



**Section 504 Handbook  
La Pryor Independent  
School District  
2010-2011**

# Table of Contents

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Purpose of 504	Pg. 3
Disabilities Covered Under 504	Pg. 4
What are Hidden Disabilities?	Pg. 4
LPISD §504 Forms and Procedures	Pg. 5 - 47

## Purpose of 504

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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 financial assistance. In the public schools specifically, §504 applies to ensure that eligible disabled students are provided with educational benefits and opportunities equal to those provided to non-disabled students. Included in the U. S. Department of Education regulations for Section 504, is the requirement that disabled students be provided with free appropriate public education (FAPE). These regulations require identification, evaluation, the provision of appropriate services, and procedural safeguards.

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 his or her major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. Section 504 also applies to students with 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 services.

## Disabilities Covered Under Section 504

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The ED Section 504 regulation defines an "individual with handicaps" as any person who

- (i) has a physical or mental impairment which substantially limits one or more major life activities,
- (ii) has a record of such an impairment, or
- (iii) is regarded as having such an impairment. The regulation further defines a physical or mental impairment as:
  - (A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
  - (B) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The definition does not set forth a list of specific diseases and conditions that constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of any such list.

The key factor in determining whether a person is considered an "individual with handicaps" covered by Section 504 is whether the physical or mental impairment results in a substantial limitation of one or more major life activities. *Major life activities, as defined in the regulation, include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.*

The impairment must have a material effect on one's ability to perform a major life activity. For example, an individual who has a physical or mental impairment would not be considered a person with handicaps if the condition does not in any way limit the individual, or only results in some minor limitation. However, in some cases Section 504 also protects individuals who do not have a handicapping condition but are treated as though they do because they have a history of, or have been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities. For example, if you have a history of a handicapping condition but no longer have the condition, or have been incorrectly classified as having such a condition, you too are protected from discrimination under Section 504. Frequently occurring examples of the first group are persons with histories of mental or emotional illness, heart disease, or cancer; of the second group, persons who have been misclassified as mentally retarded. Persons who are not disabled may be covered by Section 504 also if they are treated as if they are handicapped, for example, if they are infected with the human immunodeficiency virus.

## What are Hidden Disabilities?

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Hidden disabilities are physical or mental impairments that are not readily apparent to others. They include such conditions and diseases as specific learning disabilities, diabetes, epilepsy, and allergy. A disability such as a limp, paralysis, total blindness or deafness is usually obvious to others. But hidden disabilities such as low vision, poor hearing, heart disease, or chronic illness may not be obvious. A chronic illness involves a recurring and long-term disability such as diabetes, heart disease, kidney and liver disease, high blood pressure, or ulcers.

# La Pryor ISD §504 Forms and Procedures

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The La Pryor ISD §504 Forms and Procedures are comprised of the Council of Educators for Students with Disabilities (CESD) §504 Compliance System Forms and Procedures adapted as necessary.

## La Pryor ISD §504 Compliance System Documents

- 1. Operational Guidelines:** *The structural framework for the District's §504 Program. This document describes how the District will operate the program and implement the 504 regulations, including when the various forms will be used, by whom, and how.*
- 2. Procedures for §504 Due Process Hearing:** *This document lays out the procedures for responding to a request for a hearing under 504, describing the District's responsibilities, choosing a hearing officer, and the rules for operating the hearing itself.*
- 3. Child Find Notice:** *Provided in both English and Spanish, this document provides notice of the District's 504 duties to parents of potentially eligible 504 students.*
- 4. §504 Referral:** *This is the document which begins the process of 504 for a child. It provides the basic information on the child's progress at school, and serves as the basis for the Coordinator's determination of whether a 504 Evaluation should be sought.*
- 5. Notice and Consent for Initial Evaluation under §504:** *Following the receipt of the Referral and the decision that a 504 Evaluation should be pursued, this form is sent home to the parents to gain consent for initial evaluation. Included with it is a copy of #6, the Notice of Parent Rights.*
- 6. Notice of Parent Rights under §504:** *A short document (provided to the parent in English or Spanish) to inform parents of their rights under §504.*
- 7. Teacher/ Administrator Input for §504 Evaluation:** *A document designed to seek information from a student's teacher or teachers about classroom performance, and seek information regarding disciplinary actions from a campus administrator.*
- 8. Parent Input for §504 Evaluation:** *A document designed to seek information from the parent about the child's functioning and activities at home. It also provides the parents an opportunity to be involved in the process.*
- 9. Notice of §504 Meeting:** *Sent to the parent prior to each 504 meeting, describing what will occur and giving the time, and place of the meeting.*
- 10. §504 Evaluation:** *This form is created to be utilized by the 504 Committee during the evaluation meeting. It prompts the Committee to ask the right questions and to review the required data.*
- 11. Notice of §504 Evaluation Results:** *This notice is sent to the parents following an Evaluation to indicate what occurred. It is designed to be used following any type of 504 Evaluation (initial, re-evaluation, manifestation determination, etc.). Note that other documents are often required to be attached to this notice for delivery to the parents.*
- 12. §504 Student Accommodation Plan:** *Should the 504 Committee determine that the student is eligible, it uses this form to create a placement. The completed plan is delivered to the parent and school personnel and third-party contractors who have the duty to implement the plan.*
- 13. §504 Evaluation and Manifestation Determination:** *When disciplinary removals trigger the need for evaluation, this document walks the Committee through the required questions.*
- 14. Texas Dyslexia Program Evaluation Supplement:** *When the 504 Committee is performing an evaluation which includes possible eligibility in the Texas Dyslexia program, this form should be used in conjunction with Form 10, the 504 Evaluation form. This supplement assists the committee in meeting the additional evaluation requirements established by Texas state law and the Revised Procedures Concerning Dyslexia (i.e., the Blue Book).*
- 15. General Education Homebound.** *This form is designed to assist Texas 504 Committees in determining whether homebound services are available under regular education for 504-eligible students, and what types of services are appropriate. It should be used in conjunction with the 504 Evaluation form (Form 10).*

# Operational Guidelines for Section 504: Form 1, pg. 1

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**1. Child Find.** As part of the on-going identification and referral process, the District will make reasonable efforts to identify and locate every qualified disabled student residing within the District who is not receiving a public education. The District shall inform the parents or guardians of these potentially eligible students (who may be attending private or home schools) of the District's duties under §504. As part of the Child Find effort the District shall annually publish the Child Find Notice in local newspapers, student handbooks, and/or place the Notice in locations likely to be seen by parents of eligible students (such as supermarkets, pediatrician's offices, etc.). Additionally, every teacher within the District should have information regarding the District's overall early intervention process, understand how to initiate a §504 Referral and know how to identify students who should be referred.

**2. Referral.** When a §504 referral has been initiated, the Section 504 Referral Form [hereinafter, "Referral Form"] should be quickly forwarded to the Campus or District §504 Coordinator [hereinafter "Coordinator"]. The Referral Form is designed to be filled in by the person initiating the referral, but may be supplemented as necessary by the Coordinator, utilizing information from the student's cumulative folder or other sources. From that basic information, the Coordinator will determine whether a 504 Evaluation is necessary. If no 504 Evaluation is required, the Coordinator shall forward the Parent Rights form to the parents, with a note explaining why the Referral did not lead to a §504 Evaluation at this time.

**3. Consent for Evaluation.** If a 504 Evaluation is necessary, the Coordinator should send to the parent Notice of Parent Rights under §504 [hereinafter, "Parent Rights"], together with a Notice and Consent for Initial Evaluation under 504 Form [hereinafter, "Notice and Consent"], and a Parent Input for Section 504 Evaluation Form [hereinafter, "Parent Input"]. If no parental consent is received for 504 Evaluation, the Coordinator should remind the parent every semester (or at other intervals as determined by the District) of the District's continued desire to conduct an Evaluation under 504.

## Operational Guidelines for Section 504: Form 1, pg. 2

- 4. Evaluation.** When the consent is received from the parent, the Coordinator should:
- a. Gather evaluation data and coordinate/direct the completion of the various Input Documents. The evaluation data consists of information from a variety of sources, including efforts and results of early intervention activities, aptitude and achievement testing, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; the Teacher/Administrator Input form to be completed by one or more teachers (and an administrator in charge of discipline when needed), and the Parent Input form with information about the student's activities/behaviors at home, together with any other data the parent would like the Committee to consider. Should current special education data exist (an evaluation upon which a student was either dismissed from special education or upon which a finding of no IDEA eligibility was made), that data should also be considered.
  - b. Ensure that should formalized testing be considered by the 504 Committee as evaluation data, the tests:
    - 1) Have been validated for the specific purpose for which they are used and are administered by trained personnel in accordance with the instructions provided by the tests' creators;
    - 2) Include those tailored to assess specific areas of educational need and are not merely designed to provide a single intelligence quotient;
    - 3) Are selected and administered to ensure that when a test is administered to a student with impaired sensory, manual, or speaking skills, the tests results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure).
  - c. Determine who will be in the group of knowledgeable people [hereinafter, the "504 Committee" or "Committee"] (including persons with knowledge of the child, the meaning of the evaluation data and the placement options).
  - d. Schedule a 504 Evaluation by the Committee.
  - e. Give the parents notice of the time and place of the evaluation meeting, inviting the parent to attend if that is the District's policy. Written notice, while not required, is preferred, and can be accomplished utilizing the Notice of Section 504 Meeting form.

*At the 504 Evaluation, the Committee should:*

- a. Draw upon information from a variety of sources, including efforts and results of early intervention activities, aptitude and achievement testing, teacher recommendations, physical condition, social or cultural background, adaptive behavior and the Parent and Teacher/Administrator input forms;
- b. Ensure that all information reviewed in the evaluation is documented and carefully considered;
- c. Complete the Section 504 Evaluation form. If the student is determined to be eligible [hereinafter, "eligible student"], the Committee moves on to the Section 504 Student Accommodation Plan [hereinafter, "Accommodation Plan"] form to develop accommodations. If no eligibility is found, the parents are so informed in writing.

At the conclusion of the Evaluation/Placement meeting, the Coordinator provides notice to the parent (Notice of Section 504 Evaluation Results form) of the 504 Committee's findings (whether or not the student is eligible), and copies of the completed Evaluation form and the Accommodation Plan (if completed).

## **Operational Guidelines for Section 504: Form 1, pg. 3**

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**5. Records.** Section 504 records, including any evaluation data, shall be kept in either a separate 504 folder under the control of the Coordinator, or as part of the student’s cumulative folder. Regardless of location, the District will maintain the confidentiality of 504 records as required by the Family Educational Rights and Privacy Act (FERPA). Where 504 records are kept separately from the cumulative folder, a reference to the records and their location will be placed in the cumulative folder to ensure that the campus with responsibility for the student is aware of its 504 obligations to the eligible student and that personnel and third-party contractors who have a duty to implement the plan have access to necessary records including the plan itself.

**6. Free Appropriate Public Education (FAPE).** No eligible student may be excluded by the District from receiving a public elementary or secondary education. When considering the educational placement for eligible students, the Committee will ensure that the services provided are:

*a. Appropriate.* The §504 services are designed to meet the individual needs of the eligible student as adequately as the needs of nondisabled students, and are based upon adherence to the regulatory procedures relating to educational setting, evaluation and placement, and procedural safeguards. The Committee may place an eligible student in a program that the District does not operate in order to satisfy this requirement, but in so doing, the District remains responsible for ensuring that the requirements of §504 are met.

*b. Free.* An eligible student’s educational program provided under §504 is provided without cost to the parent of the eligible student, regardless of where those services are provided or by whom. Should the Committee determine that placement in a program not operated by the District is required for the eligible student to receive FAPE, the District shall ensure that adequate transportation is provided to and from the program at no greater cost than would be incurred by the eligible student or his or her parents or guardians if the student were placed in the program operated by the District. The only costs of educational services that may be assessed the eligible student are those borne by nondisabled students and their parents (such as tickets to athletic events, purchases of yearbooks, gym clothes, etc.). When the District has made available a FAPE as required by §504, and the eligible student or his or her parents or guardians choose to place the student in a private school, the District is not required to pay for the eligible student’s education in the private school.

**7. Least Restrictive Environment (LRE).** The Committee shall create a placement for the eligible student which ensures the provision of educational services with persons who are not disabled to the maximum extent possible appropriate to the needs of the eligible student. The Committee will presume that the regular classroom is the appropriate placement, unless it is demonstrated that the eligible student’s education in the regular classroom with the use of supplementary aids and services cannot be achieved satisfactorily. Should the Committee place an eligible student in a setting other than the regular classroom, it shall take into account the proximity of the alternative setting to the eligible student’s home.

## **Operational Guidelines for Section 504: Form 1, pg. 4**

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**8. Nonacademic Services & Extracurricular Activities.** The District shall ensure that the provision of nonacademic and extracurricular services and activities (such as meals, recess, counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the recipients, referrals to agencies which provide assistance to handicapped persons, and employment of students, including both employment by the recipient and assistance in making available outside employment) are provided so that:

- a. eligible students are afforded an equal opportunity to participate in such service and activities.
- b. eligible students participate with nondisabled students to the maximum extent appropriate to the needs of the eligible student.

**Counseling.** Should the District provide personal, academic, or vocational counseling, guidance, or placement services to its students, those services shall be provided without discrimination on the basis of disability. The District shall ensure that disabled students are not counseled toward more restrictive career objectives than are nondisabled students with similar interests and abilities.

**Physical education and athletics.** In providing physical education courses and athletics and similar programs and activities to any of its students, the District will not discriminate on the basis of disability. Disabled students shall have equal opportunity to participate in the District's physical education courses, as well as interscholastic, club, or intramural athletics operated or sponsored by the District. The District will offer disabled students physical education and athletic activities that are separate or different from those offered to nondisabled students only if separation or differentiation is consistent with the requirements of LRE and only if no qualified disabled student is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

**Comparable Facilities.** If the District operates a facility that is identifiable as being for disabled students, the District will ensure that the facility and the services and activities provided there are comparable to the other facilities, services and activities of the District.

**9. Implementation of the Accommodation Plan.** The Coordinator should ensure that if a student is determined eligible, the student's Accommodation Plan is delivered to each teacher, campus administration, and any other employee with or third-party contractor who has responsibility to implement the plan. Monitoring of Accommodation Plan implementation should be accomplished through the PDAS or other teacher appraisal process, and through administrator walkthroughs and informal checks of grades and student progress by the Coordinator.

**10. Re-Evaluation.** Annually (preferably at the end of each school year), the 504 Committee should meet to conduct a re-evaluation. Give the parents notice of the time and place of the re-evaluation meeting, inviting the parent to attend. Written notice, while not required, is preferred, and can be accomplished utilizing the Notice of Section 504 Meeting form. If the student remains eligible, the Committee should focus on the student's changing needs due to the effects of different classroom subject matter, school demands and other factors for the school year to come. Should the Committee determine that the student is no longer eligible; the Committee should dismiss the student from 504. The parent shall be given notice of the results of the re-evaluation.

## **Operational Guidelines for Section 504: Form 1, pg. 5**

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**11. Discipline.** Should the District attempt a disciplinary removal of the eligible student from his educational placement for a term of more than ten consecutive school days, the §504 Committee must first conduct an evaluation. Prior to the evaluation, the Coordinator shall give the parents notice of the time and place of the evaluation meeting, inviting the parent to attend. Written notice, while not required, is preferred, and can be accomplished utilizing the Notice of Section 504 Meeting form. The Committee’s evaluation should determine:

- (1) was the conduct in question caused by, or directly and substantially related to the student’s disabilities?; and
- (2) was the conduct in question the direct result of the school’s failure to implement the student’s 504 plan?

If a link is found, a disciplinary removal of longer than ten consecutive school days cannot occur. Removals for less than ten days can be effected without §504 Committee approval, subject to the “pattern of exclusion” rule. A series of short removals (including teacher removals under §37.002 of the Education Code) over the course of the school year that exceeds ten total days may constitute a pattern of exclusions which triggers applicable procedural safeguards (a manifestation determination evaluation and a right to due process).

The Committee will meet to conduct an evaluation prior to the tenth cumulative day of removals during a school year, to determine:

- (1) was the conduct in question caused by, or directly and substantially related to the student’s disabilities?; and
- (2) was the conduct in question the direct result of the school’s failure to implement the student’s 504 plan?

Prior to the evaluation, the Coordinator shall give the parents notice of the time and place of the evaluation meeting, inviting the parent to attend if that is the district’s policy. Written notice, while not required, is preferred, and can be accomplished utilizing the Notice of Section 504 Meeting form. If at the evaluation meeting a link is determined, the disciplinary removal cannot occur.

An eligible student who currently is engaging in the illegal use of drugs or in the use of alcohol may be removed from his educational placement for a drug or alcohol offense to the same extent that such disciplinary action is taken against nondisabled students. Further, no 504 Evaluation is required prior to the removal and no 504 due process hearing is available.

**12. Interaction with Special Education.** Each student referred and evaluated for special education who does not qualify and each student dismissed from special education shall be evaluated for possible 504 eligibility. If at any time the 504 Committee determines that the disabled student needs special education or related aids and services in order to receive educational benefit, a special education referral should be initiated.

## **Operational Guidelines for Section 504: Form 1, pg. 6**

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**13. Interaction with Texas Dyslexia Program.** In accordance with State Board of Education Rule and the Revised Procedures Concerning Dyslexia (Blue Book), prior to testing a student individually for Dyslexia and/or prior to placing a student in the Dyslexia Instructional Program, the District must refer and evaluate under Section 504, utilizing forms 10 and 14. Placement of a 504-eligible student into the Dyslexia Instructional Program may only be accomplished by a properly constituted 504 Committee. If at any time the 504 Committee determines that the disabled student needs special education and related services in order to receive educational benefit, a special education referral should be initiated. Should a student already be special education eligible, a dyslexia evaluation for that student must occur under the direction of the student's ARD Committee.

**14. Interaction with regular education Early Intervention efforts.** In an effort to meet the needs of struggling students as early as possible, and to reduce the over-identification and misidentification of students in both Section 504 and special education, the District uses an early intervention process, referred to as Response to Intervention (RTI). This simple, campus-based process is designed to assist students struggling for any number of reasons (family issues, lack of motivation, poverty, etc) and in any number of ways (academically, socially, behaviorally) by providing, appropriate to the student's needs, differentiated instruction, as well as additional regular education programs, services and opportunities that may vary from campus to campus. Data from these efforts is shared with the parent, and will become part of any Section 504 or special education evaluation. These efforts are available to all students, including students with disabilities. Should regular education, together with these early intervention efforts be insufficient to meet the disability-related needs of the struggling student, the District will seek parental consent for an evaluation under Section 504 or special education, as appropriate to the student.

**15. Procedural Protections.** The District will ensure that a system of procedural safeguards are in place with respect to actions regarding the identification, evaluation, and educational placement of disabled students. The system shall include notice, an opportunity for the parent or guardian of the disabled student to examine relevant records, an impartial hearing with opportunity for participation by the student's parent or guardian and representation by counsel, and a review procedure. The impartial hearing is governed by the District's Procedures for §504 Due Process Hearings.

**16. Parent Language.** If the District determines that the dominant language of the parent is Spanish, the District will ensure effective notice in Spanish and services necessary to provide the parent an opportunity for effective participation in the §504 process. If the District determines that the dominant language of the parent is not English or Spanish, the District will make a good faith effort to accomplish notice and provide an opportunity for effective parent participation in the §504 process through other means.

**17. Duty to Not Discriminate.** The District shall ensure that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any District program or activity.

## **Operational Guidelines for Section 504: Form 1, pg. 7**

**18. Retaliation prohibited.** No District officer, employee, or contractor shall retaliate against any person because of his or her exercise of rights under Section 504.

**19. Disability-based harassment.** The District will promptly investigate all claims of disability-based harassment and take reasonable action to stop future recurrence. Where evidence of disability-based harassment is found pursuant to an investigation, and the District believes that the harassment has adversely impacted upon the ability of a disabled student to have equal access to the District's programs or activities, or the disabled student's entitlement to a free, appropriate public education, a 504 Committee meeting will be called to consider the impact of the harassment and determine whether changes to the student's accommodation plan are required.

**20. Review Procedure.** Should the parent disagree with the identification, evaluation, or placement decision of a 504 Committee or the decision of a 504 hearing officer, the parent may appeal to state or federal court, or seek relief pursuant to the school's grievance procedure.

## Due Process Hearing Procedures: Form 2, pg. 1

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**Right to Due Process.** In the event a parent or guardian [hereinafter “parent”] wishes to contest an action or omission on the part of the District with regard to the identification, evaluation, or placement of a disabled child under §504 of the Rehabilitation Act of 1973 [“§504”], the parent has a right to an impartial hearing before an impartial hearing officer.

Omissions on the part of the District with regard to a disabled child might include, for example, the District's failure to identify a child eligible for services under §504. Thus, a child's identification as eligible for services under §504 is not an absolute prerequisite to the right to due process.

**Parent Participation & Representation.** A parent has the right to participate, speak, and present information at the due process hearing, and to be represented by legal counsel or any other type of advocate or representative of their choice at their expense. If a parent is to be represented by a licensed attorney at the due process hearing, he or she must inform the District's §504 Coordinator and the appointed hearing officer of that fact in writing at least seven (7) calendar days prior to the hearing date. Failure to notify the §504 Coordinator and the appointed hearing officer of that fact in writing shall constitute good cause for a continuance of the hearing date. (*See "Continuances"*).

**Initiation of Due Process Procedures.** A parent who wishes to challenge a District's action or omission with regard to the identification, evaluation, or placement of a disabled child must submit a written Request for a Due Process Hearing to the District's §504 Coordinator. Such a written request must make clear that the parent is seeking a due process hearing under §504 before an impartial §504 Hearing Officer. The written request may be made on a form provided by the District for that purpose. If an intent to seek a due process hearing under §504 is not clear from the face of a Request, the District's §504 Coordinator may contact the parent to clarify the Request and ascertain whether the parent wishes to initiate a §504 due process hearing. The Coordinator may also assist the parent in clarifying any questions regarding due process rights under §504. The reasonable time involved in ascertaining whether an ambiguous or unclear Request seeks a due process hearing under §504 shall toll the time lines set forth in these procedures (meaning that such time will not count toward the time line days specified in these procedures). If after such communication, the District is still unsure whether the parent is requesting a due process hearing under §504, the District shall initiate due process procedures, and the appointed Hearing Officer will hold a pre-hearing conference to decide whether the parent is seeking a due process hearing under §504, and whether the Hearing Officer has jurisdiction to entertain the claims and issues raised by the parent. (*See "Pre-Hearing Conferences" below*).

## Due Process Hearing Procedures: Form 2, pg. 2

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**Appointment of a Hearing Officer.** Within fifteen (15) days of the date of receipt of a clear Request for a Due Process Hearing, the District will appoint an impartial Hearing Officer to preside over the hearing and issue a decision. The Hearing Officer will be hired by the District as an independent contractor at no expense to the parent. The Hearing Officer shall not be a current employee of the District, and shall not be related to any member of the District's Board of Trustees to a degree prohibited under the Texas Nepotism Statute. The Hearing Officer need not be an attorney, but shall be familiar with the requirements of §504 and the District's Hearing Procedures under §504. The District's choice of an impartial Hearing Officer is final and may not be made an issue at the due process hearing, since such an issue would not relate to the identification, evaluation, or placement of a disabled child under §504. If a parent disputes the impartiality of the appointed Hearing Officer, he or she may raise such issue in a review of the Hearing Officer's opinion by a court of competent jurisdiction (*See "Review Procedure"*), or in a complaint to the appropriate Office for Civil Rights regional office (*See "Complaints to the Office for Civil Rights (OCR)"*).

**Scheduling of Hearing.** The appointed Hearing Officer shall issue an Order Setting Hearing Date to the parent and the District's §504 Coordinator in writing at his or her earliest opportunity. Such Order shall set a date for a hearing to be held within fifteen (15) days of the date of issuance of the Hearing Officer's Order. The Order shall also set forth a mutually agreeable time and place for the hearing.

**Pre-Hearing Conference.** The Hearing Officer may also order a Pre-Hearing Conference at which the parent or his or her representative will state and clarify the issues to be addressed at the hearing. The Pre-Hearing Conference can also serve to resolve preliminary matters, clarify jurisdictional issues, and answer the parties' questions regarding the hearing process.

**Dismissals.** If, after the Pre-Hearing Conference, the Hearing Officer finds that the parent, as a matter of law, alleges and raises no factual claims or legal issues that come within his or her jurisdiction as a §504 Hearing Officer, he or she may dismiss the hearing and issue an order to that effect explaining the bases for such finding.

**Continuances.** Upon a showing of good cause, the Hearing Officer, at his or her discretion, may grant a continuance of the hearing date and set a new hearing date by issuing a written Amended Order Setting Hearing.

**Conduct of Hearing.** The hearing shall be conducted in an informal, non-adversarial manner. The parties shall address the Hearing Officer by name (i.e. Mr. or Ms.). The hearing shall be closed or open to the public, at the parent's request. The parties are free to provide the Hearing Officer with information or opinion as to the validity and weight to be given the information presented to him or her. Neither the Federal nor Texas Rules of Evidence or Civil Procedure, however, will apply. The Hearing Officer is not required to entertain any legal evidentiary objections to the admissibility, authenticity, or probative value of either oral testimony or documentary exhibits offered at the hearing. In the exercise of his or her discretion, however, the Hearing Officer may reasonably limit testimony and introduction of documentary exhibits for reasons of relevance. (*See also "Submission of Documentary Exhibits" below* ).

## Due Process Hearing Procedures: Form 2, pg. 3

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**Recording.** Instead of a formal written transcript produced by a court reporter, the entire due process hearing will be tape-recorded. The parent may obtain a copy of the tape recording at his or her request. In order for an accurate recording to be made, the parties and witnesses shall introduce themselves at the beginning of their presentations. If a parent proceeds to a review of the due process hearing decision to a court of competent jurisdiction (*See "Review Procedure" on p. 11*), the District will prepare a written transcript of the hearing tape recording to be offered to the court as an exhibit.

**Witnesses.** Witnesses will present their information in narrative form, without the traditional question and answer format of legal proceedings. Cross-examination of witnesses will not be allowed, but a party may request that the Hearing Officer, at his or her discretion, ask a witness a certain question.

**Format for Presentations.** The parent will present its case first, by making an opening statement which outlines the parent's position on all issues, presenting personally, calling additional witnesses, and making a closing argument. All of the preceding may be done either personally or through counsel, except for personal presentations or statements. At the end of the District's presentation, the Parent may offer a short response to the District's case. The above format is not required, but may be helpful in organizing the presentation of the case to the Hearing Officer.

**Submission of Documentary Exhibits.** As part of their presentations, the parties may submit any reports, evaluations, correspondence, notes, or any other documents that may support their positions and that the Hearing Officer will admit at his or her discretion. Each separate documentary exhibit submitted to the Hearing Officer by either party must be marked numerically (i.e., Parent 1, Parent 2; District 1, District 2, etc.). The Hearing Officer may, in the exercise of his or her discretion, reasonably limit the number of documents to be submitted for his or her review, as well as the number of witnesses and the length and/or scope of their presentations or statements.

**Written Closing, Arguments or Briefs.** The parties may submit, at the Hearing Officer's discretion, a written Closing Argument summarizing and characterizing the information presented at the hearing, and providing legal authority in support of their position. Time lines for the submission of Closing Arguments shall be set by the Hearing Officer at the conclusion of the hearing.

**Closing of Hearing.** At the conclusion of all presentations, the Hearing Officer will close the hearing and set a date for the issuance of the written decision. The Hearing Officer may make an oral ruling at the conclusion of the hearing or take the case under advisement, but must in all cases issue a written opinion addressing and ruling on all issues raised by the Petitioner and indicating what corrective action, if any, the District must take. Formal findings of fact and conclusions of law, however, are not required. Any issue or claim raised by the parent that is left unaddressed by the Hearing Officer in his or her decision will be deemed to have been denied to the parent. The decision must be issued to both parties within fifteen (15) days after the hearing.

**Decision Time line.** A decision must be issued within forty-five (45) days after the date the Request for a Due Process Hearing is received by the district.

## Due Process Hearing Procedures: Form 2, pg. 4

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**Remedies and Relief.** The Hearing Officer must confine his or her orders and rulings to those matters which involve identification, evaluation, or placement of children under §504 and to the provisions of the regulations implementing §504. If a parent has raised issues or claims outside of the areas of identification, evaluation, or placement, that are not within the Hearing Officer's jurisdiction, the Hearing Officer will make appropriate findings to that effect either in the written decision, or at any time prior to the issuance of a decision (for example, at a Pre-Hearing Conference). A Hearing Officer may not award attorneys' fees as a part of relief granted to a parent.

**Review Procedure.** If not satisfied by the decision of the Hearing Officer, a parent may seek review of the hearing decision in a court of competent jurisdiction, generally the closest federal district court.

**Complaints to the Office for Civil Rights (OCR).** At any time, a parent may file a complaint with OCR if he or she believes that the District has violated any provision or regulation of §504. The filing of a complaint does not affect the hearing process or the time lines set forth above. OCR addresses §504 complaints separately and independently of the local hearing process, in accordance with the guidelines set forth in OCR's Complaint Resolution Manual.

## La Pryor Independent School District

PO Box 519 – La Pryor, TX 78872

830-365-4000 – [www.lapryor.net](http://www.lapryor.net)

*Child Find Notice, Form 3*

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### **§504 Child Find Notice**

Pursuant to Section 504 of the Rehabilitation Act of 1973, the District has a duty to identify, refer, evaluate and if eligible, provide a free, appropriate public education to disabled students. For additional information about the rights of parents of eligible children, or for answers to any questions you might have about identification, evaluation and placement into Section 504 programs, please contact the District's Section 504 Coordinator, Jessica Ruiz, at (830-365-4007) or by mail at P.O. Box 519, La Pryor, TX 78872.

### **Aviso Sobre La Identificación de Estudiantes Incapacitados bajo la Sección 504**

Bajo la Sección 504 del Decreto de Rehabilitación de 1973, el Distrito Escolar esta obligado a identificar, referir, evaluar, y proporcionar servicios educativos apropiados y gratuitos a estudiantes incapacitados que califican para recibir servicios bajo esta ley. Si usted desea mas información sobre los derechos de padres de niños incapacitados, o si tiene preguntas sobre la identificación, evaluación, y colocación de niños en el programa de Sección 504, favor de ponerse in contacto con el Coordinador de 504 del Distrito, Jessica Ruiz, al numero (830-365-4007), o por correo a la siguiente dirección: P.O. Box 519, La Pryor, TX 78872.

# La Pryor Independent School District

PO Box 519 – La Pryor, TX 78872

830-365-4000 – [www.lapryor.net](http://www.lapryor.net)

## ***§504 Referral, Form 4, Pg. 1***

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

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

ID#: \_\_\_\_\_ Campus: \_\_\_\_\_

Referred by: \_\_\_\_\_

Position/Relation: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Person Completing referral: \_\_\_\_\_

### **ACHIEVEMENT DATA (MOST RECENT)**

#### **TEXAS ASSESSMENT OF KNOWLEDGE & SKILLS (TAKS)**

<u>Subject</u>	<u>Test Passed</u>	<u>Scale Score</u>
Reading	_____	_____
Mathematics	_____	_____
Writing	_____	_____
Science	_____	_____
Social Studies	_____	_____
English Language Arts	_____	_____

### **OTHER STANDARDIZED TEST RESULTS** Test Name: \_\_\_\_\_

<u>Subject</u>	<u>Grade Equivalent</u>	<u>Standard Score</u>	<u>Percentile</u>
Mathematics	_____	_____	_____
Reading	_____	_____	_____
Writing	_____	_____	_____
Social Studies	_____	_____	_____
Science	_____	_____	_____

#### **This student's test scores:**

\_\_\_ have become better each year  
\_\_\_ have stayed about the same each year  
\_\_\_ have become worse each year  
\_\_\_ dropped suddenly in \_\_\_ grade  
\_\_\_ data not available

#### **Compared to the mean of the district,**

#### **this student's test scores:**

\_\_\_ have become better each year  
\_\_\_ have stayed about the same each year  
\_\_\_ have become worse each year  
\_\_\_ district mean not available

## ***§504 Referral, Form 4, Pg. 2***

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<b>CURRENT GRADES</b>	<b>[Attach samples of student's work and prior year grade reports if available]</b>		
Subject	Grade	Subject	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>This student's test scores:</b> ___ have become higher each year ___ have stayed about the same each year ___ have become lower each year ___ dropped suddenly in ___ grade ___ data not available	<b>Compared to the mean of the district, this student's test scores:</b> ___ are better ___ are about the same ___ are worse ___ data not available
--	---

Has this student been retained? \_\_\_ Yes \_\_\_ No  
If YES, list grade level(s) and reason for retention: \_\_\_\_\_

**HOME LANGUAGE SURVEY**                      Date of survey: \_\_\_\_\_  
What is the dominant language, as specified on Home Language Survey?  
Student: \_\_\_\_\_                      Parent: \_\_\_\_\_

LEP Information below is not applicable because dominant language is English \_\_\_\_\_  
What language proficiency test was used to determine whether or not this student is LEP?  
1. PK students – Pre-IPT                      \_\_\_\_\_  
2. Grades K-5 – IPTI                              \_\_\_\_\_                      Please check most recent test administered.  
3. Grades 6-12 – IPTII                          \_\_\_\_\_                      Date \_\_\_\_\_  
Results: \_\_\_\_\_

For a limited English proficient student, briefly describe the Language Proficiency Assessment Committee's recommendations: \_\_\_\_\_  
\_\_\_\_\_

**EARLY INTERVENTION & ALTERNATIVE PROGRAMS** (attach relevant plans or other documentation)  
What types of efforts have been attempted for the student?  
\_\_\_ ESL/Bilingual Ed. Program                      \_\_\_ Alternative Learning Setting  
\_\_\_ Title I    \_\_\_ Summer School  
\_\_\_ Dyslexia    \_\_\_ Gifted and Talented  
\_\_\_ Tutoring, \_\_\_ sessions attended              \_\_\_ TAKS remediation  
\_\_\_ Other: \_\_\_\_\_

## **§504 Referral, Form 4, Pg. 3**

List services or programs considered and rejected for this student? Why? \_\_\_\_\_

Summary of results of efforts \_\_\_\_\_

### **ATTENDANCE**

Is this student enrolled in school?  YES  NO

If no, explain: \_\_\_\_\_

This student has been absent \_\_\_\_\_ days out of \_\_\_\_\_ school days this school year.

Reason(s): \_\_\_\_\_

This student was absent \_\_\_\_\_ days out of \_\_\_\_\_ school days last school year.

Reason(s): \_\_\_\_\_

List schools previously attended: \_\_\_\_\_

### **HEALTH INFORMATION**

Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability (example, medical reports, psychological reports, ADD/ADHD diagnostic info., etc.,)

Name of person conducting screening: \_\_\_\_\_

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 facility adaptation? If yes, specify?

## **§504 Referral, Form 4, Pg. 4**

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### **VISION**

Date of most recent screening: \_\_\_\_\_ Type of screening: \_\_\_\_\_

*(Vision examination must have been administered within a year from the date of referral)*

Visual acuity before correction:

Right \_\_\_\_\_ Left \_\_\_\_\_

Visual acuity with correction:

Right \_\_\_\_\_ Left \_\_\_\_\_

Interpretation of 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 Audiometric Test**

Date of most recent screening: \_\_\_\_\_ Type of 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:

\_\_\_\_\_

### **SPEECH**

\_\_\_ YES \_\_\_ NO

Has the student ever received speech services?

If YES, is student currently receiving services or were services discontinued?

\_\_\_\_\_

If YES, which types of service(s) were received?

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Articulation      Syntax      Language

# La Pryor Independent School District

PO Box 519 – La Pryor, TX 78872

830-365-4000 – [www.lapryor.net](http://www.lapryor.net)

## ***§504 Notice & Consent for Evaluation, Form 5***

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Initial as completed

- 2 Copies sent to parent  
 1 Copy signed & returned  
 Notice of Rights Included

Date sent/mailed: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

We have carefully reviewed your child's school records and information from teachers. Additional information is necessary to determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504. We ask that you consent to an evaluation under §504 for the following reasons:

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In many cases, the §504 evaluation may simply consist of the Section 504 Committee reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores, and other data, in order to determine if your child qualifies for accommodations in the regular classroom. For students who have been involved in the early intervention process, the 504 evaluation will include a review of the classroom assistance and interventions provided, the results of those efforts, and any other data generated by that process. In addition to reviewing the data described above, the district desires to conduct the following assessments:

Dyslexia Screening Assessment  Other (please describe below)

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Please review the enclosed document entitled "**Notice of Parent Rights**," which informs you of your rights under Section 504. If you consent to the evaluation, sign and return one copy of this letter. Keep the other copy and the Notice of Parent Rights for future reference.

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please call: Campus Counselor at if you have any questions.

As the parent/legal guardian of the above referenced student, having received notice of my §504 parent rights, I hereby consent to an evaluation under Section 504. I understand that this is *not* a Special Education evaluation.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian printed name

**Notice of Rights for Disabled Students and their Parents**  
**Under §504 of the Rehabilitation Act of 1973**  
*Form 6, Pg. 1*

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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 financial assistance. In the public schools specifically, §504 applies to ensure that eligible disabled students are provided with educational benefits and opportunities 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 his or her major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. Section 504 also applies to students with 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 services.

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 the following rights:

- 1.** You have a 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.
- 2.** Under §504, your child has the right to an appropriate education designed to meet his or her 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, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under §504. [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 the right to services, facilities, and activities comparable to those provided to 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 will consider information from a variety of sources in making its determinations, including, for example: aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, parent observations, and scores on TAKS tests, among others. [34 CFR 104.35].

**Notice of Rights for Disabled Students and their Parents**  
**Under §504 of the Rehabilitation Act of 1973**  
*Form 6, Pg. 2*

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- 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, possible placement options, and the requirement 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 for services under §504, he or she has a right to periodic evaluations to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years. [34 CFR 104.35].
- 10.** You have the right to be notified by the District prior to any action regarding the identification, evaluation, or placement of your child. [34 CFR 104.36]
- 11.** You have the right to examine relevant documents and records regarding your child (generally documents relating to identification, evaluation, and placement of your child under §504). [34 CFR 104.36].
- 12.** You have the right to an impartial due process hearing if you wish to contest any action of the District with regard to your child's identification, evaluation, or 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.
- 13.** If you wish to contest an action taken by the §504 Committee by means of an impartial due process hearing, you must submit a Notice of Appeal or a Request for Hearing to the District's §504 Coordinator at the address below:

Mrs. Norma Serna  
PO Box 519  
La Pryor, TX 78872  
(830) 365-4009

A date will be set for the hearing and an impartial hearing officer will be appointed. You will then be notified in writing of the hearing date, time, and place.

- 14.** If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction (normally, your closest federal district court).
- 15.** With respect to other issues surrounding your child's education that do not specifically involve identification, evaluation, or placement, you have a right to present a grievance or complaint to the District's §504 Coordinator (or their designee), who will then investigate the situation, taking into account the nature of the complaint and all necessary factors, in an effort to arrive at a fair and speedy resolution.
- 16.** You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers this school district is:

Director  
Office for Civil Rights, Region VI  
1999 Bryan Street, Suite 1620  
Dallas, Texas 75201-6810  
Tel. 214-661-9600

**Aviso a Padres de Estudiantes Incapacitados de sus Derechos Legales  
bajo la Sección 504 del Decreto de Rehabilitación de 1973  
Form 6, Pg. 1**

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El Decreto 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 tan 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 limita substancialmente una de sus actividades vitales, 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, o 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, o CFR) otorgan a los padres de familia y a estudiantes incapacitados los siguientes derechos:

- 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 o clarifiquen cualquier 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 las de estudiantes sin incapacidades. [34 CFR 104.33].
- 3.** Su hijo/a tiene derecho a servicios educativos gratuitos, con la excepción de gastos que normalmente se les cobran también a estudiantes sin incapacidades (o a sus padres). Compañías de seguros, y otras terceras personas similares, no son libres de sus obligaciones normales para proporcionar o pagar por servicios para un estudiante considerado incapacitado bajo la Sección 504. [34 CFR 104.33]. El recibir asistencia educativa bajo la Sección 504 no disminuye su derecho a recibir otra asistencia pública o privada de cualquier tipo.
- 4.** Su hijo/a tiene derecho a ser colocado en el ambiente educativo que permita máximo contacto y relaciones con estudiantes sin incapacidades. [34 CFR 104.34]. A menos que sus necesidades educativas no puedan ser satisfechas ahí, su hijo/a será colocado en clases regulares.
- 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, reports de progreso, observaciones de los padres, anécdotas de maestros, y calificaciones en los exámenes estatales, entre otras. [34 CFR 104.35].

**Aviso a Padres de Estudiantes Incapacitados de sus Derechos Legales  
bajo la Sección 504 del Decreto de Rehabilitación de 1973  
Form 6, Pg. 2**

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- 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 niño 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 una audiencia imparcial si no esta de acuerdo con las acciones del distrito en relación a la identificación, evaluación, o colocación educativa de su hijo/a. Usted tiene la oportunidad de participar personalmente en tal audiencia y de ser representada por un abogado, si desea contratarlo. [34 CFR 104.36].
- 13.** Si desea protestar o 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. Norma Serna  
PO Box 519  
La Pryor, TX 78872  
(830) 365-4000

Se fijará una fecha para una audiencia ante un oficial imparcial, y 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 el 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 a este distrito es:

Director  
Office for Civil Rights, Region VI  
1999 Bryan Street, Suite 1620  
Dallas, Texas 75201-6810  
Tel. 214-661-9600

# La Pryor Independent School District

PO Box 519 – La Pryor, TX 78872  
830-365-4000 – [www.lapryor.net](http://www.lapryor.net)

## Teacher/Administrator Input for §504 Evaluation, Form 7, Pg. 1

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

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

Subject Matter: \_\_\_\_\_

### INSTRUCTIONAL RATING

RATE THE INSTRUCTIONAL CONCERNS YOU HAVE ABOUT THIS STUDENT.

Circle one: 1 = poor 2 = below average 3 = average 4 = above average 5 = superior N = not observed

1. Reading skills:	1	2	3	4	5	N
2. Math skills:	1	2	3	4	5	N
3. Written expression:	1	2	3	4	5	N
4. Spelling:	1	2	3	4	5	N
5. Classroom work:	1	2	3	4	5	N
6. Homework:	1	2	3	4	5	N
7. Tests:	1	2	3	4	5	N
8. Following oral directions:	1	2	3	4	5	N
9. Following written directions:	1	2	3	4	5	N
10. Organizational skills:	1	2	3	4	5	N
11. _____	1	2	3	4	5	N
12. _____	1	2	3	4	5	N
13. _____	1	2	3	4	5	N
14. _____	1	2	3	4	5	N
15. _____	1	2	3	4	5	N

### BEHAVIOR RATING

What behavioral concerns do you have about this student?

- |  |   |
|--|---|
| <input type="checkbox"/> poor attention and concentration            | <input type="checkbox"/> interrupts or intrudes on others |
| <input type="checkbox"/> often loses things necessary for tasks      | <input type="checkbox"/> extreme mood swings              |
| <input type="checkbox"/> noncompliance with teacher directives       | <input type="checkbox"/> difficulty working with peers    |
| <input type="checkbox"/> excessively high/low activity level         | <input type="checkbox"/> difficulty remaining seated      |
| <input type="checkbox"/> difficulty following directions             | <input type="checkbox"/> is easily distracted             |
| <input type="checkbox"/> fidgets, squirms or seems restless          | <input type="checkbox"/> other: _____                     |
| <input type="checkbox"/> shifts from one uncompleted task to another | <input type="checkbox"/> none                             |

### RATE STUDENT'S BEHAVIOR IN EACH OF THE FOLLOWING AREAS:

Circle one: 1 = poor 2 = below average 3 = average 4 = above average 5 = superior N = not observed

Adaptive/Behavioral (Rate student's behavior in relation to other students of the same AGE.)

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

## Teacher/Administrator Input for §504 Evaluation, Form 7, Pg. 2

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What educational modifications/alternative strategies have been used with this student?

modified instructional methods       reteaching  
 modified instructional pacing       parent conferences  
 modified instructional materials       other: \_\_\_\_\_

What were the results of these modifications?

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What behavioral or discipline management strategies have been used with this student?

Conferences with student       Loss of privileges  
 Conferences with parent       Redirection  
 Other: \_\_\_\_\_

What were the results of these behavioral or discipline strategies?

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Has this student been suspended, expelled or removed to DAEP during the last or current school year?

If yes, explain and attach copies of *all* disciplinary referrals (including those that resulted in discipline other than suspension, expulsion, or DAEP).

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## **Parent/Teacher Input for §504 Evaluation, Form 7, Pg. 3 (for Dyslexia Referral Only)**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Place checkmarks by the characteristics exhibited by the student.

### **Characteristics of Dyslexia**

- |   |  |
|---|--|
| <input type="checkbox"/> Difficulty saying the alphabet correctly in sequence   | <input type="checkbox"/> Difficulty reading words in isolation                               |
| <input type="checkbox"/> Difficulty writing the alphabet correctly in sequence  | <input type="checkbox"/> Difficulty accurately decoding nonsense words                       |
| <input type="checkbox"/> Difficulty forming the shapes of the letters   | <input type="checkbox"/> Slow, inaccurate, or labored oral reading (lack of reading fluency) |
| <input type="checkbox"/> Difficulty learning the letter names and their associated sounds   | <input type="checkbox"/> Difficulty learning to spell  |
| <input type="checkbox"/> Reversals of orientation of letters or sequences of letters in words when read or written: (b-d, saw-was, quite-quiet) | <input type="checkbox"/> Difficulty with handwriting   |
|   | <input type="checkbox"/> Slow rate of writing  |

### **Characteristics Which May Be Associated With Dyslexia**

- |   |   |
|---|---|
| <input type="checkbox"/> Difficulty with aspects of reading comprehension                                       | <input type="checkbox"/> Late establishing preferred hand for writing                   |
| <input type="checkbox"/> Difficulty with aspects of written composition   | <input type="checkbox"/> Late learning right, left, and other directionality components |
| <input type="checkbox"/> Delay in spoken language   | <input type="checkbox"/> Problems learning concept of time and temporal sequencing      |
| <input type="checkbox"/> Difficulty with rhyming  | <input type="checkbox"/> Family history of similar problems                             |
| <input type="checkbox"/> Difficulty finding the "right" word  |   |
| <input type="checkbox"/> Difficulty pronouncing words (i.e., busgetti for spaghetti, mawn lower for lawn mower) |   |

### **Trends and Tendencies**

- |  |   |
|--|---|
| <input type="checkbox"/> Grades slip downward year to year                   | <input type="checkbox"/> Deteriorating organization and study habits                      |
| <input type="checkbox"/> Inconsistent grades from day to day                 | <input type="checkbox"/> Deteriorating motivation and self-esteem                         |
| <input type="checkbox"/> Inconsistent performance on standardized tests      | <input type="checkbox"/> Good grades, but requiring too much struggle                     |
| <input type="checkbox"/> Confusion with math symbols, but not computation    | <input type="checkbox"/> Chooses oral performances over written when given choice         |
| <input type="checkbox"/> Math computation better than word problems          | <input type="checkbox"/> Compensation by use of pictures and prompts from teacher         |
| <input type="checkbox"/> Memorized spelling better than spontaneous spelling | <input type="checkbox"/> Stress reflected by irregular writing and uneven pencil pressure |
| <input type="checkbox"/> Homework better quality than class work             |   |
| <input type="checkbox"/> Inordinate time spent on homework                   |   |

### **Frequent, Common, or Typical Behaviors**

- |   |   |
|---|---|
| <input type="checkbox"/> Short attention span                       | <input type="checkbox"/> Overcompensation through pseudo-confidence   |
| <input type="checkbox"/> Posture indicative of poor self-esteem     | <input type="checkbox"/> Poor motivation resulting from lack of success   |
| <input type="checkbox"/> Anxiety results in inappropriate behaviors | <input type="checkbox"/> Situational behaviors manifested in specific situations (child/teacher conflict) though not characteristic of child's general behavior |
| <input type="checkbox"/> Withdrawal                                 |   |
| <input type="checkbox"/> Inordinate stress during performance times |   |
| <input type="checkbox"/> Cheating                                   |   |

# La Pryor Independent School District

PO Box 519 – La Pryor, TX 78872

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## Parent Input for §504 Evaluation, Form 8, Pg. 1

The information requested will greatly assist the §504 Committee in evaluation of your child. If you have additional information which you want the Committee to consider (and that is not requested here) please feel free to attach additional pages. Disregard any question that makes you uncomfortable. If you would prefer to provide this information by phone, please contact the campus counselor. \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

### GENERAL INFORMATION

Name of Father \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

(YES) (NO) Do both parents live in the student's home? If not, with whom does the student live?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Education level: Father \_\_\_\_\_ Mother \_\_\_\_\_

### OTHER CHILDREN IN THE HOME \*\*Please use the back of this sheet if more space is needed.

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(YES) (NO) Do any of these children have learning problems? If yes, specify:

\_\_\_\_\_

### OTHER ADULTS IN THE HOME \*\*Please use the back of this sheet if more space is needed.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

(YES) (NO) Have any other family members had learning problems? If yes, please specify:

\_\_\_\_\_

The primary language spoken at home is \_\_\_\_\_

The primary language spoken by the student is \_\_\_\_\_

How long has the student lived in the United States? \_\_\_\_\_

What time does the student go to bed at night? \_\_\_\_\_ Does the student eat breakfast? \_\_\_\_\_

## Parent Input for §504 Evaluation, Form 8, Pg. 2

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### EDUCATIONAL EXPERIENCE AT HOME

Please circle those items available at home:

Computer   Television   Books   Tape recorder   Educational   Toys   CD player   stereo   Radio

What activities does the family participate in together? (Read, watch television, go camping, etc.)

---

---

---

Have there been any important changes within the family during the last three years? (For example, job changes, moves, births, deaths, illnesses, separations, divorce)

---

---

---

With whom in the family is the student particularly close? \_\_\_\_\_

(YES)   (NO)   Has the student ever been separated from the family due to family problems, health reasons, etc.? If YES, for what reason? \_\_\_\_\_  
\_\_\_\_\_

How did the student react to the separation? \_\_\_\_\_  
\_\_\_\_\_

Describe the student's behavior at home with peers, siblings, neighbors, parents. (For example, is he/she generally well-behaved, passive or aggressive, social or a loner, affectionate or withdrawn, etc.)

---

---

What methods of discipline are used with this student at home? (For example: spanking, extra chores, early bedtimes, taking away of privileges; is he/she given rewards for good behavior?)

---

---

What is your child's reaction to discipline? \_\_\_\_\_

Who is the main disciplinarian? \_\_\_\_\_

## Parent Input for §504 Evaluation, Form 8, Pg. 3

### PEER RELATIONSHIPS

Does the student prefer to play/socialize with boys or girls? \_\_\_\_\_

Does the student have friends?	his/her own age?	(YES)	(NO)
	younger?	(YES)	(NO)
	older?	(YES)	(NO)

What does the student do when not in school? (watch television, read, part-time job, play with other children)

Indoors \_\_\_\_\_

Outdoors \_\_\_\_\_

Has your child mentioned problems with school? How does he/she feel about the problem(s)?

(YES) (NO) Do you think that the student has a problem in school? If yes, what?

(YES) (NO) If you think that the student has a problem in school, have you shared those concerns with the school?

When did you first notice the problem? \_\_\_\_\_

When did you share your concerns? \_\_\_\_\_

With whom did you share your concerns? \_\_\_\_\_

What do you think is causing the problem? \_\_\_\_\_

(YES) (NO) Does your child have a part-time job after school or on weekends? If yes, please specify.

### CHILDHOOD HISTORY

Does your child have or has he/she had any of the following:

	YES	NO	Began at age	Stopped at age	Still has problem
Frequent Fevers	___	___	_____	_____	_____
Frequent earaches	___	___	_____	_____	_____
Frequent vomiting	___	___	_____	_____	_____
Frequent headaches	___	___	_____	_____	_____
Thumb sucking	___	___	_____	_____	_____
Nightmares	___	___	_____	_____	_____
Sleepwalking	___	___	_____	_____	_____
Head banging	___	___	_____	_____	_____
Rocking of body	___	___	_____	_____	_____
Teeth grinding	___	___	_____	_____	_____
Bedwetting	___	___	_____	_____	_____
Fingernail biting	___	___	_____	_____	_____
Temper tantrums	___	___	_____	_____	_____
Has run away from home	___	___	_____	_____	_____
Ever lost consciousness	___	___	_____	_____	_____
Ever had convulsions	___	___	_____	_____	_____

## **Parent Input for §504 Evaluation, Form 8, Pg. 4**

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Doctor's reports, letters and diagnoses can be very helpful to the 504 Committee. Please attach those medical records so that the Committee can have a more complete picture of your child. If you would prefer, you may give the District written consent to seek those records from your doctors directly. Please notify Norma Serna at (830) 365-4009 to get the necessary form.

(YES) (NO) Is your child under the care of a physician for a medical problem? If YES, describe the problem.

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

(YES) (NO) Does your child appear to have any other physical health problems, including allergies? If YES, please explain.

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

(YES) (NO) Were there any pregnancy or birth complications? If YES, please explain.

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

Premature? \_\_\_\_\_ How much? \_\_\_\_\_

(YES) (NO) Is your child now taking any medications? If YES, please explain.

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

(YES) (NO) Do you know of any side effects the medicine might have? If YES, please explain.

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

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

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

(YES) (NO) Has your child ever been hospitalized? If YES, please state why and for how long.

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

(YES) (NO) Does the student appear to be very different from your other children, in his/her behavior, learning skills, or other skills? If YES, how?

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

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

\_\_\_ Slower \_\_\_ About the same \_\_\_ Faster

At what age (in months) was student able to do the following:

Sat without support \_\_\_\_\_ Crawled \_\_\_\_\_ Walked without support \_\_\_\_\_

Used spoon fairly well \_\_\_\_\_ Reasonably well toilet-trained \_\_\_\_\_

If the student qualifies for special services, what service do you think would best help your son/daughter?

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

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Position of person completing section

\_\_\_\_\_  
Date

# La Pryor Independent School District

PO Box 519 – La Pryor, TX 78872

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## Notice of §504 Meeting, Form 9

---

Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

ID # School \_\_\_\_\_

**Check one of the following:**

1. \_\_\_\_\_ *Initial*
2. \_\_\_\_\_ *Annual Review*
3. \_\_\_\_\_ *Failure/Discipline Review*
4. \_\_\_\_\_ *Three-Year Evaluation Review*
5. \_\_\_\_\_ *Other (Specify)*

Dear Mr./Mrs./Ms. \_\_\_\_\_  
Parent/Guardian/Surrogate/Adult Student

This letter is to inform you that the Section 504 Committee wishes to arrange a meeting to discuss your child's educational needs. We have scheduled a meeting at \_\_\_\_\_, on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
at \_\_\_\_\_:\_\_\_\_\_. We would very much appreciate your input. Your insights and contributions will be quite helpful to us in effecting the best decisions possible. If this is a Section 504 Initial Evaluation, and if you have not already done so, please fill out and return the Parent Input Form. Your observations of your child's progress can greatly assist the 504 Committee as it evaluates your child's 504 eligibility. Following the meeting, we will notify you of the 504 Committee's decision in writing. Please call me at (830) 365 - \_\_\_\_\_ if you have any questions.

Sincerely,

Campus Counselor

# La Pryor Independent School District

PO Box 519 – La Pryor, TX 78872

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## Section 504 Evaluation, Form 10, Pg. 1

Date: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

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

Student referred by: \_\_\_\_\_

**Check one of the following:**

1.  Initial
2.  Annual Review
3.  Failure/Discipline Review
4.  Three-Year Evaluation Review
5.  Other (Specify)

**Procedural Checklist:** All must be checked before the *initial* evaluation may occur.

- Verify that the parent has consented to §504 *initial* evaluation.
- Verify that the parent has received Notice of Parent Rights under §504.
- Verify that the parent has been informed [ in writing  by phone  in person] of the date, time, and place of this evaluation meeting.
- Verify Membership of the Section 504 Committee, which must include persons with knowledge of each of the following three areas: (1) the student, (2) the meaning of the evaluation data, (3) the placement options.

**Note: If the Committee is also evaluating the student for eligibility in the Texas Dyslexia Program, please also complete Form 14 to ensure compliance with the Texas Dyslexia Law. If the Committee is considering General Education Homebound, please also complete Form 15.**

List Committee Members and check area of knowledge (attach an additional page if necessary to list all members).

NAME	POSITION	KNOWLEDGE OF
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options

The Committee reviewed and carefully considered the following data which was gathered from a variety of sources, including the Referral Document. [Please check each that applies, or attach copies of the date.]

- |   |  |
|---|--|
| <input type="checkbox"/> Grade Reports                      | <input type="checkbox"/> School Health Information                 |
| <input type="checkbox"/> Teacher/Administrator Input        | <input type="checkbox"/> Special Education Records (specify) _____ |
| <input type="checkbox"/> Disciplinary Records/Referrals     | <input type="checkbox"/> Medical Evaluation/Diagnoses              |
| <input type="checkbox"/> Student Work Portfolio             | <input type="checkbox"/> Parent Input                              |
| <input type="checkbox"/> Standardized Tests and Other Tests | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Early Intervention Data            | <input type="checkbox"/> Other _____                               |

## Section 504 Evaluation, Form 10, Pg. 2

(If information from a conversation or other data in unwritten form was considered, please document that oral data was relied upon by attaching written notes summarizing the conversation or data.)

Based on the evaluation data gathered from a variety of sources, the Section 504 Committee answered the following questions to determine Section 504 eligibility:

(YES) (NO) (1) Does the student have a physical or mental impairment? If so, please identify the impairment. *Note: This is an educational determination only, and not a medical diagnosis for purposes of treatment.*

---

---

(YES) (NO) (2) Does the physical or mental impairment affect one or more major life activities? If so, which major life activity or activities is/are affected?

---

---

(YES) (NO) (3) Does the physical or mental impairment substantially limit a major life activity? That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner, or duration by which the average student of the same age/grade level in the general population can perform that same major life activity? If yes, describe the substantial limitation.

---

---

(YES) (NO) (4) Does the student need Section 504 services in order for his/her educational needs to be met as adequately as those of non-disabled peers? (Note: if the student's needs are so extreme as to require special education and related services, a referral to special education should be considered.)

---

---

If all four questions were answered "Yes", the student is eligible for a free, appropriate public education under § 504, and the Accommodation Plan should be developed. If any answer is "No", the student is not eligible.

The 504 Committee's analysis of the eligibility criteria as applied to the evaluation data indicates that:

The student is not eligible for services under Section 504, and will continue to receive regular education and any available regular education resources and programs.

The student is eligible under Section 504, and will receive an Accommodation Plan which governs the provision of 504 services to the student.

The student remains eligible under Section 504, and will receive an updated Accommodation Plan which governs the provision of 504 services to the student. (Annual and 3-yr evaluations only)

The student is no longer eligible for Section 504 and is exited from the program. The student will now receive regular education without Section 504 services.

As part of the 504 evaluation, the Committee considered the student's eligibility for the Texas Dyslexia Program. The student  is/  is not eligible for services in the Dyslexia Program.

Other

If you disagree with the Committee's decision, please contact Norma Serna at (830)365-4009 ext.331 to discuss your concerns, or consult your Notice of Parent Rights for other options.

**Procedural Safeguards: Verify that a copy of this completed evaluation was provided to the parent**  
[  by mail  in person ].

# La Pryor Independent School District

PO Box 519 – La Pryor, TX 78872

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## Notice of 504 Evaluation Results, Form 11

---

Date \_\_\_\_\_

\_\_\_\_\_  
Student's Name

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

\_\_\_\_\_  
School

Dear Mr./Mrs. \_\_\_\_\_  
Parent/Guardian/Surrogate/Adult Student

This letter is to inform you that the Section 504 Committee had a meeting on \_\_\_\_/\_\_\_\_/\_\_\_\_. After careful review of relevant evaluation data, the Section 504 Committee made the following decisions regarding your student's placement:

- 1. Your student will receive regular education without Section 504 services.
- 2. Your student will receive regular education with Section 504 services. A copy of the Accommodation Plan is enclosed.
- 3. Your student will continue receiving Section 504 services. A copy of the Accommodation Plan is enclosed. [This option is only available following the annual or 3-year evaluations]
- 4. Your student is dismissed from Section 504 as your student no longer meets eligibility criteria. [This option is only available following the annual or 3-year evaluations]
- 5. Your student will be referred to Special Education.
- 6. Your student \_\_\_\_ is \_\_\_\_ is not eligible for services in the Texas Dyslexia Program.
- 7. Other \_\_\_\_\_

A copy of the 504 Committee's evaluation is enclosed.

If you have any questions concerning this decision, please call me at (830) 365-\_\_\_\_\_. I will be more than happy to discuss any questions that you may have.

Sincerely,

Campus Counselor

- Encl. (1) Completed Evaluation  
(2) Student Accommodation Plan (if eligible)  
(3) Manifestation Determination Form (if discipline evaluation conducted).

# La Pryor Independent School District

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## Section 504 Accommodation Plan, Form 12, Pg. 1

**[Please Note: If the student’s placement is General Education Homebound, services for the student should be documented on Form 15. This form is not to be used for General Education Homebound.]**

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

Student’s Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

**Check one of the following:**

1.  *Initial*
2.  *Annual Review*
3.  *Failure/Discipline Review*
4.  *Three-Year Evaluation Review*
5.  *Other (Specify)*

**CERTIFICATE OF DISTRIBUTION**

*(Insert dates distributed to each, or N/A)*

This student Accommodation Plan has been distributed to the following:

<input type="checkbox"/> Parent	<input type="checkbox"/> Administrator	<input type="checkbox"/> Social Studies/History
<input type="checkbox"/> Fine Arts Teacher	<input type="checkbox"/> Mathematics Teacher	<input type="checkbox"/> Other _____
<input type="checkbox"/> Reading Teacher	<input type="checkbox"/> Other _____	<input type="checkbox"/> PE Teacher
<input type="checkbox"/> Vocational Teacher	<input type="checkbox"/> Science Teacher	<input type="checkbox"/> Other _____
<input type="checkbox"/> English/LA Teacher	<input type="checkbox"/> Other _____	

\_\_\_\_\_  
Signature verifying delivery

Please use the following tool to ensure that each of the student’s needs identified in the evaluation are addressed in the accommodation plan. (Attach additional pages where necessary).

Each student need identified by the evaluation	Accommodation(s) designed to address the need

## Section 504 Accommodation Plan, Form 12, Pg. 2

Student's Name \_\_\_\_\_

I.D. Number \_\_\_\_\_

Campus \_\_\_\_\_

Modifications Begin \_\_\_\_\_ (Date)

To ensure better coordination among the teachers in the regular education program, the checked instructional accommodations have been approved by the Section 504 Committee for the curriculum areas listed. Each teacher who serves a 504-eligible student shall review and implement the identified instructional accommodations under the supervision of the designated building administrator or campus 504 coordinator.

Texas Dyslexia Program  
(adopted by district)?

\_\_\_ Yes, \_\_\_ days/week

TAKS Dyslexia Bundle?

\_\_\_ Yes

Regular Discipline  
(No modification)

\_\_\_ Yes \_\_\_ No

[If answered No, BIP must  
be developed]

Individual Behavior  
Intervention Plan (BIP)

\_\_\_ Yes \_\_\_ No

Progress Forms

Weekly Progress \_\_\_\_\_

Daily Assignments \_\_\_\_\_

Identified Related Services

\_\_\_ Tutorial Program

\_\_\_ Transportation

\_\_\_ Counseling

\_\_\_ Other

The person(s) responsible  
for the coordination &  
monitoring of this plan:

\_\_\_\_\_  
Name

THE INFORMATION ON  
THIS INSTRUCTIONAL  
ACCOMMODATION PLAN  
IS CONFIDENTIAL AND  
MAY ONLY BE AVAILABLE  
TO:

1. Teacher(s) of student
2. 504 Committee
3. Campus Administrators
4. Parent(s)
5. Special Education Staff
6. TEA Monitoring Team
7. School Counselor(s)
8. Office of Civil Rights
9. Instructional Facilitators

<b>Accommodations by Class</b> <i>(Please use Notes for additional explanation)</i>										
1. Oral Test Administration										
2. Reading Assistance										
3. Oral Response										
4. Colored Overlays										
5. Extended Time										
6. Reduced Paper/Pencil Tasks										
7. Peer Tutor										
8. Repeat and clarify directions										
9. Avoid penalizing for handwriting or spelling errors										
10. Provide a copy of class notes and/or study guide										
11. Provide preferential seating										
12. Allow the student frequent breaks										
13. Give student opportunities for movement										
14. Adjust assignments to match attention span										
15. Highlight required or important information for the student										
16. Break assignments/instruction into smaller chunks										
17. Visual graphs/charts/diagrams/pictures to support instruction										
18. Written directions/notes in addition to oral										
19. Use place markers										
20. Allow calculator use										
21. Minimize distractions										
22. Provide tactile/kinesthetic aids										
23. Allow use of assistive devices										
24. Use a visual timer or schedule										
Other:										
20. Other:										
21. Other:										

## Section 504 Behavior Intervention Plan, Form 12, Pg. 3

Student's Name \_\_\_\_\_

I.D. Number \_\_\_\_\_

Campus \_\_\_\_\_

Behavior Management Plan Begins \_\_\_\_\_ (Date)

Please list below each behavior, reinforcement, consequence, and the 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
- Seat student near teacher
- Give frequent reminders 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	Description of Reward for Desirable Behavior	Description of Consequence for Undesirable Behavior	Person Responsible



# La Pryor Independent School District

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## **Section 504 Evaluation Manifestation & Determination, Form 13, Pg. 1**

**Procedural Checklist:** Both must be checked before the evaluation/manifestation determination may occur.  
 \_\_\_ Verify that the parent has been informed [ \_\_\_ in writing \_\_\_ by phone \_\_\_ in person] of the date, time, and place of this evaluation/manifestation determination meeting.  
 \_\_\_ Verify Membership of the Section 504 Committee, which must include persons with knowledge of each of the following three areas: 1) the student, (2) the meaning of the evaluation data, (3) the placement options.

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

Student's Name \_\_\_\_\_ I.D. Number \_\_\_\_\_ Campus \_\_\_\_\_

List Committee Members and check area of knowledge (attach an additional page if necessary to list all members).

NAME	POSITION	KNOWLEDGE OF
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Placement Options

The Committee reviewed and carefully considered the following data which was gathered from a variety of sources. [Please check each that applies, or attach copies of the data.]

- |  |  |
|--|--|
| <input type="checkbox"/> Grade Reports                             | <input type="checkbox"/> Teacher/Administrator Input   |
| <input type="checkbox"/> Disciplinary Records/Referrals            | <input type="checkbox"/> Student Work Portfolio        |
| <input type="checkbox"/> Standardized Tests and Other Tests        | <input type="checkbox"/> Campus Study Team Suggestions |
| <input type="checkbox"/> School Health Information                 | <input type="checkbox"/> Witness Statements            |
| <input type="checkbox"/> Medical Evaluation/Diagnoses from Parents | <input type="checkbox"/> Special Education Data _____  |
| <input type="checkbox"/> Other _____                               | <input type="checkbox"/> Parent Input                  |
| <input type="checkbox"/> Other _____                               |  |

Behavior subject to disciplinary action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# La Pryor Independent School District

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## Texas Dyslexia Program Evaluation Supplement, Form 14, Pg. 1

[The following form is to be utilized when the 504 Committee is also considering Texas Dyslexia Program eligibility along with 504 eligibility. The requirements here are *in addition* to those in Form 10.]

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

Student's Name \_\_\_\_\_ I.D. Number \_\_\_\_\_ Campus \_\_\_\_\_

In addition to the types of knowledge required for 504 purposes, persons with the following knowledge as required by the state guidelines were also present:

**Name of knowledgeable member:**

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

**Type of knowledge required:**

- The reading process
- Dyslexia and related disorders
- Dyslexia instruction
- District or charter school, state, and federal guidelines for assessment
- The student being evaluated
- The assessments that were used
- The meaning of the collected data

The evaluation data reviewed by the Committee to make the Dyslexia Program eligibility decision included data from the following areas:

(Mark with a check to note that each required area of data was reviewed.)

- Observations of the teacher, district or charter school staff, and/or parent(s)
- Data gathered from the classroom (including student work and the results of classroom measures) and information found in the student's cumulative folder (including the developmental and academic history of the student)
- The results of administered assessments (including both formal and informal measures), appropriate for the student's level of reading development, including: reading single words in isolation; word decoding (real and nonwords); phonological awareness; letter knowledge (name and associated sound); rapid naming; fluency/rate and accuracy; reading comprehension; and spelling
- Data-based documentation of student progress during instruction/intervention
- LPAC documentation (where applicable)
- All other accumulated data regarding the development of the student's learning and the student's educational needs

## Texas Dyslexia Program Evaluation Supplement, Form 14, Pg. 2

In making the determination of Dyslexia Program eligibility, and in addition to the consideration of 504 eligibility, the Committee considered the following (for complete explanation of the factors, see the Dyslexia Blue Book):

Check each area of consideration AGREE or DISAGREE as it is completed by the 504 Committee.

AGREE    DISAGREE

<input type="checkbox"/>	<input type="checkbox"/>	The student has received conventional (appropriate) instruction;
<input type="checkbox"/>	<input type="checkbox"/>	The student has experienced an unexpected lack of appropriate progress (in the areas of reading and spelling);
<input type="checkbox"/>	<input type="checkbox"/>	The student has adequate intelligence (an average ability to learn in the absence of print or in other academic areas);
<input type="checkbox"/>	<input type="checkbox"/>	The student exhibits characteristics associated with dyslexia; AND
<input type="checkbox"/>	<input type="checkbox"/>	The student's lack of progress was not due to sociocultural factors such as language differences, irregular attendance and lack of experiential background.

If the Committee marked "AGREE" in response to each of the preceding five statements, the student is eligible for the Dyslexia Program. If the Committee answered any of the preceding statements "DISAGREE," the student is not eligible and may only be placed in the Dyslexia Program by a 504 Committee or ARD Committee as required to provide the student with a free appropriate public education (FAPE).

Based on the evaluation data, the Committee has determined that:

(Check One)

The student is eligible for the Dyslexia Program  
 The student is NOT eligible for the Dyslexia Program

Note that eligibility for the Dyslexia Program does not necessarily indicate eligibility for Section 504. Eligibility under Section 504 is determined through the 504 Committee's responses to questions on Form 10.

### Instructions for the 504 Committee upon completing the Dyslexia Supplement:

#### For students determined eligible for the Dyslexia Program and Section 504:

- (1) The Committee should develop appropriate accommodations pursuant to Form 12.
- (2) The Dyslexia Bundle may be provided to this student if he meets the requirements provided in the current TAKS Coordinator's Manual. Use of the Bundle should be documented on the accommodation plan on the Committee notes page.

#### For students determined eligible for Section 504, but not for the Dyslexia Program:

- (1) The Committee should develop appropriate accommodations utilizing Form 12.

#### For students determined eligible for the Dyslexia Program but not Section 504 eligible:

- (1) The Committee should develop appropriate accommodations, including placement in the dyslexia program, pursuant to local policy and on the appropriate local form. Do Not Use Form 12.
- (2) The Dyslexia Bundle may be provided to this student if he meets the requirements provided in the current TAKS Coordinator's Manual. Use of the Bundle should be documented on the appropriate local form, pursuant to the district's policies and procedures for dyslexia.

# La Pryor Independent School District

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## ***Texas General Education Homebound Supplement, Form 15, Pg. 1***

[The following form is to be utilized when the 504 Committee is considering placement in General Education Homebound. The homebound eligibility and placement decision is made as part of the Section 504 evaluation, utilizing this form, in conjunction with Form 10.]

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

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Student ID # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**GEH Committee Membership.** While 504 eligibility is determined by a group of knowledgeable persons, including persons with knowledge of the child, the meaning of the evaluation data and the placement options, the General Education Homebound placement requires the Committee membership of three specific people: a campus administrator, a teacher of the student, and a parent/guardian of the student. The two groups can and should overlap to satisfy requirements under both 504 and GEH.

504 Committee Membership Requirements: documented on Form 10, attached.

GEH Committee Membership Requirements:

\_\_\_ Campus Administrator: \_\_\_\_\_ (Name)

\_\_\_ A teacher of the student: \_\_\_\_\_ (Name)

\_\_\_ Parent/guardian of the student: \_\_\_\_\_ (Name)

**Eligibility for General Education Homebound requires that the GEH Committee make the following findings:**

\_\_\_ YES \_\_\_ NO The Committee has received, and attaches to this form, a letter or note from a doctor that meets the following conditions:

(1) Indicates that the above-referenced student is expected to be confined at home or hospital

Bedside for a minimum of four consecutive weeks;

(2) Indicates that the confinement is for medical reasons only

(3) The medical condition is documented by a physician licensed to practice in the United States.

\_\_\_ YES \_\_\_ NO Based on the physician's note or letter, together with the Committee's review of current evaluation data (including Parent input, teacher/administrator input, grade reports, sample of student work, standardized tests and other tests, etc., as indicated on the Evaluation Form (Form 10)), the Committee determines that the student is eligible for General Education Homebound services, and that such services shall be provided to the student as indicated below.

Where both questions are answered with "YES", the student is eligible for General Education Homebound, and the Committee shall determine the type(s) and amount of instruction to be provided. If either question is answered NO, the student is not eligible for GEH services, but may be eligible for other services under Section 504, pursuant to the 504 Accommodation Plan (Form 12).

## *Texas General Education Homebound Supplement, Form 15, Pg. 2*

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General Education Homebound Services will be provided to the student in the following areas, in the amount of time indicated per week.

**REQUIRED General education instruction**, by a certified regular education teacher, in the following subject areas, \_\_\_\_\_

will be provided for a total of \_\_\_\_ hours per week of direct one-to-one instruction. [Note that general education students served at home through GEH will earn eligible days in attendance based on the number of hours the student is served at home each week. One hour of instruction equals one day in attendance for the first three hours of GEH instruction. When four or more hours of GEH instruction are provided, the student earns an entire week of eligible days of attendance. **The teacher providing GEH instruction will maintain a log of contact hours and other appropriate documentation of the provision of the required services.**]

\_\_\_ YES \_\_\_ NO      **Access to textbooks, assignments, projects, and tests for self-study in the following subject areas:**

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

\_\_\_ YES \_\_\_ NO      **Access to classroom teachers by phone in the following subject areas:**

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

\_\_\_ YES \_\_\_ NO      **Extended time for the completion of projects in the following subject areas:**

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

\_\_\_ YES \_\_\_ NO      **Access to A-Plus, educational software, distance learning, correspondence courses, or other on-line instruction.** If yes, please detail services to be made available

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

\_\_\_ YES \_\_\_ NO      **Other:**

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

\_\_\_ YES \_\_\_ NO      **Formal Transition from General Education Homebound to the classroom.** If the Committee believes that a formal transition period is required for the student's return to school, please detail the transition calendar and steps here.

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

GEH services shall commence on \_\_\_\_\_ (date) and terminate on \_\_\_\_\_ (date).

**[Note: The 504 Committee should complete a 504 Accommodation Plan (Form 12) prior to the student's return to school from the homebound placement should the student remain 504-eligible.]**