

Weatherford Independent School District
602 W. Water Street, Weatherford, Texas 76086
Phone 817/598-2844 • Fax 817/598-2957

SECTION 504 REFERRAL

Date of Referral: _____

Referred by: _____ **Position/Relation:** _____

Name of Student: _____

Campus: _____ **Grade:** _____

Reason for referral (please be as specific as possible):

What are your specific concerns about the student's performance?

Academic: _____

Behavioral: _____

Strategies and Interventions to Date (please include reason interventions have failed):

CURRENT GRADES

Subject	Grade

Please describe if and how the student's grades have changed.
(For example, have they dropped suddenly, become better each year, become worse each year, or stayed about the same?)

How does this student's grades compare to other students at this student's grade level?

Has this student been retained or voluntarily repeated a grade? _____

If "yes", list grade level(s): _____

Please attach samples of the student's work if doing so will help the §504 Committee better understand the student's performance.

Texas Assessment of Knowledge and Skills (TAKS) Performance

Did this student take the most recent TAKS exam?

Yes
 No

If "yes," please report the student's TAKS performance below.

Subject	Test Passed? (yes or no)	Scaled Score
Mathematics		
Reading		
Writing		
Social Studies		
Science		

Other Standardized Test Results

Please identify any other standardized test(s) this student has taken: _____

Please report the student's performance on the test(s) identified above. Use additional paper if necessary.

Subject	Grade Equivalent	Standard Score	Percentile
Mathematics			
Reading			
Writing			
Social Studies			
Science			

Please describe if and how the student's performance on standardized tests, including the TAKS, have changed. (For example, has the student's scores dropped suddenly, become better each year, become worse each year, or stayed about the same?)

HOME LANGUAGE

What is the primary language spoken in your home?

Primary language spoken by student: _____

Primary language spoken by parents (if different): _____

If the primary language spoken by the student is English, please skip the following box. If the student's primary language is anything other than English, please complete the information in the box below.

<p>Was a language proficiency test used to determine whether or not this student is limited English proficient (LEP)?</p> <p>_____ Yes _____ No</p> <p>If a language proficiency test has been used, which of the following tests was most recently administered?</p> <p>_____ PK students –Pre-IPT _____ Grades K-6 – IDEA, IPT1 _____ Grades 7-12 – SLEP</p> <p>What were the results of the test identified above?</p> <p>_____</p> <p>_____</p> <p>If the student is LEP, please describe the recommendations, if any, of the Language Proficiency Assessment Committee.</p> <p>_____</p> <p>_____</p>
--

ATTENDANCE

Is the student currently enrolled in Weatherford ISD?

- Yes
- No

If the student is not currently enrolled in Weatherford ISD, please identify the school the student is currently enrolled. If the student is not enrolled in any school, please explain.

The student has been absent _____ days out of the _____ school days this year to date.

Please identify the reason for the student's absences. If the reasons for the student's absences are health related, please indicate the nature of the medical issue and if a doctor's note was provided for those absences.

Has the student's attendance improved or worsened since last year? Please explain.

Please list all school districts the student has previously attended.

OTHER PROGRAMS TRIED

What other programs have been tried with this student?

- | | |
|--|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Summer School | <input type="checkbox"/> ESL/Bilingual Program |
| <input type="checkbox"/> Chapter I | <input type="checkbox"/> Gifted and Talented |
| <input type="checkbox"/> Alternative Placement | <input type="checkbox"/> Other: _____ |

How did the programs identified above fail to fully meet the needs of this student?

What other programs were considered for this student, and why weren't those programs implemented?

HEALTH INFORMATION

Please attach any documents or other information regarding doctor's recommendations or orders, any diagnoses, and any evaluations for disabilities.

Please identify any screening or testing that are not evidenced by attached documents and the result of those assessments.

Are there any signs that the student has health or medical problems? If so, please fully describe those signs.

Do you believe this student needs additional assessments or testing related to a perceived medical condition? If so, please fully describe what additional testing is needed.

Is the student currently on any medications?

At home: _____

At school: _____

Is adaptive equipment or facility adjustments needed for this student to receive equal access to programs and activities at school?

HEARING

What was the date of the student's most recent hearing test? _____

What type of hearing test was administered? _____

What was the result of the hearing test? If any treatments or equipment was recommended, please fully describe.

Are any follow-up tests, treatments, or equipment needed? If so, please fully describe.

VISION

* Please note that vision exams must have been administered within one year from the date of referral.

What was the date of the student's most recent vision test? _____

What type of vision test was administered? _____

Visual acuity without correction:

_____ Right
_____ Left

Visual acuity with correction:

_____ Right
_____ Left

Are any eye glasses or any other treatments recommended? If so, fully describe.

Are any follow-up tests or screenings needed? If so, please fully describe.

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Notice of Referral and Consent for Evaluation for §504 of the Rehabilitation Act of 1973

Student's Name: _____	Student's ID: _____	
Date of Birth: _____	Grade: _____	Campus: _____
Parents' Name: _____		
Address: _____		
Home Phone: _____	Work Phone: _____	Email: _____

Dear Parent:

This letter is to inform you that there is a concern about your child's progress in school. Your child has been referred for evaluation to the §504 committee for determination of whether he/she is eligible for §504 protections and accommodations. We have carefully reviewed your child's school records and information from teachers. Additional information is necessary to fully determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under §504.

Many times, the §504 evaluation simply consists of staff members reviewing and interpreting existing school records in order to determine if your child qualifies for accommodations in the regular classroom. The district may review and analyze, among other things, anecdotal evidence, observations, prior testing, grades, standardized test scores, and other data. This is not a Special Education evaluation.

Enclosed is a document entitled "*Notice of Parents and Student Rights under §504 of the Rehabilitation Act of 1973*". This document explains your rights and responsibilities as well as the district's obligations under this act. Please keep this copy for your future reference.

We would very much appreciate your input. Your insights and contributions will be quite helpful to us in effecting the best decisions possible. To that end, please find enclosed a document entitled *Parent Input for Section 504 Evaluation*. Please complete this form and return it to _____ by _____ so this information can be considered by the §504 committee.

Following an evaluation, the school will have a meeting with you to discuss the results and any needs your child may have to be successful in school. This meeting will be held on _____ Date/Time at _____ Location. Following the meeting, we will notify you of the §504 committee's decision.

If you have any questions, please contact:

Contact Name

Contact Phone

Your signature on this form indicates that you have received information regarding rights and procedures under §504 of the Rehabilitation Act of 1973 and consent to an evaluation under Section 504.

Please sign this form and return it to the student's school.

Signature of parent or guardian

Date

Sincerely,

Campus 504 Coordinator

Weatherford Independent School District
602 W. Water Street, Weatherford, Texas 76086
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Notice of Parent and Student Rights Under §504 of the Rehabilitation Act of 1973

The Rehabilitation Act of 1973, commonly known as "Section 504," is a federal law that prohibits discrimination against disabled persons who may participate in, or receive benefits from, programs receiving federal financial assistance. Section 504 applies to ensure that eligible disabled students are 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 their major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. 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. 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.

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.

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.

5. Your child has the right to services, facilities, and activities comparable to those provided to non-disabled students.

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.

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. 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.

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.

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.

10. You have the right to be notified by the District prior to any action regarding the identification, evaluation, or placement of your child.

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).

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. 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:

Patti Woods
District §504 Coordinator
Weatherford Independent School District
602 W. Water Street, Weatherford, Texas 76086
Phone 817/598-2844 • Fax 817/598-2957

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 Texas is:

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

Please return to:
_____ so this information
can be considered by the 504 Committee

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PARENT INPUT FOR Section 504 EVALUATION

Student's Name: _____	Student's ID: _____	
Date of Birth: _____	Grade: _____	Campus: _____
Address: _____	Home Phone: _____	

Your completion of this form will help the §504 Committee fully and accurately evaluate your child. Complete and honest answers are greatly appreciated. If you have additional information that is not requested on this form but that you feel is pertinent or may be helpful, please feel free to attach additional pages.

PARENT INFORMATION

Name of Father: _____

Father's Occupation: _____ Education Level: _____

Name of Mother: _____

Mother's Occupation: _____ Education Level: _____

If the student does not live with both parents, with whom does the student live?

AT HOME

Please identify all other children living in the student's home (you may write on the back of this page if additional space is needed):

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

Do any of these children have learning problems? ____Yes ____No

If yes, please fully describe:

Please identify all other adults living in the student's home (you may write on the back of this page if additional space is needed):

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

Have any other family members had learning problems? ____Yes ____No

If yes, please fully describe:

Is your child particularly close to any one family member or close family friend? If so, who is that person and describe that relationship.

Has your child ever been separated from the family due to family problems, health reasons, etc.? If so, please describe the reason for the separation and how your child reacted to that situation.

Please fully describe any significant changes within the family during the last three years, including deaths, births, separations, illness, etc.

How would you describe your child's behavior at home and around his peers outside of school?

In the event of unacceptable behavior at home, how do you discipline your child?

How does your child react to discipline? _____

Who is the main disciplinarian? _____

The primary language spoken at home is _____

What time does your child go to bed at night? _____

Is getting your child to go to bed difficult most evenings? _____

Does your child eat breakfast? _____

Which of the following items are available to your child at home?

_____ Television _____ Books _____ Tape recorder

_____ Educational Toys _____ Radio or Stereo _____ Computer

What activities does the family do together (e.g. playing games, sports, watching television, etc.)?

SOCIAL TIME AND WORK

Are your child's friends typically older, younger, or his/her own age? _____

Does your child prefer to play and socialize with boys or girls? _____

What activities or hobbies does your child enjoy when not at school?

Does your child have a part-time job or regular volunteer work obligations? If so, please describe those activities and the time obligation they entail:

PROBLEMS AT SCHOOL

Are you aware of, or has your child mentioned, any problems at school? If so, please fully describe any and all perceived problems, the possible cause of the problems, and when those problems began.

Have you or your child discussed the perceived problems with anyone at the school? If so, who did you talk to and when?

MEDICAL INFORMATION

Information from doctors, including letters and reports, are often helpful to the 504 Committee. Please attach any medical records so that the Committee is fully aware of any and all of your child's medical issues. If you would prefer, you may give Weatherford ISD written consent to receive that information directly from your doctor(s). The necessary form is attached to this document. If you wish for Weatherford ISD to directly receive medical information from your doctor, complete the form and return it to _____.

Please identify all doctors who currently see your child and the type of care provided by each doctor:

Name	Type of Care
_____	_____
_____	_____
_____	_____

Is your child currently on any medications?

At home: _____

At school: _____

Please describe any known side effect to the medications listed above.

Please identify any medications your child has taken for a substantial amount of time, even if your child is not currently taking that medication.

Are you aware of any physical health problems, including allergies, that have not already been identified on this form? If so, please fully describe.

DEVELOPMENT

Is your child different from your other children or other students his own age in development, learning skills, and/or behavior? If so, please explain.

When was your child able to do the following:

- Sit without support _____
- Crawl _____
- Walk without support _____
- Use eating utensils reasonable well _____
- Reasonably well toilet-trained _____

Please identify each issue your child has or had in the past:

- ____ Nightmares
- ____ Sleepwalking
- ____ Bedwetting
- ____ Thumbsucking
- ____ Head banging
- ____ Physical harm to self
- ____ Rocking of body
- ____ Teeth grinding
- ____ Severe or frequent fevers
- ____ Severe or frequent earaches
- ____ Severe or frequent vomiting
- ____ Severe or frequent headaches
- ____ Loss of consciousness
- ____ Convulsions
- ____ Fingernail biting
- ____ Temper tantrums
- ____ Depression
- ____ Has run away from home

For each issue identified above, please discuss whether it is still a problem, when it stopped, when it began, and your perceptions of how it has affected your child.

SERVICES

If, after the §504 evaluation, your child qualifies for §504 services, what services do you think would best help your child?

Please provide any other information you feel important or relevant that will help the §504 committee fully understand and evaluate your child.

Signature of Parent

Date

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CONSENT AND RELEASE FOR MEDICAL RECORDS

To the physician, hospital, or other agency having records, as named below:

You are hereby authorized to release information as specified below to Weatherford Independent School District. I understand that these records are confidential and cannot be disclosed without my written authorization, except as otherwise provided by law. I also understand that this consent may be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent.

Patient Name: _____
Date of Birth: _____

Authorized
Signature: _____ Date: _____

Relationship to patient: Parent Legal guardian
 Other(specify)_____

Requesting Medical Records from: Physician/Hospital

Address: _____

Fax #: (____) _____
Ph #(____) _____

Information being requested:
All medical / health records

Please mail or fax records to:
Weatherford Independent School District
Attn: _____

Weatherford, Texas 76086

Copies of this request shall be considered to be the same as the original.

Please return to:

_____ by _____ so this information can be considered by the 504 Committee.

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**TEACHER/ADMINISTRATOR INPUT
FOR SECTION 504 EVALUATION**

Student's Name: _____	Student's ID: _____
Grade: _____	Campus: _____
Teacher's Name: _____	
Subject Matter _____	

Please assess the student's skills in the following areas:

	Poor	Below Average	Average	Good	Excellent	Not observed
Reading						
Math						
Written expression						
Spelling						
Timely completing homework						
Timely completing classroom work						
Tests						
Following oral directions						
Following written directions						
Organization						
Other:						

Please assess the following student behaviors:

	Poor	Below Average	Average	Good	Excellent	Not observed
Follows teacher instructions						
Follows instructions from other adults						
Adapts to new situations without much difficulty						
Accepts responsibility for own actions						
Corrects problem behavior with limited prompting						
Interacts well with peer groups						
Works well with others						
Does not lose temper						
Has a pleasant and relatively positive attitude						
Other:						

Please identify any and all behavioral concerns or issues you have observed regarding this student. For example, does the student have poor concentration, tends to interrupt, has mood swings, tends to fidget, or has an excessively high activity level? Be as specific as possible.

Has this student been suspended, expelled or removed to DAEP in the last two years? If so, please describe the situation and attach copies of disciplinary referrals.

What strategies, modifications, and/or interventions have been used with this student to date?
How successful have these modifications been for the student?

Has this student been referred to the campus intervention committee (student support team)? If so, please attach all documents from that committee and describe why the committee has not been successful.

Please provide any other information you feel important or relevant that will help the §504 committee fully understand and evaluate this student.

Signature of Teacher/Administrator

Date

Include Evaluation and
____ Accommodation Plan if one is
developed.
____ Manifestation Determination form
(if discipline evaluation).

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NOTICE OF §504 EVALUATION RESULTS

Date _____

Student's Name: _____ Student's ID: _____
Date of Birth: _____ Grade: _____ Campus: _____

Dear Mr./Mrs. _____
Parent/Guardian/ Adult Student

The Section 504 Committee had a meeting on _____. At the meeting, the
Date
Committee carefully reviewed all relevant evaluation data, documents, and records.
The Section 504 Committee has determined that the following placement is appropriate
for your child:

- Regular education *without* Section 504 services.
- Placement in regular education *with* Section 504 services. A copy of the
Accommodation Plan is enclosed.
- Will continue Section 504 services (only if annual, 3 yr. evaluation only). A
copy of the Accommodation Plan is enclosed.
- Exit from Section 504 (only if annual, 3 yr. Evaluation only).
- Referral to Special Education.
- Other: _____

A copy of the Section 504 Committee's evaluation summary and accommodation plan
(if applicable) is enclosed. If you have any questions or concerns regarding the
placement, evaluation, or related issues, please call me at _____.

Coordinator's Number

I will be more than happy to discuss any questions or concerns you may have.

Sincerely,

Campus 504 Coordinator

Encl. (1) §504 Evaluation Summary
(2) Accommodation Plan (if applicable) and
(2) Behavior Intervention Plan (if applicable)

Weatherford Independent School District
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NOTICE OF SECTION 504 MEETING

Student's Name: _____	Student's ID: _____
Date of Birth: _____	Grade: _____ Campus: _____

Please be advised that your child's school wishes to have a meeting to discuss your child's education and how the school can best serve your child. A § 504 Committee Meeting for your child will be held on _____ at _____ a.m./p.m. in room _____. The purpose of the meeting is to _____.

Classroom teacher(s), administrator(s), and others with information regarding your child will be in attendance. Your input is invaluable. We would like to see you there. If you have not already done so, please complete and return a Parent Input Form. Please bring any relevant and/or new information you may have regarding your child that you have not already provided for us. New information will be considered at that time.

Thank you for your time and contributions to the needs and success of this student! If you have any questions, do not hesitate to contact me at _____.

§504 Campus Designee/Contact

(Phone)

Weatherford Independent School District
 602 W. Water Street, Weatherford, Texas 76086
 Phone 817/598-2844 • Fax 817/598-2957

§504 Meeting Summary and Accommodation Plan*

_____ *Date and Time of Meeting*

Student's Name: _____ **Student's ID:** _____

Date of Birth: _____ **Grade:** _____ **Campus:** _____

Parent's Name: _____

Address: _____ **Home Phone:** _____

The parent received notice of the meeting and his/her §504 rights, documentation of which is attached.

- _____ Yes
 _____ No

The purpose of this meeting is to:

- Consider the student for §504 accommodations and eligibility (Initial)
- Consider terminating §504 accommodations and eligibility for the student
- Review student's §504 accommodations
- Failure/Discipline Review
- Other _____

Participants of the §504 Team Meeting

Participants' Signature	Relationship to child
	Parent
	Adult Student
	Teacher
	Administrator
	Evaluation Personnel or §504 Coordinator

The following information has been reviewed and is attached

Parent Information Form	Teacher Information Form
Other Information from Parents	Other Information from Teachers
Information from Educational Records	Medical History
Home Language Survey	Other assessment scores
Other	Other

*if applicable

For a student to be eligible for a §504 plan, the student must meet all three of the following criteria.

- A physical or mental impairment
- That substantially limits
- One or more major life activities

It must be because of this disability that the student is unable to gain equal access and benefit from school programs and services.

Based on this definition and the review of existing data:

1. Does the student have a disability or handicap?

_____ Yes
_____ No

If “no,” complete this eligibility meeting by documenting the team’s rationale in the space on the next page.

If “yes,” please fully describe the disability or handicap:

2. Does the student’s disability or handicap substantially limit one or more life activities?

_____ Yes
_____ No

If “no,” complete this eligibility meeting by documenting the team’s rationale in the space on the next page.

If “Yes” which of the following major life activities is being substantially limited by the disability or handicap?

- Learning
- Seeing
- Hearing
- Breathing
- Walking
- Speaking
- Working
- Caring for self
- Other (describe): _____

3. Does the disability impact the student’s ability to receive equal access and benefit from school programs and services?

_____ Yes
_____ No

If “no,” complete this eligibility meeting by documenting the team’s rationale in the space on the next page.

If the eligibility team answered “**Yes**” to questions 1-3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a §504 accommodation plan. You may skip the next page.

The student is eligible for a §504 accommodation plan. A §504 accommodation is any change in the student's educational environment that:

- a. Alters the way instruction is delivered or the way mastery of the curriculum is exhibited; or
- b. provides equal access to the curriculum or physical site where the curriculum is presented.

§504 accommodations do not change the TEKS or expected mastery level for the TEKS. §504 accommodations are not readily available to all students.

The following are recommended accommodations based on this student's suspected disability.

Specific accommodations and the person(s) who are responsible for implementing them:

Accommodation	Person(s) Responsible
Physical Environment (i.e. elevator key, special desk)	
1.	
2.	
3.	
4.	
Method of Delivery of Instruction (i.e. taped texts, note taking support)	
1.	
2.	
3.	
4.	
Method of demonstration of mastery (i.e. Taped assignments, extended time for assignment, alternative assignment)	
1.	
2.	
3.	
4.	
Behavioral Support (i.e. behavior intervention plan, ability to leave room, cooling off time, sit in front of room)	
1.	
2.	
3.	
4.	
Other:	
1.	
2.	
3.	
4.	
5.	

In addition to the above accommodations, additional specific responsibilities may be assigned to help the student be successful.

Student responsibilities:

Parent/guardian responsibilities:

School staff responsibilities:

Other accommodations and related services that will be provided the student and individuals for arranging and/or providing them:

CERTIFICATE OF DISTRIBUTION

This preceding Student Accommodation Plan has been distributed to the following:

- | | |
|---|---|
| <input type="checkbox"/> English Teacher | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Mathematics Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Science Teacher | <input type="checkbox"/> Vocational Teacher |
| <input type="checkbox"/> Soc. Studies/History Teacher | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Physical Education Teacher | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fine Arts Teacher | <input type="checkbox"/> Other _____ |

Date

Signature

Weatherford Independent School District
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Phone 817/598-2844 • Fax 817/598-2957

SECTION 504
BEHAVIOR INTERVENTION PLAN
(only use this form if applicable)

Student's Name: _____	Student's ID: _____
Date of Meeting: _____	Grade: _____ Campus: _____

Please specifically identify each behavior targeted for intervention:

1. _____
2. _____
3. _____
4. _____
5. _____

Please identify which behavioral modification(s) will be use for this student:

- Clearly defined limits are set and communicated to student
- Seat student near teacher
- Reduce distracting stimuli
- Give frequent reminder of appropriate behavior and rules
- Provide reinforcement for appropriate behavior
- Provide in-class time out/cooling off
- Provide supervision during transition/class change
- Peer intervention: Assign peers to work with student
- Behavioral contract
- Structured and consistent routine (daily schedule of events)
- Communicate with the parent(s):
 - Daily tracking form
 - Weekly tracking form
 - Notes home
 - Telephone call
 - Parent/Teacher conferences
- Child follows regular discipline
- Other: _____
- Other: _____
- Other: _____

The modifications listed above should start on _____ and
(date)
end on _____.
(date)

If, despite implementation of the modifications identified above, a target behavior occurs, the following interventions will be used:

Target Behavior	Reward for Desirable Behavior	Consequences for Undesirable Behavior	Individual Responsible for Intervention

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§ 504 EVALUATION AND MANIFESTATION DETERMINATION

Student's Name: _____ Student's ID: _____
Date of Meeting: _____ Grade: _____ Campus: _____

Participants of the §504 Team Meeting

Participants' Signature	Relationship to child
	Parent
	Adult Student
	Teacher
	Administrator
	Evaluation Personnel or §504 Coordinator

Please identify the student's 504-qualifying disabilities:

Describe, in as much detail as possible, the student's behavior that is subject to disciplinary action:

Identify all information the 504 Committee has reviewed (e.g. evaluation, discipline referral, teacher observations, parent input, diagnostic results, etc.):

The 504 Committee makes the following determinations:

1. The behavior in question was caused by, or had a direct and substantial relationship to, the student's disability.
 Yes
 No

2. The student's accommodation(s) and/or placement were not appropriate in relationship to the behavior subject discipline.
 Yes
 No

3. The behavior in question was the direct result of the District's failure to implement the student's accommodation plan.
 Yes
 No

If *any* of the numbered questions above are answered "**yes**," the problem behavior is a manifestation of the student's disability. In the event that the problem behavior is a manifestation of the student's disability, the student cannot be expelled or be subject to any other substantial change in placement beyond 10 school days.

If *all* of the numbered questions above are answered "**no**," the problem behavior is not a manifestation of the student's disability, and the student may be disciplined according to policy and the student code of conduct.

Weatherford Independent School District
 602 W. Water Street, Weatherford, Texas 76086
 Phone 817/598-2844 • Fax 817/598-2957

SECTION 504 ACCOMMODATIONS RECEIPT

Student's Name: _____ **Student's ID:** _____
Grade: _____ **Campus:** _____

Person Responsible for Monitoring Accommodations

School Year 20__ - __	Signature:
School Year 20__ - __	Signature:
School Year 20__ - __	Signature:

	Teacher Signature	Teacher Signature	Teacher Signature
SUBJECT OR GRADE	School Year 20__ - __	School Year 20__ - __	School Year 20__ - __

PRINT THIS FORM ON YELLOW PAPER.

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NOTICE OF §504 IDENTIFICATION

THIS FORM IS TO REMAIN IN STUDENT'S CUMULATIVE FILE AT ALL TIMES.

The following student has been identified for eligibility under Section 504 of the Rehabilitation Act of 1974:

Student's Name: _____	Student's ID: _____
Grade: _____	Campus: _____

Additional information may be obtained from the Principal/504 Campus Coordinator.

Form completed by:

Name

Date

NOTE:

THIS STUDENT WAS DISMISSED FROM 504 ON _____.