

**SECTION 504
AMERICANS WITH DISABILITIES ACT (ADA)
COORDINATOR
PROFESSIONAL SPECIFICATIONS**

In order to maintain compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a Section 504/ADA Coordinator will be appointed by the Superintendent of the Franklin Community School Corporation.

QUALIFICATIONS: College graduate/minimum. Prefer license in School Administration or related field. Possesses the knowledge and experience relevant to Section 504 and the Americans with Disabilities Act (ADA).

REPORTS TO: Superintendent.

PERFORMANCE RESPONSIBILITIES:

1. Facilitates the implementation of the Board-approved Compliance Plan and Policy Statement.
2. Develops, continually revises, and implements consistent procedures to identify and locate individuals who are disabled according to Section 504 and ADA.
3. Develops and disseminates procedural safeguards (Rights and Options) for Section 504 and the Americans with Disabilities Act (ADA).
4. Provides personnel development in the implementation of Section 504
5. Appoints and trains building level "compliance officers."
6. Coordinates investigations of parent, student, employee, or applicant grievances.
7. Coordinates hearings, mediation requests, and reviews (appeals) regarding evaluation, identification or placement issues.
8. Collects and stores all 504/ADA data (i.e., conference reports, etc.) for future reference.
9. Serves as the school district's liaison to the Office for Civil Rights.
10. Assists general education in modifying, where necessary, the educational environment for 504/ADA eligible students including where necessary the provision of related services (i.e., transportation, OT, PT, etc.) for eligible students..
11. Facilitates and/or conducts an Annual Review for all 504/ADA eligible recipients.
12. Facilitates the periodic re-evaluation of 504/ADA eligible students.
13. Conducts Causal Relation Conferences for eligible students being considered for expulsion.

14. Works closely with hospitals and other community agencies to promote follow-up to students placed for drugs/alcohol and other pertinent reasons.
15. Serves as a resource to the corporation's publics to explain, publicize, and promote compliance with 504 and ADA.
16. Facilitates the defining of terms based upon local forms relating to Section 504/ADA compliance (i.e., physical/mental impairment, substantially limits, etc.).
17. Recommends to the Superintendent and Board of Education, policies, positions, and needs relative to Section 504/ADA compliance's.

TERMS OF EMPLOYMENT: Stipulated under Assistant Superintendent for Curriculum/Instruction

EVALUATION: Administrator Evaluation Process for the District.

**COMPLIANCE PLAN
FOR
SECTION 504 OF THE REHABILITATION ACT OF 1973**

The **Compliance Plan** serves students, parents, employees, applicants for employment, patrons, and programs within the Franklin Community School Corporation, hereinafter referred to as "*school district*."

1. *Franklin Community School Corporation* assures students, parents, employees, applicants for employment, and patrons that it will not discriminate against any individual solely on the basis of disability.
2. The Section 504 Compliance Coordinator is as follows: *Mindy Baas, Director of Special Services*.
3. Parents are provided procedural safeguards which are included in the "Notice of Parent/Student Rights In Identification, Evaluation, and Placement of Individuals Who Are Disabled under § 504."
4. An impartial hearing and review (appeal) are provided upon request in cases of dispute or evaluation, identification or placement of students. Procedures are detailed in the "Notice of Parent/Student Rights In Identification, Evaluation, and Placement of Individuals Who Are Disabled."
5. Notice to students, parents, employees, and general public of non-discrimination assurances and parent/student rights in identification, evaluation, and placement will be disseminated annually in the District Handbook & Student/Parent Guide.
6. *The school district* has established the following local grievance procedure to resolve complaints of discrimination based on disability.
 - a) An alleged grievance under Section 504 must be filed in writing fully setting out the circumstances giving rise to such grievance.
 - b) Such claims must be made in writing and filed with the following individual: Mindy Baas, Director of Special Services, 998 Grizzly Cub Drive, Franklin, IN 46131.
 - c) An investigation will be conducted.
 - d) The Section 504 Coordinator will appoint an investigator.
 - e) The Section 504 Coordinator shall give the parent, student, employee, applicant, or patron reasonable advance notice.
 - f) The investigation may be conducted by any individual, including an official of the school district, who does not have a direct interest in the outcome of the hearing.

- g) The school district shall give the parent, student, employee, applicant, or patron full and fair opportunity to provide evidence relevant to the issues raised.
 - h) The school district shall make its decision in writing within fifteen (15) school days after the complaint is filed.
- 7. The school district will conduct an extensive annual "Child Find" campaign with the goal to locate and identify all Section 504 qualified students with disabilities who attend school within the District.
- 8. The school district will inform all students with disabilities and their parents or guardians of the district's responsibilities and procedural safeguards under Section 504.

**POLICY ON THE TREATMENT
OF INDIVIDUALS WITH DISABILITIES
AS PER SECTION 504
OF THE REHABILITATION ACT OF 1973
AND THE AMERICANS WITH DISABILITIES ACT (ADA)**

It is the policy of the Franklin Community School Corporation not to discriminate against any otherwise qualified individual with disability, solely by reason of his/her disability, in admission or access to, or treatment or employment in, any program or activity sponsored by this school corporation.

Inquiries regarding compliance with this policy should be directed to the Section 504/ADA Coordinator of the Franklin Community School Corporation, 998 Grizzly Cub Drive, Franklin, IN 46131, (317) 738-5800, or to the Office for Civil Rights, U.S. Department of Education, Washington, D.C. 312/886-8215 or 216-522-4970.

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

NOTICE OF PARENT/STUDENT RIGHTS
IN IDENTIFICATION, EVALUATION, AND PLACEMENT
OF INDIVIDUALS WHO ARE DISABLED

Section 504 of the Rehabilitation Act of 1973

In compliance with procedural requirements of Section 504 of the Rehabilitation Act of 1973, the following **Notice of Parent/Student Rights In Identification, Evaluation, and Placement** shall be utilized in the Franklin Community School Corporation.

The following list of rights and options are given to insure the parent's awareness of regulations about the evaluation of and/or special instruction, which may be offered to his/her child. Should the parent have any questions, contact *Mindy Baas*. The parent also has the right to meet with the Superintendent or designee, the local School Board, or to contact the Regional Office for Civil Rights to resolve objections to evaluation, identification, or educational placement.

- I. Organizations and agencies which the parent may contact to obtain assistance with evaluation/placement questions include, but are not limited to, the following:
 - A. Federal
Regional Office of Civil Rights: Chicago, IL 312/886-3456 or Cleveland, OH 216/522-4970.
 - B. State
Office of the State Superintendent of Public Instruction, Room 229, State House, Indianapolis, Indiana 46204-2798, 317/232-6610.

Indiana Advocacy Services, 850 N. Meridian Street, Suite 2C, Indianapolis, Indiana 46204, 317/232-1150.

Indiana Parent Information Network, 4755 Kingsway, Suite 105, Indianapolis, Indiana 46205, 317/257-8683.

INSOURCE, 833 Northside Boulevard, Building 1 Rear, South Bend, Indiana 46617, 1-800/332-4433.
 - C. Local
Superintendent, Franklin Community School Corporation, 998 Grizzly Cub Drive, Franklin, IN 46131

Assistant Superintendent, Franklin Community School Corporation, 998 Grizzly Cub Drive, Franklin, IN 46131
- II. The following is a description of the rights and options granted by federal law to students with disabilities (handicaps). The intent of the law is to keep you fully informed concerning

decisions about your child and to inform you of your rights if you disagree with any of these decisions. You have the right to:

1. Have your child take part in, and receive benefits from, public education programs without discrimination because of his/her disabling condition.
2. Have the school district advise you of your rights and options under federal law.
3. Receive notice with respect to identification, evaluation, or placement of your child.
4. Have your child receive a free appropriate public education. This includes the right to be educated with nondisabled students to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
5. Have your child educated in facilities and receive services comparable to those provided nondisabled students.
6. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act (IDEA - PL. 101-476), and/or intervention/modifications outside of special education under Section 504 of the Rehabilitation Act of 1973.
7. Have evaluation, identification, and placement decisions made based upon a variety of information sources, and by persons who know the student, evaluation data, and placement options.
8. Have your child be given an equal opportunity to participate in non-academic and extracurricular activities offered by the district.
9. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
10. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records.
11. A response from the school district to reasonable requests for explanations and interpretations of your child's records.
12. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time, and advise you of the right to a hearing. This hearing will be according to the Family Educational Rights and Privacy Act (FERPA) and should not be confused with an impartial due process hearing.

13. Request mediation, an impartial hearing, or review (appeal) related to decisions or actions regarding your child's identification, evaluation, educational program, or placement. The costs for mediation and/or the hearing are borne by the local school corporation. You and the student may take part in the hearing and have an attorney or advocate represent you.
14. Hearing requests must be made to Dr. David Clendening, Superintendent. The following details the procedure:
 - a) If the parent/guardian disagrees with the identification, evaluation, educational placement, or the provisions of a free appropriate public education for his/her child, the parent/guardian may make a written request for a hearing to the Superintendent of Schools, indicating the specific reason(s) for the request.
 - b) The local school district may initiate a hearing regarding the identification, evaluation, or educational placement of the student or the provision of a free appropriate public education to the student. The local school district shall notify the parent of the specific reason(s) for the request.
 - c) Such hearings shall be conducted within twenty (20) instructional days after the request, unless the hearing officer grants an extension, and at a time and place reasonably convenient to the parent. Upon receipt of the parent's or local school district's request for a hearing, the local Superintendent or designee shall designate the independent hearing officer. The local school district shall bear all costs pertaining to the hearing, including the transcription, hearing officer's fee, and expenses but shall not be responsible for the fees and expenses incurred by the parent/guardian except for those detailed below. The parent involved in a hearing shall be given the right to have the child who is the subject of the hearing present, and/or open the hearing to the public, and be represented by legal counsel or other representative.
 - d) The child and the parent shall have the right to legal counsel and/or other representation of their own choosing. The local school district may inform the parent of any free or low-cost legal services available in the area if the parent requests the information or if the local school district initiates a hearing. The decision of the hearing officer shall be based solely upon the evidence presented at the hearing.
 - e) A tape recording or other verbatim record of the hearing shall be made and transcribed and, upon request, shall be made available to the parent or the parent's representative at local school district's expense. At a reasonable time prior to the hearing, during school hours, the parent or the parent's representative shall be given access to all records of the local school district and any of its agents or employees pertaining to the child. The parent or parent's representative shall have the right to compel the attendance, to confront, or to cross-examine any witness who may have

evidence upon which the proposed action may be based. The parent or the parent's representative and local school district shall have the right to present evidence and testimony, including expert medical, psychological, or educational testimony. Introduction of any evidence at the hearing that has not been disclosed to both parties at least five (5) days before the hearing is prohibited, subject to the discretion of the hearing officer.

Within fifteen (15) instructional days after the hearing, the hearing officer shall render a decision in writing. Such decision shall include findings of fact, conclusions of law, and orders, if necessary, which will be binding on all parties. The dated decision shall be sent by mail to the parent and the Superintendent of the school and shall contain notice of the right to review the decision. The decision shall be implemented no later than twenty (20) instructional days following the date of the decision, unless review is sought by either party. Should the parent/guardian be represented by legal counsel and ultimately prevail on the issues at the hearing, the parent/guardian may be entitled to payment of all or part of the attorney fees and the cost incurred by the parent/guardian.

15. Request a review (appeal) of the hearing should you not prevail. The following details the procedure:
 - a) A petition to review (appeal) the decision of a hearing officer may be made by any party to the hearing. The request must be in writing, filed with the local Superintendent and the opposing party, be specific as to the objections, and be filed within twenty (20) instructional days of the date the hearing officer's decision is received. The school corporation is responsible for hiring an independent Review (Appeals) Officer to conduct an impartial review of the record as a whole and may, at its election, conduct its review with or without oral argument. Such review shall be conducted within twenty (20) instructional days of the receipt of the Petition for Review, unless either party requests an extension of time or the Board on its own motion extends the timelines.
 - b) The Review (Appeals) Officer shall insure a transcription is prepared of its review and made available upon request of any party.
 - c) Any party disagreeing with the decision of the Review (Appeals) Officer may appeal to the court.

16. File a local grievance to resolve complaints of discrimination. The procedure is as follows:
 - a) An alleged grievance under Section 504 must be filed in writing fully setting out the circumstances giving rise to such grievance.
 - b) Such claims must be made in writing and filed with the following individual: Ms. Mindy Baas, Director of Special Services, Franklin

Community School Corporation, 998 Grizzly Cub Drive, Franklin, IN 46131.

- c) An investigation will be conducted.
- d) The Section 504 Coordinator will appoint an investigator who will conduct the investigation within a reasonable time after the request is received.
- e) The Section 504 Coordinator shall give the parent, student, or employee reasonable notice of the investigation.
- f) Any individual, including an official of the local school district, who does not have a direct interest in the outcome of the investigation, may conduct the investigation.
- g) The local school district shall give the parent, student, or employee full and fair opportunity to present information relevant to the issues raised.
- h) The local school district shall make its decision in writing.

The person in this district who is responsible for assuring that the district complies with Section 504 and the Americans with Disabilities Act (ADA) is: Ms. Mindy Baas, Director of Special Services.

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

SECTION 504 REFERRAL

A. Personal Information:

Student: _____ Date of Birth: _____

Parents: _____ Phone: _____

Address: _____ School: _____

Teacher: _____ Grade: _____

Referred By: _____

B. Referral Information:

1. Reason For Referral: _____

2. Strategies/Intervention Initiated (attach copies of intervention documentation):

Referral Made By Date Principal Date

Direction of the Referral: _____

- cc: Parents
Section 504 Coordinator
Principal
Teacher
Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

PARENT NOTICE OF SECTION 504 REFERRAL

Dear

A Section 504 Referral (attached) has been initiated for your _____ (son/daughter). This correspondence serves as notification that I would like to gather information from a variety of sources in an effort to help _____ (student's name). In order to facilitate this referral and pursue evaluation, if necessary, I would like to meet with you on:

Date:

Time:

Location:

I anticipate that the referring teacher(s) will join us. The purpose of this meeting will be to:

1. discuss the referral;
2. consider the information needed (testing may be necessary);
3. gain a release of information, if necessary;
4. gain permission to test, if necessary; and
5. explain your rights and options.

In the meantime, I would appreciate a call from you if this date and time is not convenient or if you have any questions in this regard. Thank you.

Sincerely,

cc: Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

PARENT NOTICE
PERMISSION FOR SECTION 504 EVALUATION

STUDENT NAME: _____

DOB: _____ AGE: _____ TELEPHONE: _____

ADDRESS: _____

SCHOOL: _____ GRADE: _____

1. Notice:
a. A referral for a 504 evaluation has been initiated in order to determine the cause, extent, or possible remediation for a suspected physical or mental impairment. The reasons for this referral are:

b. Other options considered and general education intervention procedures employed:

c. Other factors relevant to proposed evaluation: _____

d. Was an evaluation recommended? ___ Yes ___ No
Explain: _____

If no, explain and offer Rights and Options (# 3 below): _____

e. Proposed Assessment/Techniques/Personnel:

<u>Assessment Area</u>	<u>Evaluation Technique</u>	<u>Possible Evaluation/ Consultation Personnel</u>
<u>Medical: (Specify)</u>	<u>Questionnaire: (Specify)</u>	<u>Physician: (Specify)</u>
<u>Other: (Specify)</u>	<u>Other: (Specify)</u>	<u>Other: (Specify)</u>
_____	_____	_____
_____	_____	_____

f. Date/Time of Section 504 Conference Committee Meeting: _____
Refer to Notice of Section 504 Conference Committee Meeting.)

2. Permission:

The evaluation will be conducted and a 504 Conference will be held to discuss the evaluation and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box below:

___ Permission is given voluntarily to conduct the evaluation process as described.

___ Permission is denied.

3. Rights and Options

I have received a written copy of the Notice of Parent/Student Rights in Identification, Evaluation, and Placement of Individuals Who Are Disabled which was explained to me by:

Parent/Guardian's Signature

Date

Principal/ Designee Signature

Date

Other Signature

Date

cc: Parents
Principal

Section 504 Coordinator
Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

SECTION 504
NOTICE OF COMMITTEE MEETING

Initial Conference Annual Review Causal Relationship

This is to confirm our previous contact with you to establish the 504 Conference Committee meeting. The meeting was mutually agreed upon by the school and parents to be held:

Student: _____ Date: _____

Location: _____ Time: _____

A. The purpose of this meeting:

- Discuss results of evaluation/ _____ Discuss misconduct as it relates to
Section 504 eligibility
disability
- Review instructional progress
- Review of placement _____ Other (specify) _____

The following/records data will be discussed: _____

B. The following people will be included in the meeting:

1. School Principal _____
2. Guidance Counselor _____
3. Evaluation Specialist(s) _____
4. Other Specialist(s) _____
5. General Education Teacher(s) _____
6. School Nurse _____

7. Parent(s) _____
8. Student _____
9. Interpreter _____

SECTION 504
NOTICE OF CONFERENCE
(CONTINUED)

Student

Please complete this page and return in the enclosed envelope by:

Date: _____ to _____

1. ___ I will attend the Section 504 Conference Committee meeting.
 ___ I will not attend the Section 504 Conference Committee meeting, but I would like you to continue the process and send the paperwork to my home address.

2. ___ I would like my child to attend the Section 504 Conference Committee meeting.
 ___ I do not want my child to attend the Section 504 Conference Committee meeting.

3. Please indicate if there are additional school personnel you would like to attend the Conference Committee Meeting.

4. You may also bring any additional persons to the Section 504 Conference Committee meeting.

Parent/Guardian Signature: _____

Date: _____

cc: Parents
 Teacher
 504 Coordinator
 Educational Record
 Principal

**PHYSICIAN'S LETTER REGARDING
ATTENTION DEFICIT (HYPERACTIVITY) DISORDER**

Dear

A Referral has been initiated for _____, _____, of
student's name date of birth

_____ through Section 504 of the Rehabilitation Act of 1973.
address

Since it has been suggested that _____ has an attention deficit
student's name

(hyperactivity) disorder and that _____ may require special
student's name

attention in the general education curriculum, we would appreciate your input by completing the
attached questionnaire within seven (7) calendar days. A Release of Information signed by the parent is
attached for your convenience.

If you have any questions in this regard, please do not hesitate to contact me at _____.
telephone number

Thank you for your assistance.

Sincerely,

cc: Parents
Educational Record

**PHYSICIAN'S LETTER
REGARDING
MEDICAL CONCERNS**

Dear

A Referral has been initiated for _____, _____,
student's name *date of birth*

of _____ through Section 504 of the Rehabilitation
address

Act of 1973. The reason for the Referral is as follows:

Since the questions presented are related to medical concerns and it appears that these concerns are affecting a "major life activity", we would appreciate your input by completing the attached questionnaire. A Release of Information signed by the parents is attached for your convenience. I would appreciate your input within seven (7) calendar days.

If you have any questions in this regard, please do not hesitate to contact me at _____.
telephone number

Thank you for your assistance.

Sincerely,

cc: Parents
Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

PHYSICIAN'S QUESTIONNAIRE FOR
ATTENTION DEFICIT (HYPERACTIVITY) DISORDER

STUDENT: _____

DATE OF BIRTH: _____

ADDRESS: _____

GRADE: _____

PARENT: _____

PHONE: _____

1. What symptoms have you identified that may qualify your patient as having ADHD (i.e., attention span, impulsiveness, restlessness, etc.)?
2. Detail available medical background including a written diagnostic statement and copies of any/all reports.
3. Is medication being recommended for the child that may or may not be affecting behavior? Please comment.
4. Recommendations for consideration at an upcoming conference.

Please forward this copy to _____, at

name

_____ by: _____.

address

date

Thank you.

cc: Principal
Parents
Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

PHYSICIAN'S QUESTIONNAIRE FOR
MEDICAL CONCERNS

STUDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____ GRADE: _____

PARENT: _____ PHONE: _____

1. Detail available medical background including a written diagnostic statement and copies of any/all reports.
2. In your opinion, how do these difficulties "substantially limit" this student's ability to function in the school setting?
3. Recommendations for consideration at an upcoming conference.

Please attach any reports pertinent to the medical/educational needs of this child.

Please forward this copy to _____ at
name

_____ by _____
address date

Thank you.

cc: Principal
Parents
Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

SECTION 504
RELEASE OF INFORMATION FORM

For the purpose of providing appropriate instruction and assistance in school, I do hereby give permission for a mutual exchange of psychoeducational evaluations, psychosocial evaluations, and medical evaluations concerning:

NAME OF STUDENT: _____ BIRTHDATE: _____

SCHOOL WHERE ENROLLED: _____ GRADE: _____

Between the *Franklin Community School Corporation* and the following:

(Hospital, Clinic, Physician, Institution, Association, or School)

(Address of Above)

Contact Person: _____ Phone No: _____

Signature of Person Giving Consent and Relationship

Address: _____ Phone No: _____

Date Signed: _____

Release all information

Release the checked information

1. General Identifying Data (Name, Address, Birthdate, Grade Level Completed, Grades, Class Standing, Attendance Record)

2. Standardized Achievement and Aptitude Test Scores

3. Personality and Interest Scores

4. Teacher Ratings

5. Record of Extra-Curricular Activities

6. Individualized Education Programs

7. Psychological Reports

8. Medical Reports

___ 9. Psychiatric Reports

___ 10. Other: (Specify)

Please return to: _____

Thank You.

cc: Parents
Principal
Above-Named Institution
Educational Record

**LETTER TO PRIVATE SETTING
FOR STUDENTS RETURNING TO SCHOOL**

Dear

It has come to our attention that _____ ,
Student's name

_____, of _____
Date of birth address

has been under your care for the past _ week(s). In order to properly help the above named student, we would appreciate information relative to his/her stay with you.

We have contacted the parents in this regard, and a release of information is enclosed for your convenience.

Should you have any questions, please feel free to contact me at _____ .
Telephone number

Sincerely,

cc: Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

TEACHER QUESTIONNAIRE
FOR ATTENTION DEFICIT (HYPERACTIVITY) DISORDER

STUDENT: _____ DATE OF BIRTH: _____
ADDRESS: _____ GRADE: _____
PARENT: _____ PHONE: _____

1. Have you observed any of the following symptoms exhibited by the student?

A. Attention problems

B. Impulsiveness

C. Restlessness

D. Non-Compliance

E. Other

2. When did this behavior begin?

3. How long have the symptoms occurred? (Please explain)

4. Where do you see the symptoms? (Please explain)

5. How does this student compare to others his/her age?

6. Detail available medical background including a written diagnostic statement

and copies of any/all reports.

7. Is medication being administered at school?

8. Is the student in need of academic or behavioral assistance?

Please attach any information pertinent to the medical/educational needs of this student.

Please forward this copy to _____
name

_____ by _____
address date

Thank you.

cc: Principal
Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

SCHOOL STAFF QUESTIONNAIRE
FOR MEDICAL CONCERNS

STUDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____ GRADE: _____

PARENT: _____ PHONE: _____

TEACHER: _____

1. Please provide any medical problems of which you are aware. Explain how you received this information.

2. In your opinion, how do these difficulties "substantially limit" this student's ability to receive and benefit from an education?

3. Recommendations for assisting the student with these difficulties in the school setting:

4. Other comments you wish to offer:

Please attach any reports pertinent to the medical/educational needs of this child.

Please forward this copy to _____
name

_____, by _____
address date

Thank you.

cc: Principal
 Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

PARENT QUESTIONNAIRE
FOR ATTENTION DEFICIT (HYPERACTIVITY) DISORDER

STUDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____ GRADE: _____

PARENT: _____ PHONE: _____

1. Please share your thoughts on any of the following that may apply to this child:
 - A. Attention problems
 - B. Impulsiveness
 - C. Restlessness
 - D. Non-Compliance
 - E. Other
2. When did this behavior begin?
3. How long have the symptoms occurred? (Please explain)
4. Where do you see the symptoms? (i.e., at home, relatives, neighborhood, school, etc. Please explain.
5. How does this student compare to others his/her age?
6. Detail available medical background including a written diagnostic statement and copies of any/all reports.

7. Has medication been recommended? Is it being administered in the home?

Please attach any reports pertinent to the medical/educational needs of this student.

Please forward this copy to _____,
name

_____,
address *date*

Thank you.

cc: Principal
Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION

998 Grizzly Cub Drive

FRANKLIN, IN 46131

**ALTERNATIVE LEARNING PLAN
AS PER SECTION 504 OF THE REHABILITATION ACT OF 1973**

STUDENT: _____ SCHOOL: _____ GRADE: _____

DATE OF IMPLEMENTATION: _____ TERMINATION: _____ REVIEW: _____

STATEMENT OF STUDENT'S PERFORMANCE AS IT RELATES TO THIS "PLAN": _____

INTERVENTION/ STRATEGY	IMPLEMENTOR(S)	MONITORING DATE	COMMENTS

cc: Parents
Educational Record
Principal

Teacher
Section 504 Coordinator

Comments:

- cc: Parents
- Section 504 Coordinator
- Principal
- Teacher
- Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

SECTION 504 CONFERENCE COMMITTEE REPORT

A. Personal Information:

Student Name: _____ Birthdate: _____

Sex: _____ Grade: _____ Home School: _____

Home School Corp: 4225 Ethnic Background: _____

Parent Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____ (Emergency) _____

School: _____ Teacher: _____

Initial Conference _____ Date _____ Review _____ Date _____ Re-Evaluation Conference _____ Date _____

B. Conference Deliberations

1. The following data was presented: _____

2. Is there a physical or mental impairment? ___Yes ___No Specify _____

3. If yes, is it substantially limiting one or more major life activities? ___Yes ___No

(Specify) _____

4. Does the Committee have sufficient data to consider the determination of disability?

___Yes ___No Specify: _____

5. If no, what direction will be taken and what are the timelines for completion of the referral?

C. Determinations:

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

_____ Student is not disabled

_____ Student is disabled and qualifies for Section 504 services (refer to “Alternative Learning Plan.”)

2. Educational Options and Accommodations Discussed: _____

3. Were options accepted? If not, describe reasons options were rejected. _____

4. Educational opportunities considered and factors relevant to the options/decisions.

5. Other Recommendations: _____

D. Conference Participation:

1. Parents/Guardians:

___ a. I have been given the opportunity to participate in the Section 504 deliberations and understand the contents and reasons for the actions recommended.

___ b. I have been informed verbally and in writing of my rights and options under Section 504
by: _____ / _____
staff name date

___ c. Permission for the program to begin is: _____ granted _____ denied

Parent/Guardian Signature Date

Comments: _____

Any participant in this meeting may submit a written opinion to be attached to this report.

2. Other Participants:

_____ Building Principal	_____ Guidance Counselor
_____ General Class Teacher	_____ School Nurse
_____ General Class Teacher	_____ Other
_____ Other	_____ Other

cc: Parents
Section 504 Coordinator
Principal
Teacher
Educational Record

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

SECTION 504
CAUSAL RELATION MEETING REPORT

A. Summary of Meeting

1. Reason of Causal Relation Meeting: _____

2. Is present "Alternative Learning Plan" appropriate? ___Yes ___No
If no, attach copy of revised "Plan."
3. Was the student capable of understanding that the behaviors exhibited were a violation of school rules or were unacceptable? ___Yes ___No
4. Discuss the misconduct: _____

5. Previous suspensions/expulsions/exclusions: ___Yes ___No
Detail: _____
6. Aggregate number of suspension days this school year: _____
7. Is there a causal relationship between the misconduct and disabling condition:
___Yes ___No
If yes, how are they related? _____

8. If yes, what educational options were discussed: _____

9. Written opinion: (Attach extra sheets if necessary) _____

10. Other comments: _____

B. Committee Present

1. Parents/Guardians:

I have been given the opportunity to participate in this conference and understand that if no causal relationship exists, my child will be afforded the due process rights, which accompany expulsion. I have also been informed in writing of my "Parent/Student Rights in Identification, Evaluation, and Placement ..." by

staff member

Parent/Guardian

Date

2. Other Committee Members Participating:

Principal or Designee

Teacher

Teacher

Teacher

Other

Other

cc: Parents
Section 504 Coordinator
Principal
Educational Record

**OFFICE FOR CIVIL RIGHTS
REGIONAL TELEPHONE NUMBERS**

<u>Regional Office</u>	<u>Phone Number</u> <u>Region</u>	<u>States</u> <u>in</u>
Boston	(617) 223-9662 Maine, TDD (617) 223-9695 New Hampshire, Vermont	Connec Massac Rhode
New York	(212) 637-6466 Jersey, New York, Puerto TDD (617) 223-9695 Rico, Virgin Islands	New
Philadelphia	(215) 596-6787 Delaware, Kentucky, Maryland, TDD (215) 596-6794 Pennsylvania, West Virginia	
Atlanta	(404) 562-6350 Alabama, Florida, George, South TDD (404) 562-6454 Carolina, Tennessee	
Dallas	(214) 880-2459 Arkansas, Louisiana, Mississippi, TDD (214) 880-2456 Oklahoma, Texas	
Washington, D. C.	(202) 208-2545 TDD (202) 208-7741 Carolina, Virginia, Washington, D. C.	North
Chicago	(312) 886-8434 Indiana, Michigan, TDD (312) 353-2540 Minnesota, Wisconsin	Illinois,
Cleveland	(216) 522-4970 TDD (216) 522-4944 Michigan, Ohio	
Kansas City, MO	(816) 880-4200 Missouri, Nebraska,	Iowa, Kansas,

TDD (816) 891-0582
North Dakota, South Dakota

Denver

(303) 844-5695
Arizona, Colorado, New Mexico,
TDD (303) 844-3417
Montana, Utah, Wyoming

San Francisco

(415) 437-7770
California
TDD (415) 437-7786

Seattle

TDD (206) 220-7880
(206) 442-6811
Alaska, Hawaii, Idaho, Nevada,
Oregon, Washington, American
Samoa, Guam, Trust Territory of
the Pacific Islands

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SECTION 504/ADA REFERRAL

A. Personal Information:

Employee: _____ Assignment: _____

Address: _____ Phone: _____

Supervisor: _____

B. Referral Information:

1. Reason For Referral: _____

2. Supportive Data Received: _____

3. Referral Direction: _____

Supervisor

Date

Employee

Date

FOR OFFICE USE ONLY

Date Received by Section 504/ADA Coordinator: _____

Conference Date: _____

cc: Employee
Section 504/ADA Coordinator
Principal/Immediate Supervisor
Personnel File

Do not use for
employees

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

REASONABLE ACCOMMODATION PLAN
AS PER SECTION 504 OF THE REHABILITATION ACT OF 1973
AND THE AMERICANS WITH DISABILITIES ACT

EMPLOYEE: _____ SCHOOL: _____ DATE: _____

DATE OF IMPLEMENTATION: _____ TERMINATION: _____ REVIEW: _____

STATEMENT OF CONCERNS AS IT RELATES TO THIS "PLAN": _____

INTERVENTION/ STRATEGY	IMPLEMENTOR(S)	MONITORING DATE	COMMENTS

cc: Employee
Principal/Immediate Supervisor

Section 504/ADA Coordinator
Personnel File

FRANKLIN COMMUNITY SCHOOL CORPORATION
998 Grizzly Cub Drive
FRANKLIN, IN 46131

SECTION 504/ADA DETERMINATION REPORT

A. Personal Information:

Employee: _____ Date of Conference: _____

Assignment: _____ Supervisor: _____

Address: _____

Street

Apt.

City

State

Zip

Phone (Home): _____ (Emergency): _____

B. Conference Deliberations

1. The following data was presented: _____

2. Is there a physical or mental impairment? ___ Yes ___ No Specify: _____

3. If yes, is it substantially limiting one or more major life activities?

___ Yes ___ No Specify: _____

4. Does the District have sufficient data to consider the determination of disability?

___ Yes ___ No Specify: _____

5. If no, what direction will be taken and what are the timelines for completion of the referral?

C. Recommendations:

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

___ Employee is not disabled.

___ Employee is disabled and qualifies for reasonable accommodations under section 504 and ADA (refer to "Reasonable Accommodation Plan").

8. Options Discussed: _____

9. Were options accepted? ___Yes ___No If not, describe reasons options were rejected.

D. Participation:

1. Employee:

___ a. I have been given the opportunity to participate in the Section 504 deliberations and understand the contents and reasons for the program recommended.

___ b. I have been informed verbally and in writing of my rights to grievance should I disagree with the committee's determination.

Employee Signature

Date

2. Other Participants:

Section 504/ADA Coordinator

Building Principal

Other

Other

cc: Employee
Section 504/ADA Coordinator

Principal/Immediate Supervisor
Personnel File

SECTION 504/AMERICANS WITH DISABILITIES ACT (ADA) ACCESSIBILITY CHECKLIST

The following is a checklist for the purpose of judging compliance with Section 504. Please note, that because the Americans with Disabilities Act contains requirements similar to but more explicit than the requirements of Section 504, some of the items on the checklist will be drawn directly from the ADA regulations.

- _____ The school corporation has, on file, a self-evaluation and transition plan, which was filed with the Office for Civil Rights. This plan includes information concerning inaccessible facilities and the steps, which the school corporation would take in order to make all programs accessible to individuals with handicaps. It also includes an evaluation of school corporation policies and procedure and plans to bring them into compliance with Section 504.
- _____ The school corporation is currently in compliance with its Section 504 self-evaluation and transition plan.
- _____ If the Section 504 self-evaluation and transition plan is not available or if full compliance with these documents has not been achieved, the school corporation is undertaking a self-evaluation and transition plan as required by ADA.
- _____ All aspects of elementary and secondary programming, including extra-curricular, field trips, athletics, etc., are accessible to students with disabilities.
- _____ Each service, program, or activity conducted by the school corporation, when viewed in its entirety, is readily accessible and usable by individuals with disabilities.
- _____ The school corporation maintains in good operating condition those features of each program, which make the program accessible to individuals with disabilities. The school corporation has access to a TDD for the benefit of individuals with speech or hearing handicaps.
- _____ School corporation facilities or portions of such facilities, which are not readily accessible to persons with disabilities, have appropriate signage directing such individual to facilities, which are accessible. School board meetings or other public meetings conducted by the school corporation are held in facilities that are readily accessible to individuals with disabilities, including when necessary, the provision of a sign language interpreter.