:

1. You have the right to be informed about your rights under §504. [34 CFR 104.32] The school district must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in this Notice, contact appropriate staff persons at the district's §504 office and they will assist you in understanding your rights *34 CFR 104.32*

2. Under §504, your child has the right to an appropriate education designed to meet his/her individual educational needs as adequately as the needs of non-disabled students are met. *34 CFR 104.33*

3. Your child has the right to free educational services except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties are not relieved from an otherwise valid obligation to provide or pay for services provided to a disabled student. *34 CFR 104.33*

4. To the maximum extent appropriate, your child has the right to be educated with children who are not disabled. Your child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. *34 CFR 104.34*

5. Your child has a right to facilities, services, and activities that are comparable to those provided for non-disabled students. *34 CFR 104.34*

6. The School District must undertake an evaluation of your child prior to determining his or her appropriate educational placement or program of services under §504, and also before every subsequent significant change in placement *34 CFR 104.35*

7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR 104.35] The district shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, physical or medical reports, students grades, progress reports, parent observations, anecdotal reports, and TEAMS/TAAS scores. *34 CFR 104.35*

8. Placement decisions regarding your child must be made by a group of persons (a §504 committee) knowledgeable about your child, the meaning of the evaluation data, the placement options, and the requirements that to the maximum extent appropriate, disabled children should be educated with non-disabled children. *34 CFR 104.35*

9. If your child is eligible under §504, he or she has a right to periodic re-evaluations to determine if there has been a change in educational needs. Generally, an evaluation will take place at least every three years. *34 CFR 104.35*

10. You have the right to be notified prior to any action by the District in regards to the identification, evaluation, or placement of your child. *34 CFR 104.36*

11. You have the right to an impartial due process hearing with respect to the district's actions regarding your child's identification, evaluation, or educational placement under §504. [34 CFR 104.36] You have the right to participate personally at the hearing, and to be represented by an attorney, if you wish to hire one. *34 CFR 104.36*

12. If you wish to contest the actions of the district's §504 Committee in regard to your child's identification, evaluation, or educational placement, you should file a written Notice of Appeal or a Request for Hearing with the district's §504 Coordinator at the address below:

Mrs. Tara Rice
Gunter ISD
P.O. Box 109
Gunter, TX 75058
(903) 433-5315

You will then be notified in writing of the hearing date, time, and place.

13. If you disagree with the decision of the impartial hearing officer, you have a right to a review of that decision by a court of competent jurisdiction. *34 CFR 104.36*

14. On §504 matters other than your child's identification, evaluation, and placement, you have a right to file a complaint with the district's §504 Coordinator, who will investigate the allegations to the extent warranted by the nature of the complaint in an effort to reach a prompt and equitable resolution.

15. You also have a right to file a complaint with the Office of Civil Rights. The address of the Regional Office, which covers Texas, is:

Office of Civil Right, Region VI
1200 Main Tower Building, Room 1935
Dallas, TX 75202
(214) 767-3959

Aviso a Padres de Estudiantes Incapacitados de sus Derechos Legales Bajo la Sección 504 del Decreto de Rehabilitación de 1973

El Programa de Rehabilitación de 1973, conocido generalmente como la “Sección 504,” es una ley federal legislada por el Congreso de los Estados Unidos. El propósito de esta ley es de prohibir discriminación contra estudiantes incapacitados y asegurar que tengan oportunidades y beneficios educativos adecuados como los de estudiantes sin incapacidades. Bajo la Sección 504, un estudiante es considerado incapacitado si padece de un impedimento o condición física o mental que substancialmente limita una de sus actividades, como la de aprender, caminar, ver, oír, hablar, respirar, trabajar y desempeñar tareas manuales. La ley también protege a estudiantes que han tenido un impedimento o condición física o mental substancial en el pasado, ó que son considerados incapacitados aunque realmente no lo son. Estudiantes pueden ser considerados incapacitados bajo la Sección 504 y pueden recibir asistencia educativa bajo esa ley aunque no reciban educación especial. El propósito de este Aviso es de explicarle los derechos legales garantizados bajo la Sección 504 a estudiantes incapacitados y a sus padres. Los reglamentos federales que dan efecto a la Sección 504 (los cuales se encuentran en el Título 34, Parte 104 del Código Federal de Reglamentos, ó CFR) permiten a padres de estudiantes elegibles, y los estudiantes sí mismos, a tener los derechos siguientes:

1. Usted tiene derecho a ser informado de sus derechos bajo la Sección 504. [34 CFR 104.32]. El distrito escolar debe darle información escrita sobre sus derechos (este Aviso precisamente sirve para informarle de sus derechos). Si necesita que le expliquen ó clarifiquen cualquiera de los siguientes derechos, los dirigentes apropiados del distrito escolar le ayudarán a resolver sus preguntas.
2. Bajo la Sección 504, su hijo/a tiene derecho a una educación apropiada diseñada para satisfacer sus necesidades educativas individuales tan adecuadamente como los estudiantes sin incapacidades. [34 CFR 104.33].
3. Su hijo/a tiene derecho a servicios educativos gratuitos, con la excepción de costos que normalmente se les cobran también a estudiantes sin incapacidades (o a sus padres). Compañías de seguros, y otras terceras personas/programas similares, no son libres de sus obligaciones normales para proporcionar ó pagar por servicios para un estudiante considerado incapacitado bajo la Sección 504. [34 CFR 104.33]. Recibiendo asistencia educativa bajo la Sección 504 no disminuye su derecho a recibir otra asistencia pública ó privada de cualquier tipo.
4. Su hijo/a tiene derecho a equipo, clases, edificios, servicios y actividades comparables a las que son proporcionadas a estudiantes sin incapacidades. [34 CFR 104.34].
5. Su hijo/a tiene derecho a equipo, clases, edificios, servicios y actividades comparables a las que son proporcionadas a estudiantes sin incapacidades. [34 CFR 104.34].
6. Su hijo/a tiene derecho a una evaluación antes de determinar una colocación educativa o programa de asistencia bajo la Sección 504, y también antes de cualquier cambio importante en colocación subsecuente. [34 CFR 104.35].
7. Procedimientos utilizados para administrar pruebas y otras evaluaciones educativas deben cumplir con los requisitos de la Sección 504 en cuanto a la validez de las pruebas, su forma de administración, y las áreas necesarias de evaluación. [34 CFR 104.35]. El distrito considerará información de diversas Fuentes y orígenes, incluyendo, por ejemplo: pruebas de aptitudes y aprovechamiento, recomendaciones de maestros, reportes de condición física, antecedentes sociales y culturales, análisis de comportamiento adaptado, reportes médicos, calificaciones, reportes de progreso, observaciones de los padres, anécdotas de maestros, y calificaciones en los exámenes estatales TAKS, entre otras. [34 CFR 104.35].

(Guarde esta forma para sus expedientes.)

8. Las decisiones de colocación educativa deben realizarse por un grupo de personas (llamado el comité 504) que conocen la situación de su hijo/a, el significado de los resultados de las evaluaciones, las opciones de colocación, y la obligación legal de asegurar el ambiente educativo que permita el máximo contacto con estudiantes no incapacitados. [34 CFR 104.35].
9. Si es considerado incapacitado bajo la Sección 504, su hijo/a tendrá derecho a que se le den nuevas pruebas y evaluaciones a ciertos tiempos, para determinar si sus necesidades educativas han cambiado. Generalmente evaluaciones educativas se pondrán al corriente para cada hijo/a incapacitado por lo menos cada tres años. [34 CFR 104.35].
10. Usted tiene derecho a que el distrito escolar le avise antes de tomar cualquier acción en relación a la identificación, evaluación o colocación educativa de su hijo/a. [34 CFR 104.36].
11. Usted tiene derecho a examinar archivos y documentos relacionados a la educación de su hijo/a (normalmente archivos y documentos con relación a la identificación, evaluación o colocación educativa de su hijo/a). [34 CFR 104.36].
12. Usted tiene derecho a un proceso judicial imparcial si no esta de acuerdo con los acciones del distrito en relación a la identificación, evaluación, o colocación educativa de su hijo/a. Usted tiene la oportunidad de participar personalmente en el proceso judicial y de ser representado/a por un abogado, si desea contratarlo. [34 CFR 104.36].
13. Si desea protestar ó disputar las acciones del Comité 504 del distrito a través de una audiencia imparcial, debe presentar un Aviso de Apelación escrito ante el Coordinador 504 del distrito, en la siguiente dirección:

Mrs. Tara Rice
Gunter ISD
P.O. Box 109
Gunter, TX 75058
(903) 433-5315

Se fijará una fecha para una audiencia ante un oficial imparcial, ye serán notificados por escrito de la fecha, hora, y lugar de la audiencia.

14. Si usted está en desacuerdo con la decisión final del oficial imparcial de audiencia, tiene derecho a apelar esa decisión a una corte de jurisdicción adecuada; normalmente, la corte federal local. [34 CFR 104.36].
15. En cuanto a otros aspectos de la Sección 504 que no tengan que ver con la identificación, evaluación y colocación educativa de su hijo/a, usted tiene el derecho a presentar una queja local ante el Coordinador 504 del distrito (o su representante), quien investigará la situación, teniendo en consideración la situación, en un esfuerzo de llegar a una resolución rápida y justa.
16. Usted también tiene derecho a presentar una queja ante la Oficina de Derechos Civiles de el Departamento de Educación de los Estados Unidos. La dirección de la Oficina Regional a la cual pertenece este distrito es:

Director,
Office of Civil Rights, Region VI,
1999 Bryan Street, suite 2600
Dallas, Texas 75201,
Tel. (214) 880-2459

(Guarde esta forma para sus expedientes.)

504 REFERRAL FORM
(For a student not previously identified through EIT)

Student's Name _____	DOB _____	Age _____	Grade _____
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Date: _____ District/Campus: _____
Grade: _____

I (we) wish to have the above mentioned student reviewed for possible educational options under Section 504 of the Rehabilitation Act of 1973. The student may have an impairment which substantially limits a major life activity.

Area(s) of concern:

- _____ Academic
- _____ Behavioral
- _____ Medical
- _____ Physical
- _____ Psychological
- _____ Other: _____

Has the student repeated a grade? _____ If yes, when? _____

Has the student previously received an individual assessment for special education? _____ If yes, when? _____

Person(s) making referral: _____

Relation to student: _____

Comments: _____

Return this form to the Campus 504 Coordinator.

Information from Educational Records

Student's Name _____	DOB _____	Age _____	Grade _____
Address _____	Phone _____	Sex _____	
Parent/Guardian _____	School _____	Date: _____	

Compiled by: _____ Position: _____

Is this student currently enrolled in school?
YES NO If NO, explain:
 Has this student been retained? If YES, list
YES NO grade level(s):

Has this student been referred for special
YES NO education services before?
 Has this student been suspended for
YES NO disciplinary reasons during the current school
year? If YES, explain:

REQUIRED ATTACHMENTS:

HOME LANGUAGE SURVEY

COPY OF STANDARDIZED TEST RESULTS (READING INVENTORY, TAKS, ITBS, ETC.)

COPY OF CURRENT AND PREVIOUS YEAR'S GRADES

Language test: _____ Date: _____

For a student identified as limited English proficient, what have been the Language Proficiency Assessment Committee's recommendations and what interventions have been utilized:

ATTENDANCE

This student has been absent _____ days out of _____ school days this year to date.
Reasons:

Compared to last year, this year this student has been absent: MORE LESS ABOUT THE SAME

List all schools previously attended:

**504- Cumulative Record Review
(For a student not previously identified through EIT)**

Information from Educational Records

Student: _____ DOB: _____ Campus: _____
Parent Name: _____

Home Language Survey: Student language: _____ Home language: _____ Attach copy

LPAC: YES NO Date: _____

Year: _____ Grade: _____			Year: _____ Grade: _____			Year: _____ Grade: _____		
Qualifying Condition-			Qualifying Condition-			Qualifying Condition-		
Medical	Date	Results	Medical	Date	Results	Medical	Date	Results
Vision			Vision			Vision		
Hearing			Hearing			Hearing		
Other: _____			Other: _____			Other: _____		
TAKS	Pass/Com/Fail	Scaled Score	TAKS	Pass/Com/Fail	Scaled Score	TAKS	Pass/Com/Fail	Scaled Score
Reading			Reading			Reading		
English/LA			English/LA			English/LA		
Math			Math			Math		
History/S.S.			History/S.S.			History/S.S.		
Science			Science			Science		
Attendance	Concern (# of days)		Attendance	Concern (# of days)		Attendance	Concern (# of days)	
Unexcused Ab.	YES _____	NO _____	Unexcused Ab.	YES _____	NO _____	Unexcused Ab.	YES _____	NO _____
Excused Ab.	YES _____	NO _____	Excused Ab.	YES _____	NO _____	Excused Ab.	YES _____	NO _____
Tardies	YES _____	NO _____	Tardies	YES _____	NO _____	Tardies	YES _____	NO _____
Student Activities			Student Activities			Student Activities		
Other Standardized Test			Other Standardized Test			Other Standardized Test		
TPRI	ITBS		TPRI	ITBS		TPRI	ITBS	
DRP	Other		DRP	Other		DRP	Other	

Health Information

Student's Name _____	DOB _____	Age _____	Grade _____
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VISION

Date of most recent screening: _____ Type of screening: _____

Name and position of person conducting screening: _____

Results:

YES NO As a result of the screening, is there any indication of a need for further assessment or adjustment?
If YES, explain:

YES NO Has any follow-up treatment been recommended? If YES, explain:

HEARING

Date of most recent screening: _____ Type of screening: _____

Name and position of person conducting screening: _____

Results:

YES NO As a result of the screening, is there any indication of a need for further assessment or adjustment?
If YES, explain:

YES NO Has any follow-up treatment been recommended? If YES, explain:

HEALTH

YES NO Does student exhibit any signs of health or medical problems? If YES, cite observations:

YES NO Is there a need for further assessment or referral of a medical problem? If YES, explain:

YES NO Is student receiving any medication at school? If YES, specify:

YES NO Does this student require adaptive equipment or assistive technology? If YES, specify:

YES NO Does this student come to the clinic frequently with physical complaints (headaches, stomachaches)?
If yes, explain:

SIGNATURE OF PERSON COMPLETING THIS SECTION

POSITION

DATE

Information from Classroom Teacher

Student's Name _____	DOB _____	Age _____	Grade _____
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NOTE: Attach samples of student's work.

What instructional concerns do you have about this student?

- | | |
|--|--|
| <input type="checkbox"/> poor progress acquiring basic reading skills
<input type="checkbox"/> poor progress acquiring basic math skills
<input type="checkbox"/> difficulty in spelling | <input type="checkbox"/> difficulty producing written work
<input type="checkbox"/> few appropriate cognitive learning strategies
<input type="checkbox"/> other:
<input type="checkbox"/> none |
|--|--|

What behavioral concerns do you have about this student?

- | | |
|---|---|
| <input type="checkbox"/> poor attention and concentration
<input type="checkbox"/> noncompliance with teacher directives
<input type="checkbox"/> excessively high/low activity level
<input type="checkbox"/> difficulty following directions
<input type="checkbox"/> easily frustrated | <input type="checkbox"/> extreme mood swings
<input type="checkbox"/> difficulty working with peers
<input type="checkbox"/> difficulty staying on task
<input type="checkbox"/> other:
<input type="checkbox"/> none |
|---|---|

RATE STUDENT'S SKILLS IN EACH OF THE FOLLOWING AREAS:

Circle one: 1=POOR 2=BELOW AVERAGE 3=AVERAGE 4=ABOVE AVERAGE 5=SUPERIOR N=NOT OBSERVED
 For Sections A, B, C, and D: Rate student in relation to other students of the same AGE.

A. Receptive Language Skills

	English	Other: _____
1. Comprehends word meanings	1 2 3 4 5 N	1 2 3 4 5 N
2. Follows oral instructions	1 2 3 4 5 N	1 2 3 4 5 N
3. Comprehends classroom discussion	1 2 3 4 5 N	1 2 3 4 5 N
4. Remembers information just heard	1 2 3 4 5 N	1 2 3 4 5 N

B. Expressive Language Skills

1. Displays adequate vocabulary	1 2 3 4 5 N	1 2 3 4 5 N
2. Uses adequate grammar for general understanding	1 2 3 4 5 N	1 2 3 4 5 N
3. Expresses self fluently when called upon to speak	1 2 3 4 5 N	1 2 3 4 5 N
4. Relates a sequence of events in order (telling a story)	1 2 3 4 5 N	1 2 3 4 5 N
5. Organizes and relates ideas and factual information	1 2 3 4 5 N	1 2 3 4 5 N

C. Emotional/Behavioral/Social

1. Generally cooperates or complies with teacher requests	1 2 3 4 5 N
2. Adapts to new situations without getting upset	1 2 3 4 5 N
3. Accepts responsibility for own actions	1 2 3 4 5 N
4. Makes and keeps friends at school	1 2 3 4 5 N
5. Works cooperatively with others	1 2 3 4 5 N
6. Has an even, usually happy, disposition	1 2 3 4 5 N
7. Is pleased with good work	1 2 3 4 5 N
8. Initiates activities independently	1 2 3 4 5 N
9. Responds appropriately to praise and correction	1 2 3 4 5 N
10. Resists becoming discouraged by difficulties or minor setbacks	1 2 3 4 5 N

D. Motor Coordination

1. Exhibits adequate gross motor coordination (walking, running, etc.)	1 2 3 4 5 N
2. Displays adequate fine motor coordination (writing, drawing, manipulation of equipment, etc.)	1 2 3 4 5 N

Academic Characteristics--Compared to students on same GRADE LEVEL.

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Reads aloud material (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 2. Comprehends material read (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 3. Performs math computations at expected proficiency (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 4. Spells material adequately (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 5. Writes legibly (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 6. Retains instruction from week to week | 1 | 2 | 3 | 4 | 5 | N |
| 7. Exhibits organization in accomplishing tasks | 1 | 2 | 3 | 4 | 5 | N |
| 8. Completes tasks on time | 1 | 2 | 3 | 4 | 5 | N |

Student services and special programs provided or considered in response to student's problem(s):

	HOW LONG?	CURRENTLY?	RESULTS
<input type="checkbox"/> Counseling			
<input type="checkbox"/> School health services			
<input type="checkbox"/> Title 1/Part A (Must be provided or considered for students before referral.)			
<input type="checkbox"/> English as a second language program			
<input type="checkbox"/> Local remedial program (specify)			
<input type="checkbox"/> Others (specify)			

Instructional accommodations attempted in response to student's problem(s) include:

	HOW LONG?	CURRENTLY?	RESULTS
<input type="checkbox"/> Individual tutoring			
<input type="checkbox"/> Alternate materials			
<input type="checkbox"/> Ability grouping			
<input type="checkbox"/> Changed seat			
<input type="checkbox"/> Changed class			
<input type="checkbox"/> Behavior management			
<input type="checkbox"/> Grading on basis of individual growth			
<input type="checkbox"/> Oral tests			
<input type="checkbox"/> Peer tutoring			
<input type="checkbox"/> Modified or shortened assignments			
<input type="checkbox"/> Extra time for completion of work			
<input type="checkbox"/> Taping written materials			
<input type="checkbox"/> Spell checkers			
<input type="checkbox"/> Calculators			
<input type="checkbox"/> Taped textbooks			
<input type="checkbox"/> Others (specify)			
<input type="checkbox"/> English as a second language strategies			
<input type="checkbox"/> Hands on activities			
<input type="checkbox"/> <input type="checkbox"/>			

Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems?

Yes No If YES, cite specific observations:

Does this student exhibit any signs of a health or medical problem in the classroom? If YES, cite specific observations:

Yes No

What types of unique instruction or adaptations (including assistive technology) cannot be provided in the general curriculum or through other available programs on campus:

SIGNATURE OF PERSON COMPLETING THIS SECTION

POSITION

DATE

QuickTime™ and a decompressor are needed to see this picture.

Information from Parents

Student' Name _____	DOB _____	Age _____	Grade _____
Address _____		Phone _____	Sex _____
Father's Name: _____		Mother's Name _____	

<input type="checkbox"/>	<input type="checkbox"/>	Student's parents have been contacted. Method of contact:	<input type="checkbox"/> LETTER	<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> CONFERENCE
YES	NO				

Contacted by: _____	Position: _____	Date: _____
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GENERAL INFORMATION (If additional space is needed, please use the back of this page.)

FATHER'S OCCUPATION	WORK NUMBER	MOTHER'S OCCUPATION	WORK NUMBER
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Who has legal authority to make educational decisions for this child? _____

With whom does the child live? Please specify: _____

OTHER CHILDREN IN THE HOME		
Name	Age	Relationship

OTHER ADULTS IN THE HOME		
Name	Age	Relationship

What are some of your child's strengths?

Please describe your child's behavior at home.
(For example, is he/she generally well-behaved?
Have there been any recent changes in behavior?
How does he/she get along with other family members, neighbors, playmates?)

What does your child do when not in school?
(For example, watch TV, read, part-time job, play with other children.)

What activities does the family do together?
(For example, watch TV, go camping, participate in hobbies or sports.)

<p>What methods of discipline work for you and your child at home? (For example, extra chores, early bedtime, rewards for good behavior.)</p>	<p>What time does your child go to bed at night?</p> <p>Does your child eat breakfast?</p>
<p>Have there been any important changes within the family during the last three years? (For example, job changes, moves, births, deaths, illnesses, separations, divorce.)</p>	<p>Have any family members had learning problems?</p>
<p>Have you been notified that your child is experiencing problems in school? What were you told?</p>	<p>What do you think is causing the problem?</p>
<p>Do you help your child with their homework? About how long does it take your child to complete their homework? Which subject is the most difficult for you all to work on together?</p>	<p>Has your child mentioned problems with school? Have they told you how he/she feel about the problem?</p>
<p>Briefly share any other important information that would help the team in developing educational interventions for your son/daughter:</p>	

HEALTH HISTORY

YES NO Were there any problems before, during, or immediately after birth? If YES, please explain:

Compared to other children in the family, this child's development has been:

SLOWER ABOUT THE SAME FASTER

Briefly describe any serious illnesses, accidents, or hospitalizations. Please give your child's age at the time of the illness, accident, or hospitalization.

YES NO Is your child under the care of a physician for a medical problem? If YES, please explain:

YES NO Is your child now taking any medicines or herbal supplements? If YES, please explain:

YES NO Does your child appear to have any other physical health problems, including allergies which would interfere with their ability to learn? If YES, please explain:

YES NO Has your child ever taken medicine for a long period of time? If YES, please explain:

YES NO Do you know of any side effects the medicine might have which would impact your child's ability to progress in the classroom? If YES, please explain:

YES NO Does your child use any special equipment or technology to improve functioning? If YES, please explain:

YES NO Are there any health concerns you would like us to be aware of? If YES, please explain:

YES NO Has your child been evaluated by an outside individual or agency? If YES, please attach a copy of the evaluation.

YES NO Is your child receiving services from another agency? If YES, please explain:

SIGNATURE OF PARENT _____

DATE _____

SIGNATURE OF PERSON COMPLETING THIS SECTION
(If information was obtained by parent interview)

POSITION

DATE

Describe cualquier problemas serio de salud que su hijo(a) tiene ahora o ha tenido en el pasado. Incluya cualquier hospitalización. _____

¿Ha tenido su hijo(a) cualquiera de estas evaluaciones de la salud?

	Fecha	Donde	Resultados Significativos
____ Neurológico	_____	_____	_____
____ Psicológico	_____	_____	_____
____ Discurso de hablar	_____	_____	_____
____ Auditiro	_____	_____	_____
____ Visión	_____	_____	_____

Describe cualquier tratamiento que tenga su hijo(a) para las condiciones físicas o emocionales. _____

Nombre y describa cualquier medicamento que su hijo(a) toma regularmente. _____

Nombre, número de teléfono y dirección del doctor. _____

Nombre las escuelas que su hijo(a) ha asistido.

Grado	Escuela	Ciudad
_____	_____	_____
_____	_____	_____
_____	_____	_____

¿Su hijo(a) ha repetido un grado? ? sí no ¿Si sí, qué grado(s)? _____

Describe cualquier problema que su hijo(a) está experimentando en escuela. _____

¿Cuándo se intero usted por primera vez de un problema? _____

¿Qué cree usted que está causando la problema? _____

¿Cuáles son algunas de las fuerzas de su hijo(a)? _____

¿Han habido cambios importantes dentro de su familia durante los tres años pasados? _____

Firma de la persona que llena estas formas _____

Fecha

Entreque esta forma por favor a la oficina de la escuela. _____

504 Student Placement, Review and Dismissal
Committee Report

Student's Name _____ DOB _____ Age _____

Grade _____ Campus _____

What is the purpose of this report?

- Initial Screening Three-year Evaluation Review
 Annual Review Other: _____
 Failure/Discipline Review

Is there a disability present which substantially limits one or more major life activities? Yes No

Check the major life activity (or activities) limited by the disability:

- Walking Seeing Hearing Speaking
 Breathing
 Learning Behavior Working Reading
 Concentrating
 Sleeping Standing Lifting Bending
 Communicating
 Eating Thinking Performing Manual Tasks Caring
 for Oneself

Placement

After careful review of relevant evaluation data, the 504 Campus Review Committee recommends the following placement:

- Regular education without Section 504 services. Reason- _____
 Regular education with Section 504 services with Student Accommodation Plan.
 Regular education with Section 504 services with active monitoring
 Exit from Section 504
 Referral to Special Education
 Denial of placement for Section 504 services due to the following reason: _____
 Other: _____

Your signature indicates that you are part of the Section 504 committee that provides this student with the developmental, academic and behavior appropriate support, instruction and accommodations necessary for him /her to be successful and progress in the general curriculum.

Position	Signature	Agree	Disagree
Campus 504 Coordinator			
Administrator			
Regular Education Representative			
Regular Education Representative			
Parent/Guardian (if present)			
Parent/Guardian			

QuickTime™ and a decompressor are needed to see this picture.

SECTION 504 BEHAVIOR INTERVENTION PLAN

Student's Name

I.D. Number

Campus

Behavior Management Plan Begins _____ (Date)

Please list below each behavior, reinforcement, consequence, and person responsible for administering the reinforcement or consequence. Appropriate intervention might arise from assessment data, discipline history, social history, or parental reports. (Only use this form if applicable).

Behaviors Targeted for intervention _____

Please select appropriate behavioral modifications for this student:

- Set clearly defined limits Reduce distracting stimuli Set student near teacher
- Give frequent reminder of rules Journal of daily behaviors In class time out/cooling off
- Follows regular discipline plan Reinforce appropriate behavior
- Peer intervention. Assign peers to work with student
- Behavioral contract (specify behavior expected and reinforcement)
- Supervision during unstructured time
- Provide student with a consistent routine (daily schedule of events)
- Remove student from group or activity until he/she can demonstrate appropriate behavior

Communicate with the parents through (check form of communication)

Daily tracking form Weekly tracking form Notes home Phone call Parent conference

If despite these modifications being performed, a target behavior occurs, the following interventions apply.

Target Behavior for desirable behavior	Description of Reward for undesirable behavior	Description of Consequence	Person Responsible



Gunter Independent School District

SECTION 504

The following student is or has been eligible for 504 Services, which may include classroom accommodations, special classes, and/or behavior/discipline modifications:

Name: _____

DOB: _____

Entrance into 504 Program: Date: _____

Grade: _____

Campus 504 Coordinator: _____

Exit from 504 Program: Date: _____

Grade: _____

Campus 504 Coordinator: _____

For further information regarding this student's current 504 status and Individual Accommodation Plan, please contact your Campus 504 Coordinator.

This form is to be placed and remain in the cumulative folder.

QuickTime™ and a decompressor are needed to see this picture.

PROCEDURAL SAFEGUARDS
GRIEVANCE PROCEDURE
SECTION 504

Section 504 refers to Section 504 of the Rehabilitation Act of 1973. It is a public mandated policy prohibiting discrimination on the basis of handicap in admission or access to, or treatment or employment in, the programs and activities of the District. In order to be eligible as handicapped under 504, the handicap must affect one of the following nine major life activities: 1) care for self; 2) performing manual tasks; 3) walking; 4) seeing; 5) hearing; 6) speaking; 7) breathing; 8) learning; 9) working.

A request has been made that your student be considered for possible 504 eligibility. The campus 504 Contact person will work with you to assist in this process. The 504 Committee will consist of at least two (2) or more knowledgeable people, which may include the parent, but shall not be, required to include the parent, to review appropriate data and make recommendations.

GRIEVANCE PROCEDURE

If, as the parent/guardian, you disagree with the finding and recommendations of the committee, the following appeals procedure should be followed:

- Contact District 504 Coordinator, Mrs. Tara Rice at 903.433.5315

In the event of a disagreement between the parents or guardian and the school district in regard to the identification, evaluation, or educational placement of a disabled student, the parents or guardian have the right to an impartial hearing with an opportunity to participate and be represented by an attorney.

Parents or guardians who wish to challenge a decision of the Section 504 Committee shall file a Written Parents' Notice of Appeal with the Section 504 Coordinator within 30 calendar days of the date of the Notice of Section 504 committee Decision.

Unless otherwise requested by the student's parents or guardian, or unless action taken by the parents requires a longer period of time, the district shall schedule a hearing before an impartial hearing officer within forty-five (45) days of the date of receipt of the parents' notice of appeal and provide the parents or guardian with a written Notice of Hearing that sets out the date, time, and place for hearing and advises them of their right to participate and be represented by an attorney. Upon good cause shown, and at the discretion of the hearing officer, either party may receive a continuance of the scheduled hearing date.

The hearing will be conducted informally and in a nonadversarial manner. The Rules of Evidence and Procedure shall not apply. The district shall make an audio tape of the complete hearing. No written transcript will be required, but the parents or guardian shall be entitled to obtain a copy of the audio tape at a reasonable cost.

The hearing officer will render a brief written decision at the conclusion of the hearing, or, if it is imperative that the decision be taken under advisement, within 45 calendar days of the hearing. No written findings of fact or conclusions of law shall be required of the hearing officer.

The person who serves as impartial hearing officer must not be an employee of the school district and may not be related to any member of the board of trustees in the degree that would be prohibited under the Nepotism Statute. The hearing officer need not be an attorney at law.

The hearing officer will be paid by the school district as an independent contractor for services rendered in regard to the hearing. The hearing will be conducted without cost to the parents or guardian.

If the parents or guardian disagree with the decision of the impartial hearing officer, they may seek a review of the decision by a court of competent jurisdiction.

Please sign to indicate receipt of this information regarding the Procedural Safeguards/Grievance Procedure for Section 504 of the Rehabilitation Act.

Student

Parent/Guardian

Date

GARANTÍAS PROCESALES
PROCEDIMIENTO DE RECLAMACIÓN
SECCIÓN 504

Sección 504 se refiere a la Sección 504 de la Ley de rehabilitación de 1973. Es un público política que prohíbe el mandato discriminación basada en el handicap en admisión o acceso a o tratamiento o el empleo en, las programas y actividades del distrito. Para ser elegible como discapacitado bajo 504, la inabilidad debe afectar uno de los siguiente nueve actividades mayores de la vida: 1) cuidar de sí mismo; 2) realizar tareas manuales; 3) caminar; 4) ver; 5) oír; 6) hablar; 7) la respiración; 8) de aprendizaje; 9) de trabajo.

Una petición se ha hecho para la consideración y elegibilidad posible de su hijo/a para la programa 504. La persona de contacto 504 campus trabajará con usted para ayudar en este proceso. El Comité 504 constará de al menos dos (2) personas o más bien informados, que puede incluir los padres pero no es necesario, para revisar datos apropiados y hacer recomendaciones.

PROCEDIMIENTO DE RECLAMACIÓN

Si, como la padre o tutor, no está de acuerdo con las conclusiones y recomendaciones del Comité, el procedimiento siguiente debe ser seguido:

- contacte el coordinador de distrito 504, el Sra. TaraRice en 903. 433. 5315

En caso de un desacuerdo entre los padres o guardián y el distrito escolar en lo que respecta a la identificación, evaluación, o educativo colocación de un estudiante con discapacidad, los padres o tutor tienen derecho a un proceso judicial imparcial con la oportunidad de participar y ser representado por un abogado.

Los padres o tutores que deseen impugnar una decisión del Comité de la sección 504 deberá intregar un Aviso de Apelación de Padres escrito con la Sección 504 coordinador de archivos en los 30 días de la fecha de la notificación de la Sección 504 Comité de decisión.

A menos que de otro modo solicitado por los padres del estudiante o el tutor, o a menos que acción tomada por los padres requiera un tiempo más largo, el distrito deberá programar una junta judicial antes de un oficial judicial imparcial dentro de cuarenta y cinco (45) días de la fecha de recepción del aviso de apelación y proporcionar de los padres o tutor con un aviso escrito judicial, que establece la fecha, hora y lugar para la junta judicial y los aconseja de su derecho de participar y ser representados por un abogado. En buena causa se muestra y a discreción de la oficial judicial, cualquiera de las personas participando puede recibir una continuidad de la fecha de la junta judicial planificada.

La junta judicial será realizada de manera informal y en una manera sin conflictiva. Las reglas de evidencia y procedimiento no se aplicarán. El distrito hará un audio grabado de la junta completa. No se requerirá ninguna transcripción escrito, pero los padres o tutor tendrá derecho a obtener una copia del audio grabado en una costo razonable.

El oficial judicial rendirá una breve decisión escrita en la conclusión de la junta, o, si es imprescindible que la decisión sea tomada sobre la deliberación, dentro de 45 días de calendario de la junta. Ningunas conclusiones escritos siertos ni conclusiones de la ley serán requeridas del oficial de la junta.

La persona que sirve como oficial de judicial imparcial, no debe ser un empleado de la escuela de distrito y no pueden estar relacionados con cualquier miembro de la mesa directiva de la escuela en el grado que quedarían prohibido bajo el Estatuto de Nepotismo. El oficial judicial no necesita ser un abogado.

El oficial judicial será pagado por el distrito escolar como un contratista independiente para servicios prestados en lo que respecta a la junta judicial. Se realizará la junta sin costo para los padres o tutor.

Si los padres o tutor está desacuerdo con la decisión del oficial de la junta, pueden pedir una revisión de la decisión por un tribunal de jurisdicción competente.

Please sign to indicate receipt of this information regarding the Procedural Safeguards/Grievance Procedure for Section 504 of the Rehabilitation Act.

Por favor firme para indicar recibo de esta información de procedimientos de protección/proceso de quejas del programa 504 del Acto de Rehabilitación.

Estudiante

Parent/Guardian

Date