



TAMALPAIS UNION HIGH SCHOOL DISTRICT

P.O. Box 605 - Larkspur, CA 94977 – (415) 945-3737 – Fax (415) 945-3766

www.tamdistrict.org

California Distinguished Schools: Tamalpais, Drake and Redwood High Schools

Section 504 Meeting

The purpose of a Section 504 meeting may include any of the following:

1. Determining eligibility by identifying a physical or mental impairment that substantially limits one or more major life activities, such as breathing, walking, seeing, hearing, working, learning, or behavior.
2. Developing a 504 Service Plan for qualified students.
3. Conducting an annual review of the student’s progress, eligibility and 504 Service Plan.
4. Before initiating a significant change in placement, a re-evaluation must be completed to determine if the student’s behavior is a manifestation of his/her disability.

Date: _____

I. General Information

| | | | | | |
|---|---------|----------|---------------------|-----|---------------|
| Student’s Name (Last) | (First) | (Middle) | Grade | Age | Date of Birth |
| Referral Date | School | | Student’s Counselor | | |
| Parent(s) Name | | | Phone (Home) (Work) | | |
| Primary Address (City) (State) (ZIP Code) | | | | | |
| Yes No <input type="checkbox"/> <input type="checkbox"/> Parent/Guardian rights for Section 504 were presented. <input type="checkbox"/> <input type="checkbox"/> A copy of the Parent/Guardian rights for Section 504 were mailed. | | | | | |

Purpose of Meeting

- Eligibility
 504 Plan
 Annual Review
 Conduct Manifestation Determination

Student Name: _____ Date: _____

II. Review of Relevant Information

Parent observation:

Teacher observations:

Areas of strength:

Areas of concern:

- Attendance
- Behavior
- Health
- Levels of achievement
- Other

Student Name: _____

Date: _____

III. Eligibility determination

If information from a conversation or other data in unwritten form was considered, please document the oral data 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) Does the student have a physical or mental impairment? If so, circle the impairment.

The Section 504 regulations define a physical or mental impairment as 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, genito-urinary, hemic and lymphatic, skin or endocrine; or any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

(Yes) (No) Does the physical or mental impairment affect one or more major life activities? If so, which major life activity or activities are affected?

To fall within the protection of Section 504, a person's physical or mental impairment must have a substantial limitation (permanent or temporary) on one or more major life activities - functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, or behavior.

(Yes) (No) 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 under which the student of the same age/grade level in the general population can perform that same major life activity? Review the following questions to determine substantial limitation.

- On district outcome assessments, are the student's skills markedly below the standard?
- On grade reports, is there an overall pattern of poor grades (significantly below average - D's and F's)?
- On individually or group administered standardized achievement tests, does the student score two or more grade levels below placement?
- Has the student received disciplinary action for inappropriate behavior?
- Does the student have special health care needs (medication, allergy, etc.) during class activities, including lunch?
- Does the student have a pattern of excessive absences and/or tardies.
- Other: Impact on major life activity other than learning (if applicable):

Circle the substantial limitations listed above that best describes the student.

(Yes) (No) 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 AYes@, the student is eligible for a free, appropriate public education under Section 504, and the Service Plan should be developed.

If any answer is ANo@, the student is not eligible.

Student Name: _____ Date: _____

IV. Manifestation Determination

- A. Was the misconduct of the student caused by the student's disability? Yes No
- B. Is the student's current placement appropriate? Yes No

V. Summary of Findings

The Section 504 Team's analysis of the eligibility criteria applied to the evaluation data indicates:

- 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 a Service Plan which governs the provision of Section 504 services to the student.
- The student remains eligible** under Section 504 and will receive an updated Service Plan which governs the provision of Section 504 services to the student.
- 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.
- The student's conduct was not a manifestation** of his/her disability and disciplinary action and/or change in placement may proceed.
- The student's conduct was a manifestation** of his/her disability and disciplinary action and/or change in placement may not proceed.

**If you disagree with the team's decision,
contact the 504 coordinator at (415) 945-3727 to discuss your concerns,
or consult your Notice of Parents rights under Section 504 for other options.**

Student Name: _____ Date: _____

TAMALPAIS UNION HIGH SCHOOL DISTRICT

504 SERVICE PLAN

VI. Service Plan

The parent will support the implementation of the 504 plan by:

The Student will support the implementation of the 504 plan by:

Student Name: _____ Review Date: _____

VII. Parent Response

| Parent Statements | |
|---|-------|
| <input type="checkbox"/> I agree with the Section 504 Plan indicated on page 5 and have reviewed all 6 pages of this document. | |
| <input type="checkbox"/> I do NOT agree with the: <ul style="list-style-type: none"> <input type="checkbox"/> identification <input type="checkbox"/> evaluation <input type="checkbox"/> service plan <input type="checkbox"/> Other: | |
| <input type="checkbox"/> I have received a copy of Parent Rights. | |
| Comments | |
| Parent Signature: | Date: |
| Parent Signature: | Date: |
| Student Signature: | Date: |

| Signatures of persons in attendance | | |
|-------------------------------------|--------------|-------|
| Name: | Title: | Date: |
| Name: | Title: | Date: |
| Name: | Title: | Date: |
| Name: | Title: | Date: |
| Name: | Chairperson: | Date: |