

## **Guidelines**

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### Policy 2260 Equal Educational Opportunities

## **504 Plans**

The Rehabilitation Act of 1973 prohibits discrimination on the basis of disability. In most instances, students with disabilities will be served by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA04). Children meet criteria for services under IDEA04 if they have a disability as defined by IDEA04 and if they require special education services in order to receive a Free and Appropriate Public Education. In some circumstances, students may be defined as having a disability, but not require special education services. Rather, they may need accommodations and modifications to access the general education curriculum. In these circumstances, students may be identified as meeting the criteria for a disability under Section 504 of the Rehabilitation Act of 1973 and be eligible to receive services under a 504 plan.

There are two main criteria that must be met to establish that a student meets the definition of disability as defined by Section 504.

- 1) The student has a documented impairment.
- 2) The impairment creates a functional limitation that significantly affects the child's ability to be successful in the educational environment.

#### **Procedures for Developing a 504 Plan**

- 1) Special Education Referral: Under this route, a student was referred for a special education evaluation, but did not qualify as a student with a disability under IDEA04. Normal special education procedures are followed in this case to ensure due process.
- 2) Non-EEN Referral: In this case, a Non-EEN Permission to Test form is completed and signed by parents, if needed
- 3) Invite parents to attend meeting at which eligibility criteria is discussed and at which the 504 Plan will be developed, if appropriate. Send parents a copy of parent rights.
- 4) Complete the 504 Eligibility section of the 504 Plan.
- 5) There are no regulatory procedures for developing 504 Plans as there are for Individualized Education Plans under IDEA04. Be specific on the plan regarding dates that it will be in effect and what will happen upon the expiration of the plan. Also, be sure to assign a person responsible for ensuring that the plan is carried out.
- 6) In general, services offered in a 504 Plan allow meaningful access to the general curriculum and classroom. Specialized instruction that supplants the general curriculum is generally not a part of the 504 Plan, except in those cases in which the student is physically unable to attend school.



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**Columbus School District**  
**Consent for Evaluation**

Dear \_\_\_\_\_

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

It has been requested that your child be evaluated to better understand his/her educational needs. Please read the following Consent for Evaluation and if you agree to the evaluation, sign on the appropriate line and mail to us at your earliest convenience. When the evaluation is complete, we will contact you to discuss results and recommendations.

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** Columbus \_\_\_\_\_ School **Grade:** \_\_\_\_\_

<b>Areas to be Evaluated</b> <i>(general development)</i>	<b>Person Responsible</b> <i>(name)</i>	<b>Professional Qualifications</b> <i>(Certified Special Education Teacher)</i>
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**Name and Title of District Contact Person:** \_\_\_\_\_ Joanne Grassman, Student Services Director

*If you have any questions regarding this form, please call (contact person) at (920) 623-5950.*

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**Parent Consent for Evaluation**

I understand my consent is voluntary and can be revoked at any time during this evaluation. I also understand the action proposed by the Columbus School District and

\_\_\_\_\_ I give my consent for the Columbus School District to evaluate my child.

\_\_\_\_\_ I **do not** give my consent for the Columbus School District to evaluate my child.

\_\_\_\_\_  
Signature of parent, legal guardian or adult child

\_\_\_\_\_  
Date



Columbus School District  
200 West School Street  
Columbus, WI 53925

(Date)

Parent/Guardian  
Address  
City, State Zip

Dear (Parent/Guardians):

This letter is confirmation that we will meet at \_\_:\_\_(time) **A.M./P.M.** on \_\_\_\_\_ (day), \_\_\_\_\_ (date) in \_\_\_\_\_'s office to discuss evaluative information regarding your son/daughter, \_\_\_\_\_ (name). (Student's name) \_\_\_\_\_ may choose to attend this meeting.

The purpose of this meeting is to determine if (student's name) \_\_\_\_\_ meets the definition of a student with a disability under Section 504 of the Rehabilitation Act of 1973. I have included a copy of information from that act for your information along with a copy of your rights. The following people have been invited to attend the meeting:

- Joanne Grassman, Student Services Director  
\_\_\_\_\_, Principal
- David Fischer, School Psychologist  
\_\_\_\_\_, Guidance Counselor
- \_\_\_\_\_, Regular Education Teacher
- \_\_\_\_\_, Regular Education Teacher

You may bring other people to the meeting if you choose to do so. Please let me know if this date and time will not work to meet.

Sincerely,

Joanne Grassman  
Student Services Director