

Island City Academy

6421 South Clinton Trail Eaton Rapids, Michigan 48827
Phone (517) 663-0111 Fax (517) 663-0167

Section 504 Referral For Evaluation

Date of Referral: _____ Date of Birth: _____
Student Name: _____ Grade: _____
Parent(s): _____ School: _____
Home phone: _____ Work phone: _____

Reason for Referral: (Please briefly describe the nature of your concern(s), e.g. academic, behavioral, gross/fine motor, social/emotional, medical, other)

Special Education (IDEA) Status (check only one box)

- No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA.
- The student has been evaluate by the IEP team and does not qualify for IDEA services.
- The student has received IDEA services in the past but no longer requires those services. Please check services that were provided:
 - Resource class
 - Self-contained class
 - Occupational therapy
 - Guidance
 - Special school setting
 - Physical therapy
 - Speech/language
 - Other _____

Section 504

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the following major life activities when compared to the average student:

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> caring for one's self | <input type="checkbox"/> speakin
g | <input type="checkbox"/> breathing | <input type="checkbox"/> eating | <input type="checkbox"/> concentrati
ng |
| <input type="checkbox"/> performing manual
tasks | <input type="checkbox"/> seeing | <input type="checkbox"/> learning | <input type="checkbox"/> sleeping | <input type="checkbox"/> thinking |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Working | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Bending | <input type="checkbox"/> communicati
ng | <input type="checkbox"/> Immune
System | <input type="checkbox"/> Normal cell
growth |
| <input type="checkbox"/> Digestive system | <input type="checkbox"/> Bowel | <input type="checkbox"/> Bladder | <input type="checkbox"/> Neurologica
l system | <input type="checkbox"/> brain |
| <input type="checkbox"/> Respiratory system | <input type="checkbox"/> circulato
ry
system | <input type="checkbox"/> Endocrine
system | <input type="checkbox"/> Reproductiv
e system | |

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Pre-referral interventions: (Please indicate interventions, supports, or other actions tried prior to the referral in an effort to address the concerns identified above)

Person making referral

Title/Position

FORM B

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NOTICE OF SECTION 504 PROCEDURAL SAFEGUARDS

Procedural Safeguards

The following is a brief summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities, and some related rights provided by the Title VI of the Civil Rights Act of 1964 and the Family Education Rights and Privacy Act. The intent of the law is to keep you fully informed about the decision concerning your child and to inform you of your rights in the event you disagree with any decisions concerning your child. You have the right to:

1. have the District advise you of your rights under federal law;
2. receive notice with respect to Section 504 identification, evaluation, and/or placement of your child;
3. have an evaluation and placement decision of your child based on information from a variety of sources and which is made by a team of persons knowledgeable about the student, the meaning of evaluation data, and placement options;
4. have your child receive a free appropriate education, which is the provision of regular or rather special education and related aids and services that are designed to meet individual educational needs of your child as adequately as the needs of a student without disabilities are met, if the child is Section 504 eligible;
5. have your child be educated with nondisabled students to the maximum extent appropriate, if the child is Section 504 eligible;
6. have your child take part and receive benefits from the District without discrimination on the basis of disability;
7. have your child educated in facilities and receive services comparable to those provided to nondisabled students;
8. examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records;
9. receive information in your native language and primary mode of communication;
10. have a periodic re-evaluation of your child, including an evaluation before any significant change of placement;
11. have your child given equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
12. request and participate in an impartial due hearing regarding the identification, evaluation, or placement of your child, including a right to be represented by counsel in that process and to appeal an adverse decision;
13. file a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office of Civil Rights.

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Form C

Dear,

Your child, _____, has been referred for an evaluation under Section 504 of the Rehabilitation Act of 1973. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance and requires the school district to provide eligible students a free appropriate public education designed to meet the student's individual educational needs as adequately as the needs of a non-disabled students are met.

In order to be eligible for services under Section 504, a student must have a physical or mental impairment that substantially limits one or more major life activities. In determining whether a student meets these criteria, the school district will draw from a variety of sources which may include the following:

- School records
- Observations
- Standardized tests or other assessments
- Parent/Student/Teacher interviews
- Behavior rating scales or other checklists
- Pertinent medical information
- Information provided by the parent/guardian
- Other relevant information

Your child's teacher(s), building administrator, counselor, and other individuals (school psychologist, school social worker, etc.) may be involved in the evaluation process. Once the evaluation is completed, a meeting will be scheduled to discuss the results of the evaluation. You will be notified of the time, date, and location of the meeting and are welcome to attend and participate in the decision making process.

The purpose of this letter is to advise you that the school district proposes to evaluate your child under Section 504 and to obtain your consent for the evaluation. In addition, enclosed is copy of the Notice of Procedural Safeguards which describes the rights afforded parents under Section 504.

Please indicate on the enclosed form your consent for the Section 504 evaluation and return the form as soon as possible. Please feel free to contact the school if you have any questions.

Thank you,

ICA 504 Team

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FORM D

Section 504- Parent Consent

Student Name: _____ Date of Birth: _____
School: Island City Academy Grade: _____
Parent/Guardian Name: _____
Address: _____
Phone: _____ Email: _____

Consent for Section 504 Evaluation

I understand that my child has been referred for an evaluation under Section 504. The evaluation will draw upon information from a variety of sources, which may include, but is not limited to: a school record review, observations of the student, parent/student/teacher interviews or input, assessments, and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504.

Check all that apply

- I have received a copy of the Section 504 Notice of Procedural Safeguards
- I consent to the Section 504 evaluation
- I do not give permission for the Section 504 evaluation

Signature of Parent/Guardian

Date

Please return this form to the school:

504 Team
Island City Academy
6421 South Clinton Trail
Eaton Rapids, MI 48827

For school use only

Date consent form received by School District: _____

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FORM E

AUTHORIZATION FOR RELEASE AND EXCHANGE OF MEDICAL INFORMATION

Student Name: _____ Date of Birth: _____
School: Island City Academy Grade: _____
Parent/Guardian Name: _____
Address: _____
Phone: _____ Email: _____

I hereby authorize the release and exchange of otherwise confidential medical information between Island City Academy and:

Physician's Name: _____
Address: _____
Phone: _____ Fax: _____

I understand that any information released or exchanged will be treated in a confidential manner by the District and will not be transmitted to a third party without my permission. This authorization is valid for a period of ninety (90) days unless earlier revoked by me in writing.

Signature of Parent/Guardian Date _____

Relationship to the student

PLEASE FORWARD DOCUMENTS TO:

504 Team
Island City Academy
6421 South Clinton Trail
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FORM F

SECTION 504 COVER LETTER TO PHYSICIAN

Physician's Name _____
Medical Facility/Practice _____
Physician's Address _____

Re: Student's Name _____ Date _____

Dear

The above-mentioned student is currently being evaluated by Island City Academy for the purpose of determining the student's eligibility for services under Section 504 of the Rehabilitation Act of 1973. In order to be eligible under Section 504, the student must have a physical or mental impairment that substantially limits a major life activity.

Enclosed is an authorization for the release of information to the School District signed by the student's parent/guardian. Please assist us with our evaluation by completing and returning the enclosed Physician's Statement no later than _____.

Please send to: Allison Kamal
504 Coordinator
6421 S. Clinton Trail
Eaton Rapids, MI 48827

Or Fax to:

We appreciate your assistance in this evaluation process. Please contact me if you have any questions. Thank you in advance for your cooperation.

Sincerely,

Allison Kamal
504 Coordinator

Enclosures - Physician's statement
-Authorization for Release of Records

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Form G

SECTION 504- PHYSICIAN'S STATEMENT

Student Name: _____ Date of Birth: _____

Physician's Section. Please provide the following information to assist the School District in its Section 504 evaluation. Attach supporting documentation if needed.

1. Does the student have a physical or mental impairment? Yes No
If yes, what is the student's diagnosis?

2. Describe the student's current prognosis and the nature and extent of possible change in the student's condition.

3. What are the anticipated effect of the physical or mental impairment on the student's ability to access, participate in. or benefit from school/educational experience?

4. Does the student have any other special health/medical issues of which the school should be aware which could affect the student in the school setting?

5. Is the student currently on any medication of which the school should be aware?
 Yes No If yes, please list any medication(s), dosage, and frequency.

6. Additional comments to assist in educational planning for the student.

Physician's Signature

Date

Physician's Name:

Phone:

Address:

Email:

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FORM H

SECTION 504- TEACHER INPUT

Student Name: _____ Grade: _____
Teacher Name: _____ Subject: _____

1. Do you have any concerns about this student? Yes No
If yes, please specify the type of concerns below:

Academic concerns (Please describe)

Behavioral concerns (Please describe)

Other concerns (Please describe)

2. Please list any accommodations, interventions, or strategies you have used to address the above concern(s) and indicate how the student responded to the intervention.

3. The student's current grade in class: _____

4. Would the student have earned this grade without the accommodations, interventions, or strategies you used to address the concern(s)? Yes No

5. Additional comments:

Teacher signature

Date

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Form I

Section 504- MEETING NOTICE AND INVITATION

Student Name: _____ Date of Birth: _____
School: Island City Academy Grade: _____

Dear _____,

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

The meeting will be held on _____ at _____ in room _____.

Island City Academy has invited the following persons to attend the meeting:

Name	Position/Title

You are encouraged to attend this meeting and participate in the decision-making process. If the meeting date or time is not convenient for you, please contact the school at your earliest convenience and we will attempt to make other arrangements.

The 504 Team

PLEASE RETURN THIS PORTION OF THE FORM IN THE ENCLOSED ENVELOPE

I will attend the Section 504 meeting on _____ at _____.

I am not able to attend and request the meeting be rescheduled.

I am not able to attend, but request that the meeting be held without me and that the paperwork be sent to me.

Student's Name (print)

Parent/Guardian's Name (Print)

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FORM J

SECTION 504 GRIEVANCE PROCEDURE

Island City Academy has adopted the following Grievance Procedure for addressing complaints of discrimination under Section 504. A person is not required to use this procedure and may instead file a complaint directly with the U.S. Department of Education's Office of Civil Rights, 600 Superior Avenue East, Suite 750, Cleveland, OH 44114-2611:

Step 1:

A person who believes that he/she has been discriminated against by Island City Academy is encouraged, but not required, to discuss the matter informally with the appropriate building principal, in the case of a student, or his/her immediate supervisor, in the case of an employee.

- A. If the building principal or immediate supervisor is the subject of the complaint, or the grievant is not a student or employee, the grievant may, instead, contact the Island City Academy 504 Coordinator.
- B. The person receiving the complaint shall verbally convey his/her findings to both the person who is alleged the violation and the person who is the subject of the complaint within 10 business days.

Step 2:

- A. If the informal Step 1 process does not resolve the matter, or if the grievant does not wish to use the informal procedures set forth in Step 1, a written complaint may be submitted to Island City Academy's Section 504 Coordinator who will investigate the complaint.
- B. The complaint shall be signed by the grievant and include the:
 - a. grievance name and contact information;
 - b. facts of the incident or action complained about;
 - c. date of the incident or action giving rise to the complaint;
 - d. type of discrimination alleged to have occurred; and
 - e. specific relief sought.
 - f. Note: Witness names and other evidence as deemed appropriate by the grievant may also be submitted.
- C. An investigation of the complaint will be conducted within 10 business days following the submission of the written complaint. The investigation shall include an interview of the parties and witnesses, a review of relevant evidence, and any other steps necessary to ensure a prompt and thorough investigation of the complaint.
- D. A written disposition of the complaint shall be issued within 10 business days of completion of the investigation, unless a specific written extension of time is provided to the parties. Copies of the disposition will be given to both the grievant and the person who is the subject of the complaint.

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Form L

Step 3:

- A. If the grievant wishes to appeal the decision in Step 2 above, he/she may submit a signed, written appeal to the Superintendent of Schools within 10 business days after the receipt of the written disposition. The Superintendent or his/her designee shall respond to the complaint, in writing, within 10 business days of the date of the appeal. Copies of the response shall be provided to both the grievant and the person who is the subject of the complaint.

Island City Academy provides assurance that it strictly prohibits any form of retaliation against persons who utilize this Grievance Procedure. Further, a grievant making a complaint is neither required to prosecute the matter nor confront the alleged discriminator or harasser when that would be inappropriate.

If you have any questions regarding these procedures or want to file a complaint, please contact Island City Academy 504 Coordinator:

Allison Kamal
504 Coordinator
Island City Academy
6421 South Clinton Trail
Eaton Rapids, MI 48827

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Form L

SECTION 504 COMPLAINT FORM

Name of Injured Party: _____
Address: _____
Phone: _____ Email: _____

If the injured party is a student, please also provide the following information:

School: Island City Academy Grade: _____ Birthdate: ____/____/____
Complainant's Name: _____
Relationship to Student: _____
Address: _____
Phone: _____ Email: _____

1. Describe the alleged violation of Section 504. Please be specific and describe the specific incident(s), as well as identify individuals involved, dates/times/locations, etc. Attach additional pages if needed.

2. Describe your proposed resolution to address the alleged problem(s)/violation(s)

Date: _____
Please submit this form to:

Complainant's Signature: _____

Allison Kamal
504 Coordinator
Island City Academy
6421 South Clinton Trail
Eaton Rapids, MI 48827

A person who believes that he/she has been discriminated against by Island City Academy on the basis of disability may file a complaint through the District's grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 600 Superior Ave East, Suite 750, Cleveland, OH 44114. You may file a complaint with OCR at any time. Filing a complaint with the School District is not a prerequisite to filing with OCR.

Form M

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Section 504- Manifestation Determination Meeting Notice and Invitation

Student Name: _____ Date of Birth: ___/___/___
School Building: Island City Academy Grade: _____
Mm/dd/yyyy: ___/___/___

Dear _____,

You are invited to attend a Section 504 manifestation determination meeting to review whether your child's misconduct was a manifestations of his/her disability.

The meeting will be held on: _____ at _____
in room _____

Island City Academy has invited the following persons to attend the meeting:

Name	Position/Title

You are encouraged attend this meeting and participate in the decision-making process. If the meeting date or time is not convenient for you, please contact me at your earliest convenience and we will attempt to make other arrangements.

Sincerely,

Amanda Grecni
504 Coordinator

PLEASE RETURN THIS PORTION OF THE FORM IN THE ENCLOSED ENVELOPE

- I will attend the Manifestation Determination meeting.
 I am not able to attend and request the meeting be rescheduled.
 I am not able to attend, but request that the meeting be held without me and that the paperwork be sent to my home address.

Student's Name (Print)

Parent/Guardian's Name (Print)

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Section 504- MANIFESTATION DETERMINATION REVIEW

Date of Review: ___/___/___ Date of Current Section 504 Plan: ___/___/___

STUDENT INFORMATION

Student Name: _____ Date of Birth: ___/___/___

School Building: Island City Academy Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Parent Contact

Method of Contact: _____

Contacted By: _____

Date Contacted: _____

Meeting Participants

Parent/Guardian _____ Administrative/Designee _____

Parent/Guardian _____ Teacher/Service Provider _____

Additional Staff _____ Other _____

Other _____ Other _____

Student (when appropriate) _____

Current Alcohol or Drug Use

1. Does the student currently engage in the illegal use of drugs or alcohol? ___yes ___no
2. Is the student being disciplined for the possession or use of illegal drugs or alcohol?
___yes ___no

If the answer to both questions is yes, the student is not entitled to a manifestation determination review and the student may be disciplined to the same extent that such disciplinary action is taken against students without disabilities.

Form O

CONSIDERATIONS FOR REVIEW- in carrying out a manifestation determination review, the 504 Team shall:

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1. Describe the behavior or incident that is subject to discipline.

2. Review and summarize relevant information in student's file.

3. Review and summarize relevant information in student's Section 504 plan.

4. Review and summarize teacher observations of the student.

5. Review and summarize relevant information provided by the parent.

MANIFESTATION DETERMINATION

In relation to the behavior subject to discipline (see previous page):

1. Was the conduct in question caused by or did it have a direct and substantial relationship to the student's disability? ____ yes ____ no
2. Was the conduct a direct result of the School District's failure to implement the Section 504 plan? ____yes ____ no

If the Section 504 team answers "yes" to either of the questions above, then the behavior must be considered a manifestation of the student's disability.

Form O

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The Section 504 team's determination that the behavior subject to discipline: (Check one)

- Is not a manifestation of the student's disability (school personnel may apply relevant disciplinary procedures applicable to all students)

- Is a manifestation of the student's disability

Date: ____/____/____

Signature of Section 504 Coordinator/Designee

Parent/Guardian Signature

- I have received the Notice of Procedural Safeguards under Section 504
- I agree with the determination above.
- I disagree with the determination above and understand that I have the right to request an impartial due process hearing by filing a written request for a hearing with the Section 504 Coordinator.

Date: ____/____/____

Signature of Parent/Guardian