**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

School: Click or tap here to enter text. Grade: Click or tap here to enter text. DOB: Click or tap here to enter text.

Date of current Section 504 Plan: Click or tap here to enter text. Date current evaluation: Click or tap here to enter text.

The Section 504 Committee must include persons with knowledge of the student, the meaning of the evaluation data and the placement options.

|  |  |  |
| --- | --- | --- |
| Name/Signature | Position/Title | Date |
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Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

**Evaluation Data Considered from a Variety of Sources:**

The Section 504 Committee reviewed and carefully considered the following data gathered from a variety of sources.

Please check each that applies and attach copies of the data.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Grade Reports |  | Student Work Samples |
|  | Parent Input |  | Student Input |
|  | Standardized Tests and Other tests |  | Teacher Input |
|  | Language Dominance |  | School History/Attendance |
|  | MLSS Intervention Data |  | Discipline Records/Referrals |
|  | Administrator Input |  | Mitigating Measures |
|  | School Health Information |  | Medical Evaluations/Diagnoses |
|  | Previous Special Education Records |  |  |
|  | Other (Specify): Click or tap here to enter text. | | |

**Section 504 Manifestation Determination:**

Description of Misconduct (Note: *The Section 504 Committee does not address whether or not the alleged behavior occurred.)*:

Click or tap here to enter text.

Description of proposed disciplinary action:

Click or tap here to enter text.

Does the proposed disciplinary action constitute a change of placement?

No (If NO, proceed with disciplinary action.)

Yes (If YES, continue with manifestation determination review.)

Is the proposed disciplinary action based on the student’s illegal use of drugs, or for the use or possession of alcohol?

Yes (If YES, the student is subject to the same disciplinary penalty imposed on nondisabled students who engage in the same behavior. The Committee will not conduct a manifestation determination.)

No (If NO, continue with the manifestation determination review.)

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

**Section 504 Review**

|  |
| --- |
| List the student’s qualifying physical or mental impairment(s):  Click or tap here to enter text. |
| Description of current 504 Plan accommodations and/or services, including FBA and BIP:  Click or tap here to enter text. |
| List prior discipline referrals and any Out of School Suspension (OSS) days:  Click or tap here to enter text. |
| Teacher /Staff observations including attendance, grades, behavioral concerns, if any:  Click or tap here to enter text. |
| Parent input:  Click or tap here to enter text. |

**Determination:**

Following the review of all relevant information, including but not limited to, information contained in the student’s file, the student’s accommodation plan and/or BIP, teacher observations and any information provided by the parents, the Section 504 Committee has made the following determinations:

**Question 1**

Was the conduct in question caused by, or directly and substantially related to the student's disability?

Yes  No

**Question 2**

Was the conduct in question the direct result of the school's failure to implement the student's Section 504 plan?  Yes  No

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

**Results**:

If either question is answered YES, the Committee will conduct a Functional Behavioral Assessment (FBA), unless this had been done prior to the behavior in question. The Committee will also implement a behavioral intervention plan (BIP) for the student. If the student already has a BIP, the Committee will review and modify the BIP as necessary to address the behavior. The Committee will also return the student to the placement from which the student was removed unless:

1) the parent and school agree otherwise as part of the modification of the student’s Section 504 Plan, including BIP; or

2) the student’s misconduct involved weapons or the infliction of a serious bodily injury to another person.

If the second question is answered YES, the Committee will take immediate steps to remedy the deficiencies in the implementation of the Section 504 Plan.

If both questions are answered NO, the student is subject to the same discipline procedures applicable to students without disabilities.

**Notes**:

Click or tap here to enter text.