

**Dolton School District 148
Section 504
Conference Report**

STUDENT IDENTIFICATION INFORMATION

Student's Name: _____ **Date of Birth:** _____

Student's Address: _____
Street

City _____ State _____ Zip Code _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Telephone#: _____

Student's Gender: _____ **Grade:** _____ **School:** _____ **Teacher:]** _____

Student's Initial 504: _____ **Yes** **No** (Please Circle)

Meeting Date: _____ **Conference Site:** _____

504 Start Date: _____ **Projected End Date:** _____ **Review Date:** _____

Participants

	Signature		Signature
Administrator		Teacher	
Parent/Guardian		Teacher	
Parent/Guardian		Teacher	
Student		Teacher	
Social Worker		Teacher	
Nurse		Teacher	
Other(specify)		Teacher	
Other (Specify)		Teacher	

Identification of Impairments

Diagnosis of Physical/Mental Impairment: _____

Name of Physician/Facility: _____

Date of Diagnosis _____

Please provide a summary of any **concerns** below. Also, list any **medication(s)** the student may be taking and any **side effects** the student may be experiencing.

Please attach any pertinent reports to this document.

A diagnosis is not required to identify the impairment if the impairment is obvious, but the information may be required to develop an appropriate educational plan.

Identification of Life Activities Affected

Please check all of the following major life activities that are substantially limited by the impairment. Only one activity must be limited to qualify for the plan, but all that apply need to be identified to develop an appropriate educational plan.

- | | | |
|---------------|-----------------|-------------------------------|
| _____ walking | _____ speaking | _____ performing manual tasks |
| _____ seeing | _____ breathing | _____ self-care tasks |
| _____ hearing | _____ learning | _____ other _____ |

Please describe how the **limitations** might affect the student in the **educational setting**.

Evaluation

1. Describe any accommodations, adaptations, or services the student currently receives. Have they proven effective?

2. Has the student been achieving a "C" average or better in the last quarter? Yes No (Please Circle)

3. Has the student been achieving a "C" average or better in the last year? Yes No (Please Circle)

4. What are the student's current grades?

Determination of Whether the Child Can be Served Under Section 504

____ Child does **not** have a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

____ Child has a physical or mental impairment which substantially limits one or more life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working **but**

____ Child does not require additional accommodations beyond what is routinely afforded students in District 148.

____ Child requires an evaluation to determine whether special education services are required under the individuals with Disabilities Act(IDEA), and will receive services under Section 504 until one can be completed.

____ Child **has** a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working, and a plan will be written and implemented to meet the needs of the child.

(Note: It is the policy of District 148 to provide an appropriate educational program in the least restrictive environment possible. Students who qualify for special education services are already covered under Section 504, and do not require a separate plan)

**PARENT INFORMATION REGARDING SECTION 504
OF THE REHABILITATION OF 1973**

Section 504 is an Act, which prohibits discrimination against persons with a disability in any program receiving Federal financial assistance. The Act defines a person with a disability as anyone who:

1. has a mental or physical impairment which substantially limits one or more major life activity (major life activities include activities such as caring for one's self, performing manual tasks, walking seeing, hearing, speaking, breathing, learning, and working);
2. has a record of such impairment; or
3. is regarded as having such an impairment.

In order to fulfill its obligation under Section 504, the Dolton School District #148 recognizes a responsibility to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability will knowingly be permitted in any of the program and practices in the school system.

The school district has specific responsibilities under the Act, which include the responsibility to identify, evaluate, and if the child is determined to be eligible under Section 504, to afford access to appropriate educational services.

If the parent or guardian disagrees with the determination made by the professional staff of the school district, he/she has a right to a hearing with an impartial hearing officer.

The Family Educational Rights and Privacy Act (FERPA) also specify rights related to educational records. This Act gives the parent or guardian the right to: 1) Inspect and review his/her child's educational records; 2) make copies of these records; 3) receive a list of all individuals having access to those records; 4) ask for an explanation of any item in the records; 5) ask for an amendment to any report on the grounds that it is inaccurate, misleading, or violates the child's rights; and 6) a hearing on the issue if the school refuses to make the amendment.

If there are any questions, please feel free to contact Jayne Purcell, the 504 Coordinator for the school district, at (708)841-5959.

I have received a copy of this notice.

Date

Parent/Guardian Signature