

East Washington School Corporation

Section 504 Conference Committee Report

Completed by: Kate Jones Date of Conference: [Click here to enter a date.](#)

Initial Conference Review Re-eval Conference

Personal Information

Student Name: [Click here to enter text.](#) DOB: [Click here to enter text.](#)

Sex: Select Grade: [Click here to enter text.](#) Home School: Select School Name

Home School Corporation: East Washington School Corporation

Guardian Name: [Click here to enter text.](#)

Home Address: [Click here to enter text.](#) City: [Click here to enter text.](#) State: IN

Home Phone: [Click here to enter text.](#) Work Phone: [Click here to enter text.](#)

Conference Deliberations

The following information was presented:

[Click here to enter text.](#)

Is there any physical or mental impairment? Yes No

(Explain): [Click here to enter text.](#)

If yes, is it substantially limiting one or more major life activities? Yes No

(List life impairment, explain limitations):

[Click here to enter text.](#)

Does the committee have sufficient data to consider the label of disability (handicap)?

Yes No (Explain):

[Click here to enter text.](#)

Educational Needs related to disability: [Click here to enter text.](#)

Temporary for (length of time): [Click here to enter text.](#)

Permanent for school year from [Click here to enter text.](#) to [Click here to enter text.](#)

Section 504--Recommendations

On the basis of the data presented, the following decision was made:

- Student is not handicapped
- Student is handicapped and qualifies for Section 504 services.

Refer to Alternative Learning Plan or Accommodations as attached.

Parent / Guardian Permission

_____ I have been given the opportunity to participate in the Section 504
deliberations and understand the contents and reasons for the program
recommendations.

_____ I have been informed verbally of my rights and options under Section 504 by:

(Staff member)

(Date)

_____ Permission for the program to begin/continue is:

_____ Granted

_____ Denied

(Parent/Guardian Signature)

(Date)

Conference Participants

Building Administrator

School Counselor

General Education Teacher

School Nurse

General Education Teacher

Parent/Guardian

Section 504--Accommodations

Student: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Teacher: [Click here to enter text.](#)

School: [Choose an item.](#)

Assignments

- Modify Work
- Give directions in small units
- Provide written directions w/ verbal directions
- Adjust length of assignments
- Change format of assignments
- Reduce paper/pencil tasks
- Break assignments into smaller units
- Allow to record or type assignments
- Maintain assignment notebook/assignment sheet
- Allow combination of printing and cursive writing
- Use highlighted texts
- Used taped texts

Pacing

- Allow frequent breaks
- Avoid placing under pressure of time constraints
- Provide time frameworks for lengthy assignments
- Provide visual time references – timer, stop watch

Environment

- Preferential seating – near teacher, front of class
- Reduce/minimize distractions
- Provide consistent structure
- Provide with study carrel/dividers
- Provide clear, concise classroom rules
- Increase supervision during passing periods
- Check and clean desk regularly
- Provide area for “cooling off”
- Adjust room:
 - Air Quality
 - Lighting
 - Noise Level
 - Temperature

Other: [Click here to enter text.](#)

Reason for 504: [Click here to enter text.](#)

Other Info about student: [Click here to enter text.](#)

Testing Adaptations

- Tests and quizzes given orally
- Modified test format
- Adjusted time for completion/extra time allowed
- Alternate setting for testing

Grading

- Modify weight of assignments
- Credit for projects
- Provide rubrics for grading criteria
- Avoid penalizing for spelling errors

Presentation of Material

- Emphasize teaching to student’s learning style:
 - Visual
 - Tactile
 - Auditory
 - Multi-modality
- Present demonstration
- Use manipulatives, hands-on learning

Medical / Health

- Tires easily
 - Needs frequent breaks
 - Needs to lie down/rest
 - Needs to limit activity level
 - Needs food/water breaks
 - Needs frequent restroom breaks
 - Needs to be able to go to the nurse’s office
- Other: [Click here to enter text.](#)

East Washington School Corporation
1050 N. Eastern School Rd.
Pekin, IN 47165
(812) 967-3926

Section 504--Notice of Case Conference

To: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Student: [Click here to enter text.](#)

School: [Choose an item.](#)

A Section 504 Case Conference has been schedule for:

Date: [Click here to enter a date.](#)

Time: [Click here to enter text.](#)

Location: [Click here to enter text.](#)

A. The purpose of the meeting: (check all that apply)

- Discuss results of evaluation/Section 504 eligibility
- Review instruction progress
- Review of accommodation plan
- Discuss results of re-evaluation
- Discuss misconduct/infraction of school rules as it relates to the disability
- Review of placement
- Other: [Click here to enter text.](#)

The following records/data will be discussed: [Click here to enter text.](#)

The following people will be included in the meeting:

- 1) Parent(s): [Click here to enter text.](#)
- 2) School Administrator: [Click here to enter text.](#)
- 3) School Counselor: [Click here to enter text.](#)
- 4) Evaluation Specialist: [Click here to enter text.](#)
- 5) General educations teacher(s): [Click here to enter text.](#)
- 6) School Nurse: [Click here to enter text.](#)
- 7) Student: [Click here to enter text.](#)
- 8) Other: [Click here to enter text.](#)

SECTION 504--Teacher Information

Student: [Click here to enter text.](#)

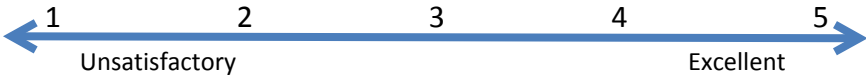
Date: [Click here to enter a date.](#)

Teacher: [Click here to enter text.](#)

School: [Choose an item.](#)

Student information:

Based on your knowledge and observations of this student, please rate the following:

Observations:	Rating:
Classroom Work	Choose an item.
Homework	Choose an item.
Tests	Choose an item.
Reading Performance	Choose an item.
Math Performance	Choose an item.
Written Expression	Choose an item.
Spelling	Choose an item.
Following Oral Directions	Choose an item.
Following Written Directions	Choose an item.
Attendance	Choose an item.
Attention Span	Choose an item.
Organizational Skills	Choose an item.
<p>*Note:</p>  <p style="text-align: center;"> 1 2 3 4 5 </p> <p style="text-align: center;"> Unsatisfactory Excellent </p>	

Check behavioral characteristics which might adversely affect this student's learning.

- | | |
|--|--|
| <input type="checkbox"/> Shy
<input type="checkbox"/> Moody
Anxious
Rejected by Peers
Daydreams
Aggressive
Restless, antsy | <input type="checkbox"/> Irritable
<input type="checkbox"/> Requires constant encouragement
<input type="checkbox"/> Disruptive
<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Quarrelsome
<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Resistive of authority |
|--|--|

Classroom Grades: Subject/Grade: [Click here to enter text.](#)

Student is **substantially** limited in my classroom in the following life activity:

- | | | | |
|--|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Caring for one's self | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Performing manual tasks |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Seeing | <input type="checkbox"/> Learning | <input type="checkbox"/> Not Limited |

Explain Limitations: [Click here to enter text.](#)

List any behaviors that need to be addressed through accommodations, programming, etc.:

[Click here to enter text.](#)

Comments:

[Click here to enter text.](#)

SECTION 504—Confidentiality Notice

Choose an item.

Date: [Click here to enter a date.](#)

School: [Choose an item.](#)

Student: [Click here to enter text.](#)

Confidentiality Notice

The Case Conference document contains CONFIDENTIAL information. The information is intended only for the use of the individual(s) listed below. Any disclosure or distribution of the case conference document is strictly prohibited. Copying is only allowed for your personal use and must be maintained in a secure file.

Signing this form acknowledges that you have received the 504 accommodations page for the student identified above.

Teacher	Subject	Date
	_____ Grade	
Jane Sizemore	Art	
Leah Starrett	PE	
Tammy Clemons	Music	
Sharon Smith	Study Skills	
Judy Brown	Library	

ATTN TEACHERS: If you are listed above, that serves as your “signature” for having received the attached 504 accommodations for the student and your knowledge that they are confidential.

NOTES:

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Notice of Rights Under Section 504 (Procedural Safeguards)

Section 504 is an Act that prohibits discrimination against individuals with a disability in any program receiving Federal Financial Assistance. The Act defines a person with a disability as anyone who:

- Has a physical or mental impairment that substantially limits one or more major life activities: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
 - Has a record of such impairment; or
 - Is regarded as having such impairment.
- 1) Section 504 of the Rehabilitation Act is a nondiscrimination statute barring discrimination on the basis of one's disability
 - 2) It is the policy of East Washington School Corporation not to discriminate on the basis of disability in its educational programs, activities, or employment policies as required by the Act.
 - 3) The Act requires the school district to locate, evaluate, and determine if the student is a qualified individual requiring accommodations necessary to provide access to educational programs.
 - 4) Parents are entitled to have the opportunity to review relevant educational records under the Family Educational Rights and Privacy Act (FERPA).
 - 5) Parents and guardians disagreeing with the decisions reached by the school personnel for accommodations necessary for access to educational programming and/or facilities may request a hearing before an impartial hearing officer by notifying the school principal or 504 coordinator.

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Section 504—Doctor Information

Please provide the following information for the student listed so the school may determine whether or not the student is eligible for a Section 504 Plan. Please provide as much information as possible.

Personal Information

Student Name: [Click here to enter text.](#) DOB: [Click here to enter text.](#)

Sex: Select Grade: [Click here to enter text.](#) Home School: Select School Name

Home School Corporation: East Washington School Corporation

Guardian Name: [Click here to enter text.](#)

Home Address: [Click here to enter text.](#) City: [Click here to enter text.](#) State: IN

Home Phone: [Click here to enter text.](#) Work Phone: [Click here to enter text.](#)

Medical Information

Provider Name: _____ Phone: _____

Address: _____

Date of Diagnosis: _____ Diagnosis: _____

Symptoms/Issues this will create for the student in a school environment:

How is this student's diagnosis different/more severe than any other student with this issue?
(Especially for students with common concerns like ADHD, etc.)

Suggested accommodations: _