

## *Technical Academies of Minnesota*

*Adopted: Orig. 6/23/2013*

*Revised: 3/6/2018*

*Revised: 8/25/2020*

### **504 REHABILITATION ACT OF 1973**

#### **I. PURPOSE**

Students may be disabled under Section 504 even though the students do not require special education services.

#### **II. GENERAL STATEMENT OF POLICY**

- A. It is the intention of the District to ensure that all the students who are disabled within the definition of Section 504 are identified, evaluated, and provided appropriate educational services. The District staff will consider the existence of a disability and possible Section 504 protection for students in the following circumstances:
1. When suspension or expulsion is being considered for any student
  2. When retention is being considered for any student
  3. When a student shows a pattern of not benefiting from the instruction being provided
  4. When a student returns to school after a serious illness or injury
  5. When a student exhibits a chronic health condition (lasting six months or longer)
  6. When a substance abuse is an issue
  7. When a disability of any kind is suspected

#### **III. REFERRAL, IDENTIFICATION, PLANNING AND REVIEW**

- A. The designated Section 504 Building Coordinator will utilize the following Section 504 process:
1. Step 1. Referral  
Student, parents, teachers, and school social worker who believe they are observing a student substantially limited performance in one or more major life activities. A referral of the student may be made by completing the Section 504 Referral form and submitting it to the Section 504 Building Coordinator: Tammie Knick for DREAM, 1705 16th St NE, Willmar, MN 56201, or Jessica Gagnier for CHOICE, 315 South Grove Avenue, Owatonna, MN 55060 for processing. Call (320) 262-5640 for referral procedure forms. The 504 Building Coordinator will convene, review the referral, and based upon that review of student records, including academic, social, medical and behavioral, will make a decision regarding the need to evaluate.

2. Step 2. Does the student appear to have a disability under Section 504?  
If yes the 504 Building Coordinator will proceed with the evaluation upon receipt of parent written permission. All evaluation activities will be employed. The Section 504 Building Coordinator will review the results of the evaluation. No final determination of whether the student will or will not be identified as a handicapped individual, within the meaning of Section 504, will be made by the committee without first inviting the parent/guardian of the student to participate in a meeting concerning such determination. After initial evaluation activities have been completed, the 504 Building Coordinator will invite the parent to a final evaluation meeting. The 504 Building Coordinator, along with the parent, will convene to review all evaluation data, and to determine eligibility under Section 504.
3. Step 3. Develop Accommodation Plan  
If the student qualifies as disabled under Section 504, the team will develop an accommodation plan for the student. The educational services shall be implemented as outlined in the Student Accommodation Plan. One individual will be designated as the case manager to monitor the implementation of the plan and the progress of the student.
4. Step 4. Periodic Review  
Each student accommodation plan will be reviewed periodically and at a minimum, the Student Accommodation Plan will be reviewed annually.

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**504F 504 ACCOMMODATION PLAN**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Describe the nature of the concern:
2. Describe the basis for the determination of disability (if any):
3. Describe how the disability affects a major life activity:
4. The Child Study Team/Intervention Assistance Team has reviewed the files of the above named student and concludes that he/she meets the classification as a qualified disabled individual under Section 407 of the Rehabilitation Act of 1973. In accordance with the Section 407 guidelines, the school has agreed to make reasonable accommodations and address the student's individual needs by:

PHYSICAL ARRANGEMENT OF THE ROOM:

LESSON PRESENTATION:

ASSIGNMENTS/WORKSHEETS:

TEST TAKING:

ORGANIZATION:

BEHAVIORS:

SPECIAL CONSIDERATIONS:

Name of Physician:

Phone:

Medications:

Schedule:

Monitoring of Medications: \_\_\_\_\_ daily \_\_\_\_\_ weekly \_\_\_\_\_ as needed basis

Administered by:

COMMENTS:

Participants: (name and title)

_____	_____
_____	_____
_____	_____

Case Managers Name: \_\_\_\_\_