

Student Number: _____

OXNARD UNION HIGH SCHOOL DISTRICT
II. Eligibility Determination

Based on the evaluation data gathered, the Section 504 Service Plan team and _____ d
the following questions to determine Section 504 eligibility.

(Yes) (No) Does the student have a physical or mental impairment? If Yes, describe the impairment: _____

(Yes) (No) Does the physical or mental impairment substantially limit one or more major life activities? If yes, check all that apply:

<input type="checkbox"/> caring for oneself	<input type="checkbox"/> performing manual tasks
<input type="checkbox"/> seeing	<input type="checkbox"/> hearing
<input type="checkbox"/> eating	<input type="checkbox"/> sleeping
<input type="checkbox"/> walking	<input type="checkbox"/> standing
<input type="checkbox"/> lifting	<input type="checkbox"/> bending
<input type="checkbox"/> speaking	<input type="checkbox"/> breathing
<input type="checkbox"/> learning	<input type="checkbox"/> reading
<input type="checkbox"/> concentrating	<input type="checkbox"/> thinking
<input type="checkbox"/> communicating	<input type="checkbox"/> other: _____

(Yes) (No) Does the student require the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of disabled students as adequately as the needs of non-disabled students are met? (**Note:** If the student's needs are such that he/she may require special education and related services under the IDEA, a referral to special education should be considered.)

If all questions were answered "Yes," the student is eligible for a free appropriate public education under Section 504 and the Section 504 Service Plan should be developed.

If any answer is "No," the student is not eligible under Section 504 for a Section 504 Service Plan.

Student Number:

OXNARD UNION HIGH SCHOOL DISTRICT

III. Manifestation Determination

N/A (circle if not applicable)

Based upon a review of the information located in the student's cumulative and Section 504 file, the Student's Section 504 Service Plan, any teacher observations, and any relevant information provided by the parent/guardian,

- A. Was the conduct in question caused by or did it have a direct and substantial relationship to the student's disability? Yes No

- B. Was the conduct in question a direct result of the District's failure to implement the student's Section 504 Service Plan? Yes No

Student Number:

V. Summary of Findings

The Section 504 Service Plan team's review of relevant information and eligibility criteria indicates:

- The student is not eligible** for a Section 504 Service Plan and will continue to receive regular education resources and programs.
- The student is eligible** for a Section 504 Service Plan.
- The student remains eligible** under Section 504 and will receive an updated Service Plan.
- 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 remains eligible** under Section 504, but the parent/guardian hereby revokes his/her consent to Section 504. Therefore, the District will provide the parent/guardian with prior written notice and a date on which the Section 504 Service Plan will cease to be implemented.

If this is a manifestation determination meeting, the Section 504 Service Plan team's review of relevant information indicates the following:

- The student's conduct was not a manifestation** of his/her disability and disciplinary actions 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 Section 504 Service Plan team's decision, please contact the District's Section 504 Administrator at (805) 385-2500 to discuss your concerns, or consult your Notice of Parent/Guardian Rights and Procedural Safeguards under Section 504 for other options.

Student Number:

OXNARD UNION HIGH SCHOOL DISTRICT

VI. Service Plan

Area(s) of Difficulty	Regular or Special Education, Related Aids and Services and/or Accommodations/Modifications	Person(s) Responsible	Start/End Date

Student Number: _____

OXNARD UNION HIGH SCHOOL DISTRICT
VII. Parent/Guardian Response

Parent/Guardian Statements	
<input type="checkbox"/> I agree with the Section 504 Service Plan.	
<input type="checkbox"/> I do NOT agree with the:	
<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 the Notice of Parent/Guardian Rights and Procedural Safeguards under Section 504	
<input type="checkbox"/> I am aware that Section 504 records will be destroyed three years after their usefulness ceases or on the student's 25 th birthday, whichever is sooner. I may request access to these records prior to destruction.	
Comments:	
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:
Student Signature:	Date:

Signatures of Persons in Attendance		
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:

Student Number: _____

Section 504 Prior Written Notice Following a Section 504 Service Plan Team Meeting

Date: _____

To: _____

Address: _____

Re: _____

Date of Birth: _____

Dear: _____

This letter is intended as a follow-up to your child's ____/____/____ Section 504 Service Plan team meeting. This letter serves as the Oxnard Union High School District's prior written notice regarding proposed or refused actions. The District is required to provide you with prior written notice when the District proposes to initiate or change, or refuses to initiate or change, the identification, assessment, or educational placement of the child, or the provision of a free appropriate public education to your child.

On ____/____/____, we met to review the District's current evaluation data on your child including any recent evaluations completed by the District, any evaluations or information you provided to the Section 504 Service Plan team, current classroom based assessments, work samples, and observations, and your child's teacher and other staff observations.

The specific information/data used to make decisions at your child's ____/____/____ Section 504 Service Plan team meeting included:

Based upon this information, the Section 504 Service Plan team discussed and the District determined/offered the following:

Eligibility (Check if appropriate and discussed at the Section 504 Service Plan team meeting.):

____ Your child is eligible for Section 504.

____ Your child is not eligible for Section 504.

Eligibility options considered and why they were rejected:

Other factors relevant in the District's proposal/refusal:

Student Number: _____

Regular or Special Education and Related Aids and Services (Check if appropriate and discussed at the Section 504 Service Plan team meeting.):

____ Based upon the information considered at your child's Section 504 Service Plan team meeting, the District determined that the following regular or special education and related aids and services are designed to meet your child's individual educational needs as adequately as the needs of his/her non-disabled peers: _____

Other regular or special education and related aids and services considered and why they were rejected:

Other factors relevant in the District's proposal/refusal:

Assessment (Check if appropriate and discussed at the Section 504 Service Plan team meeting.)

____ The Section 504 Service Plan team considered, and the District determined, that additional assessment of your child is needed at this time. Please find attached the District's proposed assessment plan as discussed at the Section 504 Service Plan team meeting.

____ The Section 504 Service Plan team considered and the District determined that the additional assessment(s) you requested in the area(s) of _____ are not necessary in determining and providing a free appropriate public education to your child. Therefore, the District will not conduct the assessment(s) you requested at this time.

Other assessment options considered and why they were rejected:

Other factors relevant in the District's proposal/refusal:

The District requests that you return your child's signed Section 504 Service Plan and/or the enclosed assessment plan to the District as soon as possible. In addition, the District acknowledges your right to make informed decisions regarding your child's educational program. Please do not hesitate to contact me should you have any questions regarding your child's Section 504 Service Plan or need further information in order to respond to the District's proposal(s)/refusal(s) as detailed above.

Please find enclosed a copy of the District's procedural rights and safeguards under Section 504 for your review records. In addition to contacting the District, you may also contact the following agency to obtain assistance in understanding your rights:

Student Number: _____

Office for Civil Rights
50 Beale Street, Suite 7200
San Francisco, CA 94105

Thank you for your time and careful consideration in this matter. Again, if you have any questions or need further assistance, please do not hesitate to contact me at (____) ____ - ____.

Sincerely,

(Signature of District Representative)

(Printed Name of District Representative)

(Title of District Representative)

Enclosures: Notice Parent/Guardian Rights and Procedural Safeguards Under Section 504
Section 504 Service Plan dated ____/____/____, if appropriate
Assessment Plan, if appropriate

[SAMPLE PRIOR WRITTEN NOTICE LETTER – TO BE USED WHEN PARENT/GUARDIAN REVOKES CONSENT TO SECTION 504 SERVICES]

[TO BE PLACED ON DISTRICT LETTERHEAD]

U.S. Mail and Certified Mail, Return Receipt Requested

[DATE]

[PARENTS' NAME & ADDRESS]

Re: **[STUDENT'S NAME]**

Dear **[PARENT/GUARDIAN'S NAME(S)]**,

This letter responds to your **[DATE]** letter, in which you revoked your consent for your child, **[NAME]**, to receive a Section 504 Service Plan from the **[SCHOOL DISTRICT]**. Please consider this the District's response to your request. ***[IF POSSIBLE, THIS LETTER SHOULD BE SENT NO LATER THAN 10 SCHOOL DAYS FROM RECEIPT OF PARENT/GUARDIAN'S LETTER.]***

The District believes that **[NAME]** continues to require a Section 504 Service Plan and that the plan developed at the Section 504 Service Plan team meeting on **[DATE]** continues to be appropriate. This Section 504 Service Plan was developed based on the following information: **[SPECIFY EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OBSERVATION AND/OR REPORT]**. However, based on the receipt of your written revocation of consent, the District will discontinue the implementation of all aspects of the Section 504 Service Plan for **[NAME]** on **[DATE]** **[WE SUGGEST THAT THE PLAN WILL CEASE TO BE IMPLEMENTED 10 SCHOOL DAYS FROM THE DATE OF THIS LETTER]**.

After that date, **[NAME]** will no longer receive the regular or special education and related aids and services that are contained in **[his/her] [DATE(S)]** Section 504 Service Plan, which include, but are not limited to: **[LIST PLACEMENT, SERVICES, ACCOMMODATIONS, MODIFICATIONS, AND/OR SUPPORTS, INCLUDING BEHAVIORAL SUPPORTS, STUDENT WILL NO LONGER RECEIVE]**. Beginning on **[ENTER DATE OF DAY AFTER THE DAY SPECIAL EDUCATION SERVICES STOP]**, **[NAME]** will be placed in **[DESCRIPTION OF GENERAL EDUCATION PLACEMENT]** without the supports contained in his/her Section 504 Service Plan. At that time, **[NAME]** will only have access to **[LIST ANY SUPPORTS, ACCOMMODATIONS AND/OR OPPORTUNITIES MADE AVAILABLE TO GENERAL EDUCATION STUDENTS]**.

Please be advised that after **[DATE]**, **[NAME]** will become a general education student and will no longer be entitled to the regular or special education and related aids and services that are contained in **[his/her] [DATE(S)]** Section 504 Service Plan and the rights and procedural safeguards provided under Section 504 of the Rehabilitation Act of 1973. **[NAME]** will be treated as a general education student in all respects, including discipline, **testing, and graduation, if appropriate**. As a result, **[NAME]**'s disability will not be taken into consideration when

determining appropriate disciplinary action and **[he/she]** will not be entitled to Section 504's discipline protections. **[OPTIONAL LANGUAGE: Therefore, we encourage you to consider the possible consequences of removing your child from special education and related aids and services.]**

Your revocation of consent releases the District from liability for providing your child with a free appropriate public education. If, in the future, you would like your child to receive regular or special education and related aids and services through a Section 504 Service Plan, please contact us. The District will treat such a request as a request for an initial evaluation.

The District would like to meet with you on **[DATE]** to discuss your decision and its potential impacts. However, you are not obligated to meet with us and any meeting will not delay or deny the discontinuation of your child's Section 504 Service Plan. Please contact my office at **[INSERT CONTACT INFORMATION]** to confirm that you will attend the meeting. If we do not hear from you, we will assume that you do not wish to meet.

I have enclosed a copy of **[NAME]'s [DATE(S) OF MOST RECENT SECTION 504 SERVICE PLAN]** Section 504 Service Plan for your reference, as well as a copy of the District's parent/guardian rights and procedural safeguards under Section 504. Please feel free to contact me with any questions you may have at this time. You may also contact the Office for Civil Rights at 50 Beale Street, Suite 7200, San Francisco, CA 94105.

Please be advised that even if you remove your child from special education, your child still has protection against prohibited discrimination under Section 504. (*See 34 C.F.R. 104.4.*)

Thank you for your time and careful consideration in this matter. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

[NAME]
[TITLE]
[SCHOOL SITE OR SCHOOL DISTRICT]

Enclosures: Parent/guardian's written revocation of consent
Notice of Parent/Guardian Rights and Procedural Safeguards Under Section 504
[DATE(S) OF MOST RECENT SECTION 504 SERVICE PLAN] Section 504 Service Plan