

INFORMATION REGARDING SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 is an Act which prohibits discrimination against persons with a disability in any program receiving federal financial assistance. The Act defines a person with a disability as anyone who:

1. Has a mental or physical impairment which substantially limits one or more major life activity (major life activities include activities such as caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning, and working);
2. Has a record of such impairment; or
3. Is regarded as having such an impairment.

In order to fulfill its obligation under Section 504, the Sweetwater School District recognizes a responsibility to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability will knowingly be permitted in any of the programs and practices in the school system.

The school has specific responsibilities in the Act, which is to identify, evaluate, and if the child is determined to be eligible under Section 504, afford access to appropriate educational accommodations.

If the parent or guardian disagrees with the determination made by the professional staff of the School District, he/she has a right to a hearing with an impartial hearing officer. The request should be made to the District's 504 Coordinator within 35 days of the end of the semester in which the action being appealed occurred.

The Family Educational Rights and Privacy Act also specifies right related to educational records. This Act gives the parent or guardian the right to: 1) inspect and review his/her child's educational records; 2) make copies of these records; 3) receive a list of all individuals having access to those records; 4) ask for an explanation of any item in the records; 5) ask for an amendment to any report on the grounds that it is inaccurate, misleading, or violates the child's rights; and 6) a hearing on the issue if the school refuses to make the amendment.

If there are questions, please feel free to contact the school principal who is the 504 Coordinator for this school site, or the District 504 Coordinator, Earl Wiens, at 691-5564

SWEETWATER UNION HIGH SCHOOL DISTRICT

CLASSIFICATION: Students

REGULATION NO.: 5314.5

SUBJECT: Suspension: Section 504 and ADA - Adult Education

ADOPTED: June 2, 1999

REVISED: May, 2005

RESPONSIBLE OFFICE: Adult and Continuing Education **NEXT REVIEW:** 2009

I. SECTION 504 AND THE AMERICANS WITH DISABILITIES ACT (ADA)

A. Federal Legislation

1. Section 504 of the Rehabilitation Act of 1973 is a federal civil rights statute designed to prevent discrimination against individuals with disabilities.
2. ADA refers to the Americans with Disabilities Act, a federal rights statute enacted in 1990. With respect to schools, most aspects of the ADA took effect January 26, 1992.

B. Definition

1. To qualify under Section 504 and the ADA, an individual must demonstrate that he/she has a physical or mental impairment, which substantially limits a major life activity, has a record of such impairment or is regarded as having such impairment.
2. Major life activities include, but are not limited to, seeing, hearing, speaking, walking, breathing, learning, working, caring for oneself and performing manual tasks.
3. Under Section 504 and the ADA, the disability need not have any effect on the student's ability to learn, so long as the condition substantially limits some other major life activity that has implications for the student's education.

II. SUSPENSION OF SECTION 504/ADA STUDENTS

- A. A student identified as an individual with disabilities pursuant to both state and federal regulations is subject to the same grounds for suspension, which apply to students without such disabilities.
- B. Repeated suspension of a student diagnosed as having a disability pursuant to Section 504 and/or the ADA without considering the effect of the disability on the student's behavior is a violation of the law.

REFERENCE: Policies: 5313
5314
Regulations: 5314.1-5314.12



SWEETWATER UNION HIGH SCHOOL DISTRICT
Student Support Services
 1130 Fifth Avenue
 Chula Vista, CA 91911
SECTION 504 ACCOMMODATION PLAN

ID #: _____ Student: _____ DOB: _____ Grade: _____

Parent(s)/Guardian(s): _____

Mother's Work Phone: _____ Father's Work Phone: _____

Address: _____ City, Zip Code: _____

Current School of Attendance: _____ Originator: _____

1. Describe the nature of the concern: _____

2. Describe how the disability affects a major life activity at school: _____

Qualifies for Section 504

Does not qualify for Section 504

If student qualifies for Section 504, describe the reasonable accommodations that are necessary: _____

Person(s) Responsible: _____ Title: _____

Discipline

This student's Section 504 disability would not be expected to interfere with his/her ability to understand and follow school rules.

Teacher: _____ Date: _____ Teacher: _____ Date: _____

Teacher: _____ Date: _____ Teacher: _____ Date: _____

Teacher: _____ Date: _____ Teacher: _____ Date: _____

Counselor _____ Date: _____ Nurse _____ Date: _____

Psychologist _____ Date: _____ Admin/Designee _____ Date: _____

Other _____ Title _____ Date: _____

I hereby acknowledge having been notified of my procedural rights (which are printed on the reverse of this form) under Section 504/ADA and having agreed to the contents of this plan.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Expiration/Review Date: _____



SWEETWATER UNION HIGH SCHOOL DISTRICT
 Student Support Services
 1130 Fifth Avenue
 Chula Vista, CA 91911
SECTION 504 ACCOMMODATION PLAN

ID #: _____ Student: _____ DOB: _____ Grade: _____

Parent(s)/Guardian(s): Mr. and Mrs. _____

Mother's Work Phone: _____ Father's Work Phone: 671-9171

Address: _____ City, Zip Code: Chula Vista, CA 91913

Current School of Attendance: BVH Originator: M. Quinones

1. Describe the nature of the concern: Visual perceptual + visual motor deficits, weak visual + verbal memory skills, struggles with attention and organization

2. Describe how the disability affects a major life activity at school: attention + organization con. visual perceptual + visual-motor deficits, short-term memory deficit and difficulty in written expression

Qualifies for Section 504

Does not qualify for Section 504

If student qualifies for Section 504, describe the reasonable accommodations that are necessary: _____

1. extended time for completion of test and classwork.
2. Repetitive and paraphrasing of information especially with new material and concepts. Visual cues, paper, work.
3. Seat near Teacher.
4. Frequent eye contact and non-verbal cues to stay focused
5. Consistent use of assignment book by _____ SERADVOCAC

Person(s) Responsible: M. Quinones Title: Assistant Principal

Discipline

This student's Section 504 disability would not be expected to interfere with his/her ability to understand and follow school rules.

| | | | |
|----------------------------------|----------------------|------------------------------------|----------------------|
| Teacher: <u>Christina Miller</u> | Date: <u>9/18/03</u> | Teacher: <u>Ernesto de la Cruz</u> | Date: <u>9/18/03</u> |
| Teacher: <u>Loole</u> | Date: <u>9/18/03</u> | Teacher: <u>Michael S. M... ..</u> | Date: <u>9/22/03</u> |
| Teacher: <u>Christine</u> | Date: <u>9/19/03</u> | Teacher: <u>Janet...</u> | Date: <u>9/22/03</u> |
| Counselor: <u>_____</u> | Date: <u>9/18/03</u> | Nurse: <u>JamabRN PhD CNS</u> | Date: <u>9/23/03</u> |
| Psychologist: <u>Wesley</u> | Date: <u>9/18/03</u> | Admin Designee: _____ | Date: _____ |
| Other: _____ | Date: _____ | Title: _____ | Date: _____ |

I hereby acknowledge having been notified of my procedural rights (which are printed on the reverse of this form) under Section 504 ADA and having agreed to the contents of this plan.

Student: _____ Date: 9/18/03

Parent/Guardian: _____ Date: 9/18/03

Expiration/Review Date: 9/04

CONFIDENTIAL

Please keep this form handy for future reference.
BVHS Special Education Student Profile

Student: _____ Date: _____

Case Carrier: _____ Grade: _____

Case Carrier's Room Number: _____ Case Carrier's Phone: _____

I, Case Carrier, am responsible for ensuring that this student's IEP is fully implemented. As you know, an IEP is a legal document for which we are all personally liable for implementing. This includes ensuring implementation of supplementary services, achievement of IEP goals, and any classroom accommodations or modifications. Below is specific information regarding the student's skills, abilities and educational needs. Additional detailed information can be found on the student's IEP. I have a copy of the IEP if you would like to review it.

Academic Achievement

Date Tested: _____

Please remember that assessment results are only a sample of a student's skills and abilities and the following scores are based upon a screening tool. Classroom performance may be a more accurate representation of achievement.

Reading: _____ for grade in comprehension and word recognition
Writing: _____ for grade in spelling and grammar
Mathematics: _____ for grade in calculations and applied problems

Primary Disability

_____ Specific Learning Disability

based on processing deficit(s) in:

_____ Sensory-Motor Integration

_____ Visual Processing

_____ Visual Short-Term Memory

_____ Attention

_____ Cognitive Abilities

_____ Auditory Processing

_____ Auditory Short-Term Memory

_____ Other: _____

Optimal Learning Modality

_____ Visual

_____ Auditory

_____ Kinesthetic

_____ Multisensory

Student Works Best When

_____ Distractions are limited

_____ Student is kept busy/engaged

_____ Additional structure is provided

_____ Outlines or maps are provided

_____ Encouraged to take notes

_____ Teacher and parents communicate

_____ Allowed to demonstrate achievement with products other than: Writing Tests Homework

Supplementary Aides and Services*

Classroom and Testing Accommodations/Modifications*

_____ Preferential/Flexible seating

_____ Extra time

_____ Frequent/Supervised breaks

_____ Frequent checks for understanding

_____ Use of a spell checker

_____ Simplify/Clarify test directions

_____ Use of calculator or arithmetic table

_____ Assistance with notetaking

_____ Other: _____

_____ Assistance maintaining assign. calendar

_____ Modified homework assignments

_____ Assistance with reading

_____ Use of a word processor

Significant health issues: _____

IEP Goals Focus On: _____

CHECKLIST OF EDUCATIONAL MODIFICATIONS/INTERVENTIONS

Student's Name _____ Date _____ School _____ Grade _____ Teacher _____ Class _____

TEACHING TECHNIQUES

MISCELLANEOUS

ASSIGNMENT

MATERIALS

ENVIRONMENTS

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> change seat <input type="checkbox"/> reduce distraction where possible <input type="checkbox"/> change groups <input type="checkbox"/> create more physical space for learner <input type="checkbox"/> consider physical health problems <input type="checkbox"/> cross/age tutors <input type="checkbox"/> send to ISP tutoring <input type="checkbox"/> send to after school tutoring <input type="checkbox"/> special study area <input type="checkbox"/> desks with carousel <input type="checkbox"/> stand up desk <input type="checkbox"/> activities classes in P.M. <input type="checkbox"/> academic classes in A.M. <input type="checkbox"/> other _____ | <input type="checkbox"/> simplify <input type="checkbox"/> shorten contracts <input type="checkbox"/> buddy system <input type="checkbox"/> use of notebooks for assignment <input type="checkbox"/> copying for visual/motor reinforcement <input type="checkbox"/> alternative assignment structure <input type="checkbox"/> extend time <input type="checkbox"/> individual contracts <input type="checkbox"/> monitor/adjust objectives <input type="checkbox"/> other _____ | <input type="checkbox"/> use different materials, tapes <input type="checkbox"/> - manipulatives <input type="checkbox"/> -task cards, etc. <input type="checkbox"/> use diagnostic materials <input type="checkbox"/> learning games <input type="checkbox"/> computer - class <input type="checkbox"/> computer - home <input type="checkbox"/> tape recorder <input type="checkbox"/> use NCR note-paper <input type="checkbox"/> student use of teacher <input type="checkbox"/> highlighted text <input type="checkbox"/> books on tape <input type="checkbox"/> textbooks on tape <input type="checkbox"/> set of texts at home <input type="checkbox"/> large print text or materials <input type="checkbox"/> other _____ | <input type="checkbox"/> reduce stimulation amount/degree when appropriate <input type="checkbox"/> use behavior modifications <input type="checkbox"/> repeat instructions-same way <input type="checkbox"/> list assignments and/or instructions on board <input type="checkbox"/> use visual aides in giving instructions (over head/board) <input type="checkbox"/> teach study skills <input type="checkbox"/> help with organizational skills <input type="checkbox"/> use cooperative learning <input type="checkbox"/> use "hands on" activities <input type="checkbox"/> limit number of oral instructions <input type="checkbox"/> allow student take test orally <input type="checkbox"/> have someone read test to student <input type="checkbox"/> open book/note test <input type="checkbox"/> practice test <input type="checkbox"/> have other student copy notes <input type="checkbox"/> other _____ | <input type="checkbox"/> keep work samples <input type="checkbox"/> -portfolio <input type="checkbox"/> achievement testing <input type="checkbox"/> review cum folder <input type="checkbox"/> parent contacts <input type="checkbox"/> confer with other school personnel <input type="checkbox"/> referral to counselor <input type="checkbox"/> referral to A. P. <input type="checkbox"/> referral to SST <input type="checkbox"/> other _____ |
|--|---|--|---|--|

List under "other" anything tried with this student.

Please check any of the above which have been used.
 Circle any which have been successful.

Please return _____ by _____