

**SCHOOL DISTRICT of MANAWA**  
**STUDENT NON-DISCRIMINATION**

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## **NONDISCRIMINATION ON THE BASIS OF HANDICAP/DISABILITY**

Federal and State Statutes prohibit discrimination against qualified handicapped/disabled persons, including both students and staff members, by school districts receiving federal financial assistance. This includes all programs or activities of school districts receiving federal funds regardless of whether the specific program or activity involved is a direct recipient of federal funds.

The School District of Manawa does not discriminate against individuals, including all students, staff and as identified below, on the basis of age, sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental emotional or learning disability or handicap in its education programs or activities.

To ensure compliance with Federal and State Statutes, the School District of Manawa will:

- Prohibit discrimination against qualified handicapped/disabled persons in any aspect of School District of Manawa employment solely on the basis of disability.
- Make facilities, programs and activities accessible, usable and open to qualified handicapped/disabled persons.
- Ensure that students who are handicapped/disabled are identified, evaluated, and provided with appropriate educational services.
- Provide free appropriate education at elementary and secondary levels, including nonacademic and extracurricular services and activities to qualified handicapped/disabled persons.
- Prohibit exclusions of any qualified handicapped/disabled person solely on the basis of handicap/disability from participation in any preschool education or day care program or activity or any adult education or vocational program or activity.
- Provide each qualified handicapped/disabled person with the same health, welfare, and other social services as are provided other persons.

Legal References: Wisconsin State Statutes §115, §118.13, §111.31, and §111.34  
Title IX; Education Amendment of 1972  
Title VI, Civil Rights Act of 1964, 1991  
Section 504, Rehabilitation, Act of 1973  
Americans With Disabilities Act of 1990 and Amendments, 2008  
Individuals with Disabilities Education Act 2004 (2006, 2008 regulations)

## **SECTION 504 PROCEDURES FOR STUDENTS WITH DISABILITIES**

### **Evaluation**

Any student who needs or is believed to need special accommodations, related services or programs under Section 504 of the Rehabilitation Act of 1973, may be referred to the Sec. 504 Committee for evaluation.

The Sec. 504 Committee shall be composed of persons knowledgeable about the student's school history, the student's individual needs, the meaning of evaluation data, and the placement options.

The student's parent or person in parental relationship shall be notified of the Sec. 504 Committee meeting within a reasonable period of time prior to the meeting and invited to participate.

The Sec. 504 Committee shall consider all relevant information on the student to determine whether he/she is disabled under Section 504. Information may include reports from physicians, observations from parents, teachers, school personnel, results of standardized tests, etc.

The Sec. 504 Committee shall determine whether the student is disabled under Section 504, and, if so, develop a written educational plan describing what accommodations, services or programs will be provided to meet the student's needs.

The student's parent or person in parental relationship shall be notified in writing of the Sec. 504 Committee's determination and recommendation.

### **Review of the Student's Evaluation**

The Sec. 504 Committee shall meet periodically to review the student's evaluation but in any event at least every 3 years and sooner if requested by staff, parent or adult pupil. In addition, prior to any significant change in placement, a reassessment of the student's needs shall be conducted.

### **Procedural Safeguards: Due Process**

The parent or person in parental relationship shall be notified in writing of any School District of Manawa decision concerning the identification, evaluation, and placement of a student.

The parent or person in parental relationship shall have the right to examine the student's records.

Parents or persons in parental relationship who disagree with the identification, evaluation, services or placement of a student with disabilities shall have the right to request an impartial due process hearing. The request for a hearing shall be made in writing, within thirty days after receipt of the Sec. 504 Committee's determination. The request shall state the reasons the hearing is being requested and be sent to (Identify School District of Manawa Section 504 Coordinator ).

The parent or person in parental relationship shall have an opportunity to participate and be represented by counsel at the due process hearing.

The parent or person in parental relationship shall be notified in writing of the hearing officer's decision. The School District of Manawa or parent or person in parental relationship may seek review of the decision of the Sec. 504 hearing officer by the Commissioner of Education, or the State Review Officer, as appropriate, and by a federal court of competent jurisdiction.

A Sec. 504 due process hearing may be called at the request of the School District of Manawa or a parent or person in parental relationship. The proceedings shall be presided over and decided by an impartial hearing officer.

Requests for a due process hearing must be submitted in writing to (Identify School District of Manawa Section 504 Coordinator ).

Parents or persons in parental relationship shall be notified of the hearing at least \_\_\_\_\_ days prior to the date set for the hearing. The notice shall contain:

A statement of time, place, and nature of the hearing.

A statement of the legal authority and jurisdiction under which the hearing is being held.

A statement of the matters asserted.

A statement of the right to be represented by counsel.

A statement of the right to examine relevant records.

The School District of Manawa's notices to the student's parent or person in parental relationship shall be in English or in the native language or mode of communication of the parent or person in parental relationship.

At the hearing, each party shall have an opportunity to present relevant information and outside expert testimony.

A copy of the hearing officer's decision shall be delivered to the School District of Manawa and the parent or person in parental relationship within a reasonable period of time following completion of the hearing.

The decision of the hearing officer is binding on all parties involved; it is subject to review by the Office for Civil Rights, subject to its jurisdiction, and by a federal court of competent jurisdiction.

# **POLICY AND ADMINISTRATIVE GUIDELINES FOR STUDENTS WITH DISABILITIES AND PARTICIPATION IN ATHLETICS**

**(new section)**

A report published by the United States Government Accountability Office (GAO) found that students with disabilities are not being afforded an equal opportunity to take part in extra-curricular athletics in public elementary and secondary schools. The GAO recommended the United States Department of Education clarify and communicate School District of Manawa' responsibilities under Section 504 of the Rehabilitation Act of 1973 (Section 504) regarding the rights of individuals with disabilities to participate in programs and activities, including extra-curricular athletics.

## **OVERVIEW**

Section 504 requires agencies to provide a qualified student with a disability an opportunity to benefit from an School District of Manawa's program equal to that of students without a disability.<sup>1</sup>

Under Section 504, agencies cannot 1) deny a qualified student with a disability the opportunity to participate in or benefit from an aid, benefit, or service; 2) afford a qualified student with a disability an opportunity to participate in or benefit from an aid, benefit or service that is not equal to that afforded to others; 3) provide a qualified student with a disability with an aid, benefit or service that is not as effective as that provided to others and does not afford the student with an equal opportunity to obtain the same result, gain the same benefit, or reach the same level of achievement in the most integrated setting appropriate to the student's needs; 4) provide different or separate aids, benefits or services to students with a disability or to any class of students with disabilities unless such action is necessary to provide a qualified student with a disability with an aid, benefit or service that is as effective as those provided to others; and 5) otherwise limit a qualified individual with a disability the enjoyment of any right, privilege, advantage or opportunity enjoyed by others receiving an aid, benefit or service.

## **DO NO ACT ON GENERALIZATIONS AND STEREOTYPES**

An School District of Manawa, including its athletic staff, must not operate on generalizations or assumptions about a disability or how a particular disability limits any particular student. One student with a certain type of disability may not be able to play a certain sport but another student with the same disability may be able to play that sport.

## **ENSURE EQUAL OPPORTUNITY FOR PARTICIPATION**

Qualified students with disabilities must be afforded an equal opportunity to participate in the extra-curricular athletics offered by an School District of Manawa. Equal opportunity does not mean, however, every student with a disability is guaranteed a spot on the team. Agencies may require a level of skill or ability to participate in a competitive program or activity. However, agencies must afford qualified students with disabilities an equal opportunity to participate and must make reasonable modifications to its policies, practices or procedures to ensure equality opportunity, unless the School District of Manawa can show that doing so would be a fundamental alteration to its program.

An School District of Manawa must conduct an individualized assessment to determine whether a reasonable modification for the student's participation is legally required. If it is, the School District of Manawa must allow it unless doing so results in a fundamental alteration of the nature of the activity. A modification may constitute a fundamental alteration if it alters the essential aspect of the game/activity that it would be unacceptable even if it affected all competitors equally (such as adding an extra base in baseball). Alternatively, a change that has only a peripheral impact on the game itself might give a participate player with a disability an unfair advantage over others, thus, fundamentally altering the character of the competition. Even if a specific

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<sup>1</sup>Simply because a student is a "qualified" student with a disability does not mean the student must be allowed to participate in any selective or competitive program offered by an School District of Manawa. Districts may require a level of skill or ability of a student in order for that student to participate in the activity, so long as the selection or competition criteria are not discriminatory.

modification constitutes a fundamental alteration, an School District of Manawa would still be required to determine if other modifications are available that would permit the student's participation.

In addition, Section 504 requires an School District of Manawa to provide a qualified student with a disability with the needed aid and/or services, if the failure to do so denies that student an equal opportunity to participate in the activity.

### **OFFERING SEPARATE OR DIFFERENT ATHLETIC OPPORTUNITIES**

When the interests and abilities of students with disabilities cannot be fully and effectively met by an School District of Manawa's existing extra-curricular athletic programs, even with reasonable modifications or aids/services, an School District of Manawa should consider creating additional opportunities for those students, such as opportunities that are separate or different from those afforded to students without disabilities. These opportunities should also be supported equally, as with an School District of Manawa's other athletic activities.

### **ADMINISTRATIVE GUIDELINES**

Example: If the number of students with disabilities is insufficient to field a team, agencies can develop School District of Manawa-wide or regional teams as opposed to a school-based team in order to provide competitive experiences, mix male and female students with disabilities on teams together, or offer "allied" or "unified" sports teams in which students with disabilities can participate with students without disabilities.

The School District of Manawa, in coordination with students, families, community and advocacy organizations, athletic associations and other interested participants may explore creative ways to expand the opportunities for students with disabilities.

The focus is on inclusion and access. Competitive "cut sports" can have criteria for "making the team." The School District of Manawa's athletic teams can test for ability but cannot have criteria that screens out for a disability. For example, if a one handed swimmer tries out for the swim team there can be a test for making the team. If the test looks at how fast the swimmer can swim the length of the pool, the swimmer can compensate by the use of the other strong arm, leg/feet motions. A test, however, that only looks at the use of just the arm strokes may screen the person out on the basis of disability.

Other important aspects of the federal guidance include the clarification that the provision of separate sports teams or activities for students with disabilities is a recommendation, not a requirement.

If an School District of Manawa is subject to an OCR review, the process will focus on the following: Did the School District of Manawa use a standard rubric for determining the cuts for the team; is there documentation of the standards or criteria for making the team and how the criteria is applied; and whether there was an exploration of accommodations and modifications, such as for a vision impairment using touch start accommodations in wrestling or swimming, and a change in policies where appropriate.

## SCHOOL DISTRICT OF MANAWA

(504 A)

### **FORM: PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION, ACCOMMODATION AND PLACEMENT** (Section 504 of the Rehabilitation Act of 1973)

The following is a description of the rights granted by federal law to students with disabilities. 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. Please keep this explanation for future reference.

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/disability.
2. Have the School District of Manawa advise you of your rights under federal law.
3. Receive notice with respect to Section 504 identification, evaluation and/or placement of your child.
4. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate in the least restrictive environment. It also includes the right to have SCHOOL DISTRICT OF MANAWA 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 to non-disabled 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) or Section 504 of the Rehabilitation Act.
7. Have an evaluation, educational recommendation, and placement decision based upon a variety of information sources and developed by a team of persons who are knowledgeable of the student, the assessment data, and any placement options. If eligible under Sec. 504, this includes periodic re-evaluations at 3 year intervals or more frequently if warranted, or if parent or teacher requests.
8. Have transportation provided to and from an alternative placement setting, at no greater cost to you than would be incurred if the student were placed in a program operated by SCHOOL DISTRICT OF MANAWA.
9. Have your child be given an equal opportunity to participate in non-academic and extracurricular activities offered by SCHOOL DISTRICT OF MANAWA.
10. Examine all relevant records relating to decisions regarding your child's Section 504 identification, evaluation, educational program, and placement.

11. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records.
12. Obtain a response from SCHOOL DISTRICT OF MANAWA to reasonable requests for explanations and interpretations of your child's records.
13. 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 SCHOOL DISTRICT OF MANAWA refuses this request for amendment, it shall notify you within a reasonable time and advise you of your right to an impartial hearing.
14. Request mediation or file a grievance in accordance with SCHOOL DISTRICT OF MANAWA's Section 504 mediation, grievance and hearing procedures.
15. Request an impartial hearing (due process hearing) regarding, the Section 504 identification, evaluation, educational program, or placement of your child. You and the student may take part in the hearing and have an attorney represent you.
16. File a formal complaint with the U.S. Department of Education.

Office for Civil Rights, Region V  
Citigroup Center  
500 W. Madison Street, Suite 1475  
Chicago, IL 60661  
Phone: (312) 730-1560

The person in SCHOOL DISTRICT OF MANAWA who is responsible for ensuring compliance with Section 504 is:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

SCHOOL DISTRICT OF MANAWA

(504 B)

FORM: REFERRAL FOR SECTION 504 SERVICES

(Section 504 of the Rehabilitation Act of 1973)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

I. STATEMENT OF SUSPECTED SECTION 504 DISABILITY/DISABLING CONDITION.

Please check [ ] the statement(s) which apply.

I am concerned that this person:

\_\_\_\_ (A) May have a physical or mental impairment which substantially limits one or more major life activities: e.g. Walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and/or performing manual tasks, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking and communicating. Major life activity also includes the operation of a major bodily function, including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive.

Explain (provide examples): \_\_\_\_\_

\_\_\_\_ (B) May have a record of such impairment.

\_\_\_\_ (C) May be regarded as having such an impairment (not transitory or minor).

II. NATURE OF THE CONCERN:

B. State the physical or mental impairment which may be substantially limiting major life activity (the ameliorative effects of assistive technology, reasonable accommodations, auxiliary aids or services, learned behavior and adaptive neurological modifications may not be considered). Disability determinations under this section may not consider mitigating measures such as medication, medical supplies, appliances, low-vision devices, prosthetics, hearing aids and/or mobility devices, (ordinary eye glasses may be considered).

C. Indicate which major life activity(s) is being limited.

D. Indicate how the major life activity(s) is being limited.

\_\_\_\_\_  
Signature of the Person Making Referral  
Title: \_\_\_\_\_

\_\_\_\_\_  
Date of Referral (mo./day/yr.)

Rights provided to the parent by \_\_\_\_\_

Date \_\_\_\_\_

The signature of the Principal/Administrator receiving this referral also documents that the Notice: Receipt of Section 504 Referral, Parent/Student Rights in Identification, Evaluation, Accommodation and Placement, and a copy of this referral have been given or sent to the parent/legal guardian.

Receiving Referral

Date Received (mo./day/yr.)

Signature of the Principal

Copies to: [ ] Parent/Guardian [ ] Department of Student Services

[ ] Cumulative Folder 504-1

SCHOOL DISTRICT OF MANAWA

(504 E)

FORM: ELIGIBILITY
(Section 504 of the Rehabilitation Act of 1973)

Student Name: School:
Date of Birth: Grade Level:

I. MEETING TYPE: Initial Case Review Re-evaluation
Conference Date:

Sources of Information Considered in Determining Eligibility:

- Parent Recommendation Physician Diagnosis
Educational Evaluation/Performance Major Health Problems
Teacher Observation/Recommendation Behavioral Evaluation/Performance
Ineligibility for Services under IDEA Other

Summary of data and evaluation information that was presented:

II. 504 TEAM DETERMINATIONS:

1. The student has a physical or mental impairment. Yes No
If yes, what is the impairment?
If no, the student is not eligible for accommodations under Section 504.

2. If the student has an impairment in #1, above, does the impairment substantially limit a major life activity? Yes No
Major life activities include: Walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and/or performing manual tasks, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking and communicating. Major life activity also includes the operation of a major bodily function, including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive.

If yes, describe the major life activity and how it is substantially limited as a result of the disability i.e., provide a school-related description of the impairment, including its severity, duration, whether it provides a substantial limitation. The ameliorative effects of assistive technology, reasonable accommodations, auxiliary aids or services, learned behavior and adaptive neurological modifications may not be considered. Disability determinations under this section may not consider mitigating measures such as medication, medical supplies, appliances, low-vision devices, prosthetics, hearing aids and/or mobility devices, (ordinary eye glasses may be considered).

If no, the student is not eligible for accommodations under Section 504.

In addition, does the student have a record of such impairment? Yes No Explain:

If no, the student is not eligible for accommodations under Section 504.

In addition, is the student regarded as having such an impairment (not transitory or minor—is it greater than six months with ongoing treatment?). Yes No. Explain:

If no, the student is not eligible for accommodations under Section 504.

- 3. If the answers to #1 and #2 above were both yes, does the student require a Section 504 Accommodation Plan in order to receive an appropriate education?  Yes  No

*If yes, the 504 Team must complete a Section 504 Accommodation Plan and include it as a part of this report.*

*If no, the student is not eligible for accommodations under Section 504.*

**Recommendations:**

- A Section 504 Accommodation Plan is recommended and attached.
- The student does not have a physical or mental impairment that substantially limits a major life activity and is not eligible for accommodations under Section 504.
- The student has an impairment that substantially limits a major life activity, but does not require a Section 504 Accommodation Plan.
- Other \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**504 Team:**

- |                 |                          |
|-----------------|--------------------------|
| Principal _____ | Parent(s)/Guardian _____ |
| Teacher _____   | Nurse _____              |
| Counselor _____ | Psychologist _____       |
| Other _____     | Other _____              |

**Acknowledgment:**

- I am aware of my rights under Section 504. I agree with the recommendations as stated above.
- I am aware of my rights under Section 504. I disagree with the recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Copies to:  Parent/Guardian  Cumulative Folder  **Student Behavior / Pupil Records**

**Letter/Notice: Section 504 – Parental Notice for Initial Evaluation (504 C)**

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

To the Parent/Guardian of: \_\_\_\_\_ [Student's Name] \_\_\_\_\_.

As part of our efforts to help improve your child's classroom performance, I have asked members of our Building Consultation Team to collect and review information on your child's learning and behavior. The teacher(s), guidance counselor, School District of Manawa psychologist, School District of Manawa social worker and other staff members may be involved in observation, interviews, administration of behavior checklists, and other data collection activities. (Your child is not suspected of being an exceptional student at this time.)

Once the information has been reviewed, we will be meeting with you to discuss plans to meet your child's needs. If you have any questions, please contact \_\_\_\_\_ (Section 504 coordinator) at SCHOOL DISTRICT OF MANAWA.

You are provided specific rights concerning this request, which are designed to keep you fully informed concerning decisions about your child. These 504 rights are summarized below.

Please provide your consent for us to accomplish this screening/evaluation by indicating your decision and providing your signature (below) and returning the bottom half of this form to: \_\_\_\_\_ (Section 504 coordinator).

-----  
**Parent Consent**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

\_\_\_\_\_ Yes, I consent to the proposed screening/evaluation, if deemed necessary

\_\_\_\_\_ No, I do not consent to the proposed screening/evaluation

Comments: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Cc: Student Behavior / Pupil Records File \_\_\_\_\_

**[SCHOOL DISTRICT OF MANAWA LETTERHEAD]**

**(504 D)\_**

Student Name: \_\_\_\_\_

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

Dear \_\_\_\_\_:

At the [IEP or Section 504 Evaluation] meeting held on [date of meeting] your child was determined to be eligible for services under Section 504 of the Rehabilitation Act of 1973.

A meeting has been scheduled to develop a 504 Plan for your child as follows:

A meeting has been scheduled to develop / review / revise a 504 Plan for your child as follows:

We encourage your attendance and participation at this meeting. Enclosed is a copy of the parent/child rights you are entitled to under Section 504.

Sincerely,

[Case Manager]  
[Phone Number]

Enclosure  
cc: Sec. 504 Coordinator  
Pupil File

[SCHOOL DISTRICT OF MANAWA LETTERHEAD]

(504 F)

Student Name: \_\_\_\_\_

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

Dear \_\_\_\_\_:

Your child was recently determined to be eligible for services under Section 504 of the Rehabilitation Act of 1973. Enclosed is the 504 Plan that was developed by the 504 team on [date]. Please sign the plan, indicating either your rejection or acceptance, and return one signed copy in the envelope provided. Previously you received a copy of your procedural rights under Section 504. If you would like another copy of your rights, please contact the School District of Manawa's office.

Our staff is confident that with the additional support of this 504 Plan, your child will receive an appropriate education. Please call me if you have any questions regarding the 504 Plan. Your assistance in this process is appreciated.

Sincerely,

[Case Manager]  
[Phone Number]

Enclosure

cc: Sec. 504 Coordinator  
Pupil File

# SCHOOL DISTRICT OF MANAWA

(504 G)

## 504 Plan

Initial

Review

504 Case Manager \_\_\_\_\_ Disability \_\_\_\_\_

Meeting Date \_\_\_\_\_ Plan in effect from \_\_\_\_\_ to \_\_\_\_\_

Student Name	D.O.B.	Age	Grade	School
Parent or Legal Guardian	Address			Phone

Basis for Sec. 504 Eligibility/Major Life Activity Impacted

Education Impact

Educational Strategies	Staff Responsible	Review: Continue
Describe necessary accommodations and modifications, educational/related services		

Describe location of services: Regular Education \_\_\_\_\_: Other (e.g., health room)

### Meeting Participants/Title

_____ Parent/Legal Guardian	_____ 504 Case Manager
_____ Classroom Teacher	_____
_____	_____

\_\_\_\_\_  
Parent Consent for Initial 504 Plan

I give my consent for my child to receive the related aids and services described in this plan

I do not give consent for my child to receive the related aids and services described in this plan

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I have participated in the development of this plan, agree with its contents and have received a copy of the parent and student rights.

cc: Sec. 504 Coordinator; Pupil File

[SCHOOL DISTRICT OF MANAWA LETTERHEAD]

(504 H)

Student Name: \_\_\_\_\_

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

Dear \_\_\_\_\_:

At the 504 meeting held on [date], it was determined that your child no longer requires a 504 Plan for the following reason(s):

**Detail reasons student no longer requires services under Section 504**  
**(e.g., student is being provided services under IDEA / IEP; disabling condition no longer limits a major life activity; student is not regarded as disabled; disabling condition ends)**

Enclosed is a copy of the 504 Plan that was reviewed. Previously, you received a copy of your procedural rights under Section 504. If you would like another copy of your rights under Section 504, please contact the School District of Manawa's office.

Our staff is confident that the information your child continues to receive will provide an appropriate education. Please call me if you have any questions regarding this decision.

Sincerely,

[Case Manager]  
[Phone Number]

Enclosure

cc: Sec. 504 Coordinator  
Pupil File

## **STUDENT NONDISCRIMINATION COMPLAINT AND GRIEVANCE PROCEDURE**

### Student Nondiscrimination Complaint Procedures

The School District of Manawa encourages informal resolution of complaints under this policy. If any person believes that the School District of Manawa, or any part of the school organization, has failed to follow the law and rules of §118.13, Wis. Stats., or in some way discriminated against pupils on the basis listed above, he/she may bring or send a complaint to the following address: 800 Beech Street, Manawa, WI 54949.

The following procedures shall be followed in addressing the complaint(s):

#### **Step 1**

- A person who believes he/she has a valid basis for a grievance under Section 504 or the ADEA shall prepare and file a written statement of the complaint, including evidence/documentation supporting the need for additional services and/or the inadequacy of the services provided for the child, with the 504 School District of Manawa Coordinator of the School District of Manawa. The complaint will be acknowledged within forty-five (45) days, in writing.

#### **Section 2**

- The 504 School District of Manawa Coordinator will investigate the complaint and provide a written reply to the complainant on behalf of the Board of Education within ninety (90) days of receipt of the complaint unless the parties agree to an extension of time.

#### **Step 3**

- If a complainant wishes to appeal a negative determination by the Board, the complainant may appeal directly to the State Superintendent within thirty (30) days of the decision on behalf of the Board of Education. Appeals should be addressed to: State Superintendent, Wisconsin Department of Public Instruction, 125 S. Webster Street, P.O. Box 7841, Madison, Wisconsin 53707-7841. Appeals relating to the identification, evaluation, educational placement or the provisions of a free appropriate public education of a child with a disability under State or Federal law shall be resolved through procedures authorized by Chapter 115, Subchapter V., Wis. Stats.

Discrimination complaints may also be filed with the federal government at: Office Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, Illinois 60661.

**SECTION 504/ADA GRIEVANCE – STUDENT**

\_\_\_\_\_  
NAME OF GRIEVANT

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS

**RELATIONSHIP TO THE SCHOOL DISTRICT OF MANAWA**

\_\_\_\_\_ STUDENT \_\_\_\_\_ (SCHOOL ATTENDS)

\_\_\_\_\_ RECEIVING SPECIAL EDUCATION  
\_\_\_\_\_ RECEIVING REGULAR EDUCATION

\_\_\_\_\_ PARENT \_\_\_\_\_ (CHILD'S NAME)

**DESCRIPTION OF DISABILITY:**

\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF GRIEVANCE (INCLUDING DATE OF ALLEGED DISCRIMINATION):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT ACTION ARE YOU REQUESTING? (I.E., RELIEF SOUGHT):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
GRIEVANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED BY  
504 SCHOOL DISTRICT OF

MANAWA COORDINATOR

**RECORD OF CONFERENCE WITH  
504 SCHOOL DISTRICT OF MANAWA COORDINATOR**

A CONFERENCE WAS HELD ON \_\_\_\_\_ AT \_\_\_\_\_, AND MATTERS  
(DATE) (TIME)

PERTAINING TO THE FOLLOWING ALLEGED COMPLAINT WERE DISCUSSED.

BRIEF DESCRIPTION OF ALLEGED COMPLAINT:

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DISPOSITION OF ALLEGED COMPLAINT:

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\_\_\_\_\_  
BUILDING PRINCIPAL/BUILDING 504 OFFICER

\_\_\_\_\_  
DATE

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IF YOU WISH TO APPEAL THIS DECISION, ENCLOSED IS THE COMPLAINT PROCEDURE AND APPEAL  
TIMELINE.

\_\_\_\_\_  
PARENT/STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED BY  
SECTION 504  
SCHOOL DISTRICT OF  
MANAWA COORDINATOR

## SECTION 504 CAUSAL RELATIONSHIP 504 TEAM CONFERENCE REPORT

**Personal Information:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: M ( ) F ( ) Grade: \_\_\_\_\_ School: \_\_\_\_\_ ID# \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

**The Notice of Parent/Student Rights** was presented with explanation by: \_\_\_\_\_

1. Reason for Causal Relationship Conference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Alleged misconduct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is new or additional evaluation/data needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Does student have or require a Section 504 Accommodation Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, is the Section 504 Accommodation Plan appropriate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, revise the Plan and attach a copy of the modified Plan.

5. Was the student capable of understanding that the behaviors exhibited were in violation of school rules and/or were unacceptable? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Previous suspensions/expulsion: \_\_\_\_\_ Yes \_\_\_\_\_ No (attach record)

7. Aggregate number of suspension days: \_\_\_\_\_

8. Is there a causal relationship between the misconduct and the student's disability?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, what options were discussed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. 504 Team recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Committee Members:**

Section 504 Officer/Principal/Designee: \_\_\_\_\_

Teacher: \_\_\_\_\_ School Psychologist: \_\_\_\_\_

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

I have been given the opportunity to participate in this Conference and understand that if no causal relationship exists, my child will be afforded all due process rights as any other student. I also have been informed in writing of my Parents/Student Rights.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to: [ ] Parent/Guardian  
( ) Student Behavior / Pupil Records

[ ] Cumulative Folder

(keep this page to put in Cum File)

## Attention! Student Record Locator

This cumulative file may not contain all records for this student. To determine if other records exist, please call, e-mail or write to:

\_\_\_\_\_ School

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Fax

\_\_\_\_\_ E-mail