



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
POLICY BULLETIN**

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**TITLE:** Section 504 of the Rehabilitation Act of 1973

**NUMBER:** BUL-4692.6

**ISSUER:** David Holmquist, General Counsel  
Office of the General Counsel

**DATE:** October 27, 2017

<p><b>ROUTING</b></p> <p>Local Districts Administrators of Operations Principals Administrators School Counselors School Nurses Section 504 Designees Section 504 Case Managers Teachers</p>
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**POLICY:** The Los Angeles Unified School District is committed to providing a working and learning environment that is free of discrimination, harassment, intimidation and bullying. The District affirms that no student with a disability shall, on the basis of the disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination, harassment, intimidation and bullying under any District program or activity. The denial of equal access to District education programs and/or activities and/or the denial of a “free appropriate public education” (FAPE) on the basis of students’ disabilities is considered disability-based discrimination under federal and state law.

In addition, the District must provide nonacademic and extracurricular services and activities in a manner that ensures individuals with disabilities have an equal opportunity to participate. Similarly, the District must make reasonable accommodations to its policies, practices and procedures when necessary to ensure other individuals with disabilities, such as parents and the general public, are not discriminated against on the basis of disability.

**MAJOR CHANGES:** This Bulletin replaces Bulletin No. BUL-4692.5 on the same subject issued by the Office of the General Counsel, dated June 15, 2015. It provides updates and clarifies the guidelines to be used in serving students and other individuals with disabilities under Section 504. All Section 504 forms must be developed and saved within the Welligent system. Upon completion of each Section 504 evaluation, a complete set of Section 504 documents, including supplemental pages and forms with signatures, must be scanned and attached to each student’s Section 504 record.

**GUIDELINES:** The following guidelines apply.

Background: Section 504 of the Rehabilitation Act of 1973 (Section 504) is a civil rights law that prohibits discrimination/harassment on the basis of disability in any program or activity receiving federal financial assistance. Public school districts are among the entities that must comply with the nondiscrimination requirements of Section 504. The District has specific responsibilities related to the provision of a “free appropriate public education” (FAPE) to school age individuals with disabilities under Section 504 and the Individuals with Disabilities Education Act (IDEA).



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I. The Americans with Disabilities Act (ADA) of 1990 is a civil rights law that also prohibits discrimination on the basis of disability by public institutions. The ADA was amended by the Americans with Disabilities Act Amendments Act (ADAAA) in 2008 and went into effect in January 2009. The intent of the ADAAA was to emphasize a broader application of the definition of disability under the ADA and Section 504, in order to supersede court decisions that had resulted in too narrow an interpretation of disability. The new law also eliminated the consideration of the ameliorative effects of mitigating measures when determining whether a student has a disability, though they remain relevant when evaluating students' needs for accommodations/services. The expanded definition of disability means more students may be eligible for Section 504 nondiscrimination protections whether or not they currently need Section 504 plan accommodations/services.

### II. Related Definitions

- A. Accommodation: A change in the educational setting, instructional strategies, materials, and/or supplementary/related aids and services that does not significantly alter the content of the curriculum or level of expectation for a student's performance, but which allows the student to access the regular general education curriculum.
- B. Appropriate Education: Education programs for students with disabilities must be designed to meet their individual needs to the same extent that the needs of nondisabled students are met. An appropriate education may include regular or special education and related aids and services to accommodate the unique needs of individuals with disabilities. An appropriate education will include evaluation, placement and due process procedures, as well as education of each student with a disability with nondisabled students to the extent appropriate to the needs of the student with a disability. One way to ensure that programs meet the needs of students with disabilities may occur through the development of an individualized education program (IEP). In addition, students with disabilities may not be excluded on the basis of disability and must be provided an opportunity to participate in nonacademic or extracurricular activities equal to that provided to persons without disabilities.
- C. Educational placement: The general education classroom with the use of supplementary/related aids and services.
- D. Has a record of such an impairment: A history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities. A student with a record of impairment is entitled to protections from discrimination, harassment and retaliation on the basis of disability, but may not require the provision of a FAPE or reasonable accommodations to policies and procedures simply because of a record of disability.



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### E. Individual with a disability:

#### Section 504:

- Has a physical or mental impairment which substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment

Individuals with Disabilities Education Act (IDEA): Has an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

F. Major life activities: Functions such as bending, breathing, caring for one’s self, communicating, concentrating, eating, hearing, learning, lifting, performing manual tasks, reading, seeing, sleeping, standing, speaking, thinking, walking, and working. Major life activities may also include, but not be limited to: functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

G. Modification: Strategies/supports that significantly alter the curriculum/grade level/common core state standard by which student performance is measured.

### H. Physical or mental impairment:

- Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness.
- An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

I. Qualified disabled person (other than a student): Individual with a disability who is an employee or other individual, including, but not limited to parents, guardians, family, and the public, who is entitled to access District programs or activities, whether or not their child is disabled.

J. Qualified disabled person (with respect to public preschool, elementary, secondary, or adult education services): Individual with a disability between the ages of 3 and 22.



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### K. Regarded as having an impairment:

- Individual who has been subjected to discrimination/harassment because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity;
- Entitled to protections from discrimination, harassment and retaliation on the basis of disability, but may not require the provision of a FAPE or reasonable accommodations/modifications to policies and procedures simply because of a record of disability.

Note: Generally not applicable to impairments that are transitory (an impairment with an actual or expected duration of six months or less) and minor.

L. Section 504 Case Manager: A certificated employee with the guidance of a school administrator and Section 504 Designee, who has been designated to monitor implementation of Section 504 plans to ensure students with disabilities are protected from disability-based discrimination as outlined in section VIII of this policy.

M. Section 504 Designee: A certificated employee at the school site, with guidance from the District Section 504 Coordinator and school administrator, who has been designated to facilitate posting and distribution of annual nondiscrimination posters and brochures, coordinate the Section 504 process, monitor Section 504 compliance and facilitate investigations of Section 504 complaints as outlined in section VI of this policy. Annually, upon being designated by the school principal in the Administrator Certification portal, the Section 504 Designee is automatically enrolled in the online training, "*Section 504 Procedures.*" All school site Section 504 Designees are expected to review the training annually.

N. Substantial Limitation: A major life activity is substantially limited when a person is unable to perform a major life activity that the average student of the same grade or age, or as compared to most students of the same grade or age, can perform. The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as:

1. Medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;
2. Use of assistive technology;
3. Reasonable accommodations, auxiliary aids or services; or
4. Learned behavioral or adaptive neurological modifications.

### III. Child Find – Parent Notification



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- A. The District has a duty to conduct a “child find” at least annually, during which, the District must make efforts to inform students with disabilities and their parents of the District’s obligation to provide a FAPE.
- B. This duty extends to all students with disabilities between the ages of 3 and 22, residing within the District boundaries, including those who may be attending private or home schools.
- C. To meet this requirement, schools must distribute annually to every student the District’s “*Parent Student Handbook*,” during the first month of each school year or at the time of initial enrollment. The District’s “*Section 504 and Students with Disabilities*” brochure can also be used to notify parents and can be accessed through the District’s Educational Equity Compliance Office website at <http://achieve.lausd.net/eeco>.

#### IV. Referral or Request for a Section 504 Evaluation

School personnel are required to use the Welligent Section 504 Program module to conduct all Section 504 activities regarding referral, evaluation, plan development, and follow-up in order to more effectively serve, monitor and track students with disabilities under Section 504 (*REF-6241 \* Mandatory use of Welligent Section 504 Program Module to Conduct All Section 504 Activities*). The English and Spanish fillable forms are grouped into four phases of the Section 504 process: I. Management; II Evaluation; III Meeting; and IV Follow-Up. In situations where Welligent is not functioning, the forms can be accessed on the Educational Equity Compliance Office website at <http://achieve.lausd.net/eeco>. Note: A Student Support and Progress Team (SSPT) meeting may not be held in lieu of a request for a either a Section 504 or special education evaluation.

- A. Individuals may request a Section 504 evaluation for a student by completing “*Request for Section 504 Evaluation and Consent*” (Form 1). Administrators/Section 504 designees shall assist in completing the form or in preparing a written request for those made orally by individuals who are unable to submit one in writing. Inform parents of their rights by attaching the “*Section 504 Parent Procedural Safeguards*” (Form 2) to the request.
- B. Parental consent must be obtained and documented on Form 1 prior to proceeding with an initial Section 504 evaluation. However, a parent’s separate written request for a Section 504 evaluation should be considered consent to the request for a Section 504 evaluation in lieu of a signature on the District’s form if it cannot be obtained from the parent.
- C. A parent residing in the District’s geographic area may request a Section 504 evaluation for a student currently enrolled in a private school from the student’s District school of residence. If the request is deemed appropriate, the school is to conduct a Section 504 evaluation according to the procedures outlined in *REF-6421 Mandatory Use of the Welligent Section*



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*504 Program Module to Conduct All Section 504 Activities.* In the event a Welligent record for the private school student cannot be located, contact the Educational Equity Compliance Office for assistance with locating or creating a Welligent record upon receipt of the evaluation request. If the student meets the criteria under Section 504, the team shall develop a Section 504 Plan. If the request for a Section 504 evaluation is not deemed appropriate, the School shall provide the parent a formal denial in writing using the “*Denial of Request for Section 504 Evaluation*” (Form 3). Upon enrollment in a District school, the Section 504 Plan shall be implemented. If the student remains enrolled in a private school program, the District has no obligation to provide Section 504 accommodations/services.

- D. Any copies of the request for evaluation and related documents must be scanned and attached as a file to the Student’s Section 504 record in the Welligent Section 504 Program module and maintained in a designated Section 504 file folder that is to be placed in the student’s cumulative record.
- E. Indicators that a Section 504 referral may be appropriate include, but are not limited to, the following situations:
- A disability is suspected and the student needs consistent and systematically implemented accommodations in order to have needs met as adequately as nondisabled peers.
  - A student has an episodic or temporary disability that is substantially limiting when active (i.e., a broken limb).
  - A student exhibits a significant health condition.
  - A disability is suspected but the student does not qualify for special education services.
  - A disability is suspected and the student demonstrates a pattern of not benefiting from instruction.
  - A disability is suspected and the student is considered at risk for school failure.
  - A disability is suspected and a pattern of behavioral concerns exists.
  - A disability is suspected and the student’s access to district programs is impacted.
- F. Students Needing Medication: It is not necessary to qualify a student as having a disability that substantially limits a major life activity under Section 504 in order to provide a service which schools perform for all general education students. As a result, not all students needing medication administered by school staff will require a Section 504 plan. However, a Section 504 referral will be appropriate for students who are found to have a disability that substantially limits a major life activity and need medication administration on a systematic basis to receive equal access to the educational program.
- G. Requests for Section 504 Evaluation and Special Education Assessment Made Concurrently:



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1. A referral for a Section 504 evaluation may be made concurrently with a pending special education evaluation. In such instances, the Section 504 evaluation should be conducted during the same 60-day timeline utilized for the special education assessment. Generally, the Section 504 evaluation can reasonably be conducted in less than 60 days.
2. If the student is found eligible under Section 504 prior to the special education team's findings, a Section 504 plan should be developed pending the special education team's findings. If the student is subsequently found eligible for special education, an Individualized Education Program (IEP) should be developed and any accommodations/services provided in the Section 504 plan should be considered for the IEP. The IEP should document in FAPE Part IV of the IEP that upon receiving consent for the IEP, the student will no longer receive accommodations under Section 504, as described in Section IX Part C of this bulletin. Upon receiving consent to the IEP making the student eligible, the student record in Welligent must be updated to reflect the Section 504 program status as "discharged" and document in Section 504 Exit Details that the student has been identified as eligible for special education.
3. When an IEP team determines a student is not eligible or no longer eligible for special education, a Section 504 referral for evaluation may be appropriate and should be considered. The IEP team may document the student is being referred for a Section 504 evaluation and the evaluation shall be conducted in a separate Section 504 team meeting.

### V. Analyzing the Appropriateness of a Referral for Section 504 Evaluation

When a request for evaluation is made, the school administrator/Section 504 designee shall create a Section 504 student record in the Welligent Section 504 program module as outlined in *REF-6241, Mandatory Use of the Section 504 Program Module to Conduct All Section 504 Activities* and document all Section 504 activities during the following steps:

- A. Review relevant records and consult with persons knowledgeable about the student to determine whether the Section 504 referral is appropriate. If the referral is appropriate, proceed with the evaluation process.
- B. If the referral is not appropriate (e.g., the student is receiving special education services, the student is not suspected of having a disability), then the administrator/designee shall do the following:
  1. Provide parents written notice using the "*Denial of Request for Section 504 Evaluation*" (Form 3) to inform them of the school's decision not to proceed with the Section 504 evaluation.
  2. Appeal Rights: Included in the "*Denial of Request for Section 504*"



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*Evaluation*” is a statement advising parents of their rights and to make appeals/requests in writing to the area District Section 504 Designee or the District Section 504 Coordinator in the Educational Equity Compliance Office.

3. Provide the parent the “*Section 504 Parent Procedural Safeguards*” (Form 2).

### VI. Section 504 Evaluation Process

- A. Timeline: While there is no specific timeline for completing the evaluation process, the evaluation must be completed within a reasonable period of time. In most cases, a Section 504 evaluation could reasonably be completed in less than 60 days as it typically requires a review of existing data. Generally, it is not reasonable to exceed 60 days from the date of the Section 504 evaluation request, excluding vacation periods exceeding five days.
- B. Preparing for the Section 504 Evaluation Meeting: Using the Welligent Section 504 Program module and following procedures outlined in *REF-6241 Mandatory Use of Welligent Section 504 Program Module to Conduct all Section 504 Activities*, the school administrator/Section 504 designee shall:
  1. Provide parent the completed “*Section 504 Parent Input Form*” (Form 4), along with “*Notice of Section 504 Evaluation Meeting*” (Form 6) and a copy of the “*Section 504 Parent Procedural Safeguards*” (Form 2). Consideration must be made to conduct the Section 504 evaluation meeting at a mutually agreed upon time to enable the parent to participate in the meeting.

The “*Notice of Section 504 Evaluation Meeting*” includes questions as to whether parents require interpretation or translation of documents in order to effectively participate. Interpretation at Section 504 meetings should be provided by eligible District-trained interpreters. Refer to District policy *Oral Interpretation at an Individualized Education Program (IEP) Team Meeting* for procedures and resources to assist schools in providing oral interpretation when requested. Translation of Section 504 related documents may be requested using the process and forms on the District’s Translations Unit’s website at <http://www.translationsunit.com/>.

2. Provide teachers, as appropriate, with the “*Section 504 Teacher Observation Form*” (Form 5) to complete.
3. Select the Section 504 team members. Team members must be knowledgeable about:





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- a. The student (i.e., Section 504 designee, parents, classroom teachers, school nurse, the student if age appropriate, counselors, and other suitable personnel).
  - b. Evaluation information being drawn from a variety of sources.
  - c. Accommodations/services to enable the team to make informed decisions.
4. Gather documentation about the student from a variety of sources including, but not limited to:
- a. Information provided by parents, including the “*Section 504 Parent Input Form*” (Form 4)
  - b. Cumulative records
  - c. Language surveys
  - d. Progress reports/report cards
  - e. Standardized test scores/district administered assessments
  - f. Discipline records
  - g. Attendance records
  - h. Health records, if available (from the school nurse or parent, though a medical diagnosis is not required under Section 504 regulations)
  - i. Information collected from staff interviews and/or from the completed “*Section 504 Teacher Observation Form*” (Form 5)
  - j. Student portfolio/work samples
  - k. IEP information/documentation from prior special education testing and evaluation (for students determined not eligible or no longer eligible for special education services) if applicable

### C. Conducting the Section 504 Evaluation Meeting:

1. Eligibility Determination: The Section 504 team has the responsibility of completing and documenting the evaluation process using the “*Section 504 Evaluation*” (Form 7). The team shall use definitions provided in Section II of this policy under Related Definitions when considering Section 504 eligibility criteria determinations. The eligibility determination is made when the Section 504 team documents whether the student has a physical or mental impairment which substantially limits a major life activity, and whether the student requires accommodations/services under Section 504 in order to receive equal access to the educational program.
  - a. Document whether the student has a physical or mental impairment. A medical diagnosis is not required for this determination. However, all evaluation data, including a medical diagnosis and information provided by parents, if available, is to be carefully considered.

A student may have, and the Section 504 team should document, a disability that is episodic (i.e., epilepsy, etc.), in remission (i.e., sickle



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cell anemia, cancer, etc.) or controlled by mitigating measures (i.e., hearing aids, medication to control symptoms, prosthetics, etc.).

- b. Document the major life activity that is substantially limited by the disability. Special consideration should be given to all possible major life activities, and not solely the impact of a disability on the life activity of learning. For instance, a student's disability of Crohn's Disease may impact the major life activities of concentrating, eating, and bowel function. Substantial limitations of major life activities can impact a student's access to the District's instructional programs and activities.

Once a student is identified as having a physical or mental impairment which substantially limits a major life activity, Section 504 nondiscrimination protections are available to that student whether or not the student also requires accommodations/services under Section 504. Nondiscrimination protections include the right to file complaints of alleged discrimination and the right to a manifestation determination when significant disciplinary changes of placement are being considered.

The existence of a disability alone does not automatically qualify a student as eligible for accommodations/services under Section 504. For example, student's whose disabilities are episodic, in remission or controlled by mitigating measures may have a substantial limitation of a major life activity which may or may not be manifested at the time of evaluation. The student would be identified as having a physical or mental impairment which substantially limits a major life activity when active and thus would be protected from discrimination. The school Section 504 Case Manager, described later in this policy, would monitor these students to ensure they are afforded their nondiscrimination protections. However, the team must then consider whether the student requires accommodations/services under Section 504.

- c. Document whether the student requires accommodations/services in a Section 504 Plan in order to receive equal access to the educational program. Eligibility for a Section 504 plan should be determined only after the team has documented that a student has a physical or mental impairment which substantially limits a major life activity and requires accommodations/services under Section 504.

The Section 504 team will indicate on the "*Section 504 Evaluation*" (Form 7) when a student with a disability does not require accommodations/services under Section 504, but does as a result of disability require nondiscrimination protections. If the team determines the student requires accommodations/services, a plan shall be developed "*Section 504 Plan*" (Form 8).



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2. If the team determines that the student does not meet or no longer meets the criteria for services under Section 504: The Section 504 team will indicate on the “*Section 504 Evaluation*” (Form 7) that the student does not require accommodations/services under Section 504.
3. When the parent disagrees with the Section 504 team decision: The parent must be informed of the appeal, complaint, and impartial mediation and hearing processes available to them. Parents’ rights are provided in the “*Section 504 Parent Procedural Safeguards*” (Form 2) and the “*Section 504 Complaint Form*” (Form 10).
4. A parent may refuse to consent to implement the Section 504 accommodations/services: The team will indicate the parent’s refusal on the “*Section 504 Evaluation*”(Form 7) Eligibility Determination section and the parent may indicate so on the “*Section 504 Plan*”(Form 8). The Section 504 Case Manager will continue to monitor such students to ensure they are afforded their nondiscrimination protections.
5. A parent may revoke consent to implement Section 504 accommodations/services: Provide the parent with the completed “*Section 504 Plan Parent Request to Revoke Consent*” (Form 11). The Section 504 Case Manager will continue to monitor such students to ensure they are afforded their nondiscrimination protections.

### D. Developing the Section 504 Plan:

1. The “*Section 504 Plan*” (Form 8) shall include the following components:
  - a. A statement of the student’s physical or mental impairment.
  - b. A date when the plan is to be re-evaluated (every three years or sooner as appropriate, though teams may choose to review plans annually).
  - c. The student’s specific areas of educational impact or “Identified Need” that are impacted by the disabling condition.
  - d. “Related Accommodation” - The specific accommodations/services needed to enable the student to receive equal access to the educational program. Accommodations/services must be stated in specific and measurable terms (i.e., specific symptoms, behaviors, or triggers) that elicit the accommodations/services to be provided. Note that policy should not be documented in a 504 Plan.
  - e. “Responsible Individual(s)” - The role/title of individuals to be responsible for implementing accommodations/services.
2. Accommodations/services are to provide access to the core curriculum and educational program by compensating for students’ disabilities, without altering the curriculum/common core state standards (i.e., what is being taught or tested) for which the student is being



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measured. A Section 504 plan cannot modify the curriculum.

3. An accommodation cannot exempt a student from a course or subject required for graduation/matriculation (i.e., a waiver of physical education classes), beyond those exemptions currently outlined in existing District policy.

Note: The Physical Education Fitnessgram requirement identifies the following possible exception for students with disabilities. Pupils with physical disabilities or pupils who are physically unable to take the entire physical performance test shall be given as much of the test as their condition permits.

4. Accommodations/services should directly relate to students' identified needs.
5. Accommodations/services in Section 504 plans should be specific, measurable and narrowly tailored to meet students' identified needs to allow for consistent implementation.
6. If a student requires an accommodation/service occasionally, the plan should be written to incorporate the specific symptoms, behaviors, or triggers that elicit implementation of that accommodation/service.
7. Section 504 teams should be cautious when providing additional time beyond a week to make up assignments and should not exceed time beyond the final marking period for each semester, as this may be altering the level of expectation for a student's performance, which is contrary to the purpose of Section 504.
8. If the Section 504 team determines an appropriate accommodation is to provide extended time for assignments, homework, and/or tests, accommodations must clearly state how much extended time is required based on students' identified needs (i.e., time and a half, 1 or 2 hours, a day, a week, or a weekend).
9. In general, a student who does not require an accommodation as part of the regular instruction/testing/evaluation should not require the accommodation only for standardized testing.

Note: A Section 504 team has no jurisdiction regarding testing accommodations provided by the College Board (i.e., for the Advanced Placement, PSAT, SAT Reasoning Test and the SAT Subject Tests or for other College Board tests) or the ACT (for the ACT test). Students or parents may apply for accommodations utilizing the procedures outlined by those organizations. Therefore, teams shall not indicate accommodations specific to College Board or ACT tests.



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10. The responsible individual for implementing Section 504 accommodations/services shall not be another student.
11. If a student's Section 504 team (similarly IEP or other multidisciplinary team) determines that taking part in co-curricular, extra-curricular, or non-academic activities, including field trips, is a necessary component of the student's FAPE, the team will develop and deliver appropriate accommodations/services to enable the student to successfully access the activity. Where participation is not required to provide the student with FAPE, the law requires the District to provide students with disabilities an opportunity to participate in the activities equal to that provided students without disabilities (See Section IX).

### VII. Following the Section 504 Evaluation Meeting

The school administrator/Section 504 Designee is responsible for:

- A. Ensuring a Section 504 Case Manager is identified. See next section for Section 504 Case Manager Responsibilities.
- B. Distributing the following documents to parents:
  - “*Section 504 Evaluation*” (Form 7)
  - “*Section 504 Plan*” (Form 8) if applicable
  - “*Notice of Section 504 Eligibility Determination*” (Form 9)
  - “*Section 504 Parent Procedural Safeguards*” (Form 2)
- C. Distributing the “*Section 504 Plan Distribution Notice*” (Form 12) and monitoring that all personnel responsible for implementation of Section 504 plans including, but not limited to, all of the student's teachers and the student, as appropriate, receive the plan to ensure accommodations/services are provided as soon as possible.

A copy of the “*Section 504 Plan*” (Form 8) should also be placed in relevant teachers' substitute folders, especially for students whose plans include medical protocols and behavior support plans. Repeat this process when staff changes occur (i.e., matriculation, new semesters).

- D. Update pupil records as follows:
  1. Update the Welligent Section 504 student record by entering Section 504 details in the Welligent Section 504 program module. Immediately upon completion of the Section 504 evaluation meeting, print all of the Section 504 documents with signatures and supplemental pages, scan and upload as an attachment to the student's Welligent Section 504 record. Follow procedures outlined in REF-6241 Mandatory Use of the Section 504 Program Module to Conduct All Section 504 Activities.
  2. Any communication from a health care provider, (e.g. doctor's report,



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etc.) should be maintained in the student's confidential medical file maintained at the school. Medical information from health care providers considered during the evaluation should be referenced on "Section 504 Evaluation Form" (Form 7), maintained in the student's confidential medical file and must not be uploaded to the Welligent Section 504 record.

Note: District employees are responsible for keeping medical/health information confidential, under both the American Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Family Education Rights and Privacy Act (FERPA). For instructions on handling these records, contact Student Medical Services at (213) 202-7584.

3. Place a designated Section 504 file folder in the student's cumulative record with all related Section 504 documentation.

### VIII. Section 504 Plan Implementation Obligation/Case Manager Responsibilities

- A. The completed "*Section 504 Plan*" (Form 8) is a legal document and must be implemented as written. Disregard of the protected rights of students with disabilities may result in a complaint investigation and ruling by the United States Department of Education, Office for Civil Rights (OCR) and/or disciplinary action. Additionally, personal civil suits may be filed on behalf of students against individual District employees who fail to comply with Section 504 mandates.
- B. Parent consent is required for implementation of the Section 504 plan. Parents may revoke consent for Section 504 accommodations/services [use the "*Section 504 Plan Parent Request to Revoke Consent*" (Form 11)] or may disagree with the accommodations/services and access procedural safeguards outlined in Section XIII – Complaint Procedures.
- C. Responsible personnel are required to fully implement the Section 504 plan, and shall not modify the plan or determine accommodations/services are not necessary outside of a Section 504 team meeting.
- D. A Section 504 eligible student's scores/grades shall not be negatively affected by failure of responsible personnel to implement the Section 504 plan.
- E. A Section 504 Case Manager should be assigned to monitor implementation of accommodations/services and student progress, while ensuring that students with disabilities have a learning environment free from discrimination, harassment, intimidation and bullying.

#### Section 504 Case Manager Responsibilities:



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1. Use the Welligent Section 504 Program module to update, monitor and track Section 504 details for students with or suspected of having disabilities under Section 504.
2. Monitor implementation of Section 504 plan accommodations/services.
3. Remind staff of their obligation to implement plan accommodations/services as written.
4. Notify the appropriate administrator when responsible personnel are not implementing the plan.
5. Ensure responsible personnel are consistently monitoring Section 504 student progress.
6. Ensure students with disabilities have learning environments free from discrimination, harassment, intimidation and bullying and are afforded nondiscrimination protections, whether or not they require Section 504 accommodations/services.
7. Provide periodic reports on student progress toward academic or behavioral performance, as determined by the Section 504 team.
8. Review the plan to determine accommodations/services are related to students' identified needs and educational placement (especially when matriculating from school to school).
9. Ensure re-evaluations take place upon parent request, to revise ineffective accommodations/services, or when the accommodations/services are unrelated to students' identified needs or educational placement.

### IX. Periodic Re-Evaluations/Exit Procedures

#### A. Section 504 Re-Evaluation Requirements:

1. At least every three years, but may be conducted more frequently (i.e., annually or as needed).
2. When there are changes in students' disabilities, parents request changes to accommodations/services, or when there is an indication that plans are not effective in the current setting or in addressing students' identified needs.
3. When there are placement changes, including, but not limited to, schools, matriculation, and building/class location changes.

#### B. Section 504 Re-Evaluation Process:

1. The Section 504 team should use procedures outlined in VI - Section 504 Evaluation Process and consider additional data to determine



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whether students continue to meet criteria for Section 504 accommodations/services.

2. Complete the steps listed in VII - Following the Section 504 Evaluation Meeting/Case Management.

C. Process to Exit a Student from Section 504: A Section 504 re-evaluation meeting should be conducted to document when students no longer have disabilities and/or do not require Section 504 accommodations/services. The team should use procedures in VI - Section 504 Evaluation Process.

### X. Manifestation Determination/Discipline Procedures for Students Identified as Disabled Under Section 504

A. Students who have been identified as disabled under Section 504 but do not require accommodations/services, and students with disabilities requiring accommodations/services under a Section 504 plan, are general education students and can be suspended for the same number of days as general education students. A Manifestation Determination analysis shall be conducted to determine whether behavior being considered for discipline is directly linked to the disability or the District's failure to implement the Section 504 plan in the following situations:

1. Student has been suspended for 10 days in a school year (not required for suspensions totaling less than 10 days in a school year).
2. Student is being considered for a disciplinary change of placement (i.e., disciplinary opportunity transfer, recommendation for expulsion).

B. When making the Manifestation Determination analysis, the Section 504 team must consider the following and complete the Manifestation Determination section of the "*Section 504 Evaluation*" (Form 7):

1. Was the misconduct caused by, or directly and substantially related to, the student's disability?
2. Was the misconduct a direct result of the District's failure to implement the plan?

If the misconduct/behavior was not caused by, or directly and substantially related to the student's disability, and was not a direct result of the District's failure to implement the Section 504 plan, the student may be disciplined as a general education student, including, but not limited to, suspension, disciplinary opportunity transfer or recommendation for expulsion.

When contemplating a disciplinary change of placement, consider consulting with the District's Student Discipline and Expulsion Support Unit and be sure to contact the potential receiving school prior to issuing the transfer to ensure the Section 504 plan accommodations/services can





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be fully implemented at the new placement.

For students identified as disabled, but not requiring accommodations/services under Section 504, if there is a direct link between the misconduct and the disability, the school shall not suspend more than 10 days or make a disciplinary change of placement. The determination whether the District failed to implement the student's Section 504 plan will not apply in this circumstance.

For students with disabilities who have a Section 504 plan, if the misconduct is directly linked to the student's disability, and/or directly results from the District's failure to implement the student's Section 504 plan, the school shall not suspend more than 10 days or make a disciplinary change of placement. The team should consider updating plan accommodations/services and reviewing implementation strategies.

- C. Exception to requirement to hold Manifestation Determination analysis: A student who is currently using illegal drugs or alcohol and is to be disciplined for use or possession of illegal drugs or alcohol loses the procedural protections provided by Section 504, including the requirement to make a Manifestation Determination analysis prior to a disciplinary change of placement, even if the student has another disability. This would hold true even if the disabling condition could be directly related to the misconduct.

### XI. Program Accessibility for Individuals with Disabilities

A. Section 504 program/activity accessibility standards extend to ensuring that all students with disabilities are provided with an equal opportunity to participate in the same educational programs or activities, including, but not limited to, classes/courses and curricular, extracurricular, and/or nonacademic activities, services, or benefits that are provided to students without disabilities.

1. This extends to District programs/activities that are held before school, during school, after school and when school is not in session.
2. No student with a disability is to be denied enrollment in a class/course solely on the basis of a disability, unless a student's IEP limits the student's enrollment.
3. Students with disabilities must be provided an equal opportunity to try out for and/or participate in curricular and extracurricular activities, including, but not limited to, field trips and before/after-school programs.
4. Schools are required to provide nonacademic services, including, but not limited to extracurricular activities and athletics, in a manner that affords students with disabilities equal opportunities for participation in such



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activities and services, unless the accommodations/services required to provide access, would fundamentally alter the very nature of the extracurricular activities and/or nonacademic services.

B. The school must identify appropriate accommodations/services needed for a student with a disability to participate successfully in a curricular activity, field trip, extra-curricular activity or nonacademic service.

1. This provision shall not be interpreted to require participation of a student with a disability who, even with the benefit of accommodations/services, could not meet the essential academic or skill requirements of the program, activity, or service.
2. Accommodations/services for extracurricular or nonacademic activities must be considered unless they result in a fundamental alteration to the nature of the program.
3. Parents of students with disabilities shall not be required or asked in lieu of responsible personnel to participate with or accompany students during school; including but not limited to, field trips, and/or curricular/extracurricular activities, as a condition for students to participate when a similar obligation is not imposed on parents of nondisabled students. Students with mobility impairments have a right to request accessible transportation to events where transportation is afforded to nondisabled peers. Staff must identify students with mobility impairments and request appropriate transportation using District policy *REF-2111*, "*Field Trip Handbook and Revised Procedure*." Additionally, schools may not charge parents of students with disabilities a higher cost than nondisabled students as a condition to participate in the District's extracurricular or nonacademic programs/services.

C. Parents and caregivers with disabilities are to be provided with reasonable accommodations/services to allow them to participate meaningfully in their child's education. Consideration must be made to provide effective access to allow parents/caregivers to participate in the school's programs and activities intended for their benefit, including, but not limited to, parent-teacher conferences, committees/councils, Parent Teacher Student Association (PTSA) meetings, attendance at school ceremonies/performances, and open house.

D. For existing facilities (including schools and offices), federal regulations require that school districts operate programs and activities so that, when viewed in their entirety, they are readily accessible to and usable by individuals with disabilities. If the service, activity, or program as a whole is accessible, then not every part of the existing facility needs to be accessible and usable by persons with disabilities. Under Section 504, existing facilities are those already constructed, or for which construction began, prior to June 3, 1977.



- E. Accessibility to District programs and activities may be achieved by nonstructural changes such as redesigning or modifying equipment or furniture, or rescheduling or relocating classes or other services to accessible rooms or buildings.
- F. A request for funding for minor renovations (i.e., ramps, bathroom modifications) can be made to ensure access for students needing placement in currently inaccessible programs by following *REF-1446, Procedures for Requesting Program Accessibility Renovations/Accommodations*.
- G. The accessibility standard for new construction is different from the standard for existing facilities. For new construction, the facility and every part of the facility must be readily accessible to and usable by persons with disabilities.
- H. Site administrators are responsible for ensuring that individuals with disabilities are provided with program accessibility in the site's educational programs or activities. Encourage individuals with disabilities who need a reasonable accommodation to a program, service or activity of the District to make the request in advance at the location where the accommodation is needed. Consult with the District's ADA Compliance Manager at (213) 241-4628 or the Educational Equity Compliance Office at (213) 241-7682 for guidance in meeting these requirements.

## XII. Disability-Based Discrimination, Harassment, Intimidation and Bullying

- A. Disability-based discrimination is different treatment on the basis of a disability in an educational program or activity without a legitimate nondiscriminatory reason that interferes with or limits the individual's ability to participate in or benefit from the services, activities, or privileges provided by the District. Discrimination may be:
  - 1. Failing to implement a student's Section 504 plan.
  - 2. Failing to provide an individual with a disability an equal opportunity to participate in the same educational programs or activities.
  - 3. Excluding or treating an individual with a disability in an inferior or disparate manner.
  - 4. Failing to take necessary steps to ensure individuals with disabilities are not excluded, denied services, or segregated from nondisabled individuals.
  - 5. Failing to respond to disability-based complaints of bullying, intimidation or abusive behavior towards a student, employee or



community member in their school interactions.

B. Disability-based harassment occurs when an individual with a disability is subjected to unwelcome conduct related to a disability. Harassment can rise to the level of also creating a hostile environment when the conduct is subjectively offensive to the disabled individual and would be offensive to a reasonable person of the same age and characteristics under similar circumstances, and is sufficiently severe, pervasive, or persistent so as to interfere with or limit an individual's ability to participate in or benefit from the services, activities, or opportunities offered by the District. Harassment may be:

1. Emotionally and/or physically harmful
2. Humiliating, threatening, intimidating
3. Bullying based on disability
4. Verbal acts and name-calling
5. Nonverbal behavior, such as graphic and written statements

### XIII. Complaint Procedures

Discrimination, harassment, intimidation and bullying complaints must be filed in writing within six months of the last occurrence or when knowledge of the complaint was first obtained. The complaint may be filed using the "*Section 504 Complaint Form*" (Form 10), District's Uniform Complaint Procedures (UCP) or a written statement. The District will promptly investigate complaints and take reasonable actions to stop future incidences of discrimination, harassment, intimidation and bullying. Complainants are encouraged to try to resolve complaints informally at the school or within their area District office prior to filing a formal complaint. However, the formal complaint procedure may also be used to address such complaints.

#### A. Informal Complaint Process – School-Site:

1. Individuals may file a complaint with the local school site administrator alleging:
  - a. The school is not in compliance with the District's Section 504 policies/procedures
  - b. Disagreement with the school's decisions regarding Section 504 identification, evaluation, or plan accommodations/services for students
  - c. Disability-based discrimination, harassment, bullying and intimidation
2. Administrators must adequately respond to complaints received by:
  - a. Investigating complaints promptly



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- b. Providing the District's nondiscrimination policies and assurances the District takes allegations seriously, information will be treated confidentially and retaliation will not be tolerated
- c. Obtaining information pertinent to the complaint
- d. Interviewing all relevant individuals involved
- e. Assessing whether District policy was violated
- f. Taking appropriate steps to correct violations of District policy and/or end harassment, monitor that it does not reoccur, and to address any hostile environment that may have been created
- g. Following-up to determine whether actions taken addressed complaints
- h. Informing all relevant individuals of actions taken to resolve complaints
- i. Providing information regarding formal complaint processes available to appeal the school's decisions/resolutions
- j. Keeping written records of complaints and remedies

### B. Formal Appeal of School Section 504 Team Decision:

1. Parents have the right to appeal the school's Section 504 team decisions with regard to identification, evaluation, or Section 504 plan accommodations/services.
2. Any appeal must be made in writing to the Section 504 Coordinator in the District's Educational Equity Compliance Office following notice of the school's decision. Parents making verbal requests for appeal will be assisted by District personnel in making written requests. The written appeal may also be filed using the "*Section 504 Complaint Form*" (Form 10) or the District's UCP.
3. The appeal shall contain the following information:
  - a. Specific nature of the school's decisions with which the person disagrees as to Section 504 identification, evaluation, or plan accommodations/services
  - b. Relevant documentation/information the complainant believes will assist in understanding the appeal
  - c. Specific relief being sought

### C. Formal Complaint of Discrimination/Appeal of School Decision:

1. Any individual or organization has the right to file a written complaint of discrimination, harassment, intimidation or bullying which includes, but is not limited to, failure to implement the Section 504 plan, within six months from the date the alleged incident occurred or the date when knowledge of the facts was first obtained.
2. The complaint/appeal may be filed using the "*Section 504 Complaint*



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*Form*” (Form 10), the District’s UCP, or simply by filing a written complaint. If a complainant is unable to put the complaint in writing, due to conditions such as disability or illiteracy, the District shall assist the complainant in making a written complaint.

3. The complaint shall contain the following information:
  - a. Specific facts about the complaint which may help the investigator including: nature of the complaint, names of those involved, witnesses, and dates/places of occurrences
  - b. Relevant documentation/information the complainant believes will assist in understanding the complaint
  - c. Specific relief being sought

**D. Formal Complaint/Appeal Process:** The Educational Equity Compliance Office will take the following steps in response to a formal written discrimination complaint or appeal of a school’s Section 504 team decision:

1. The Educational Equity Compliance Office will provide the complainant with a written acknowledgement of the complaint within 10 days which:
  - a. Advises and assures the complainant that confidentiality of the facts will be observed to the maximum extent possible
  - b. Advises and assures the complainant the District prohibits retaliation against anyone who files a complaint or participates in a complaint investigation
  - c. States that the complaint investigation/resolution process will be completed within 60 days of receipt of the complaint
  - d. Advises the complainant to call or send additional information/documentation relevant to the complaint
  - e. Informs the complainant that a written report of findings and conclusions, listing any corrective action taken, will be provided at the investigation’s conclusion
2. The Educational Equity Compliance Office will conduct or facilitate an investigation and work to resolve the matter.
3. Within 60 days of receipt of the complaint/appeal, the Educational Equity Compliance Office will provide the complainant and respondent a final written report of findings and conclusions, including a rationale for the disposition, that also contains:
  - a. The assurance that the District will not tolerate retaliation against a complainant for the filing of a complaint or participating in the complaint investigation
  - b. A statement advising the complainant of the final option to



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appeal the decision to the California Department of Education as indicated below

- E. Final Appeal Options Regarding Discrimination Complaints: Appeals of the Educational Equity Compliance Office's decisions and/or findings regarding allegations of discrimination, harassment, intimidation, and/or bullying may be appealed to the California Department of Education, The Education Equity UCP Office, 1430 N Street, Sacramento, California 95814. The written appeal must be sent within 15 days of receipt of the District's letter of findings and should specify the reasons for appealing the decision and include a copy of the original complaint and the District's decision.
- F. Civil Law Remedies: Pursuant to the California Education Code, Section 262.3, persons who have filed a complaint should also be advised that civil law remedies, including, but not limited to, injunctions, restraining orders, or other remedies or orders may be available under California or federal discrimination, harassment, intimidation and/or bullying laws.

#### XIV. "Section 504 Parent Procedural Safeguards" (Form 2)

Parents shall be provided notice of procedural safeguards under Section 504, including the right to:

- A. Receive written notice of the District's intentions regarding identification, evaluation, and provision of Section 504 plan accommodations/services;
- B. Review all relevant records regarding their child and obtain copies at reasonable cost;
- C. Appeal/disagree with the District's decisions with regard to the identification, evaluation, or Section 504 plan accommodations/services, file complaints concerning allegations of violations of Section 504 policy/procedures, or disability-based discrimination, harassment, intimidation and/or bullying, including, but not limited to, allegations of failure to implement Section 504 plans;
- D. Request an informal mediation or impartial hearing if they disagree with identification, evaluation or plan accommodations/services under Section 504 with opportunity for participation in the hearing and representation by an attorney at the parent's expense; and
- E. A review of the decision of the impartial hearing officer.

#### XV. Impartial Hearings

- A. Parents may request impartial hearings to contest school actions or



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alleged procedural violations as to Section 504 identification, evaluation, and accommodations/services, including failure to implement students' plans, by sending a written request to the District's Section 504 Coordinator in the Educational Equity Compliance Office.

- B. The Educational Equity Compliance Office will select an impartial hearing officer, qualified to review the District's decisions relating to Section 504, who will not be a District employee.
- C. The impartial hearing process is as follows:
  - 1. Hearings shall be conducted and written decisions mailed to parties within 60 calendar days of receipt of the written request for hearing.
  - 2. Parents have the right to seek representation by an attorney for the hearing at their expense.
  - 3. Either party has the right to seek a review of the Section 504 hearing officer's decision by a court of appropriate jurisdiction.
  - 4. The parties shall abide by the Section 504 hearing officer's decision unless it is stayed, modified, or overturned by a court of competent jurisdiction.

### XVI. Informal Mediation Procedure:

Within 10 days of receipt of a written request for hearing, the Educational Equity Compliance Office will offer a voluntary informal mediation conducted by the area District's Section 504 Designee or designee of the District Section 504 Coordinator in a non-adversarial atmosphere to resolve issues related to Section 504 identification, evaluation, or plan accommodations/services. Parents have the right to seek representation by an attorney for the mediation at their own expense.

The use of informal mediation shall not extend the hearing timeline unless parents agree in writing. If the mediation resolves the areas of disagreement, a written confirmation of the mediation results will be provided to affected parties and will conclude the process.

**AUTHORITY:** This is a policy of the Superintendent of Schools. The following legal standards are applied in this policy:

42 U.S.C. §12101 *et seq.*, 28 C.F.R. Part 35 - The Americans with Disabilities Act of 1990 - Nondiscrimination on the Basis of Disability in State and Local Government Services

34 C.F.R. Part 104 - Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the Basis of a Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance





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California Education Code Chapter 2, Educational Equity - Article 3,  
Prohibition of Discrimination §220

### **RELATED RESOURCES:**

\*Please check with the appropriate division for the most up-to-date policies.

*Administrator Certification On-Line System*, Memorandum issued annually by the Division of District Operations

*Bullying and Hazing Policy (Student-to-Student and Student-Adult)*, BUL-5212

*Clerical Support for Special Education and Section 504 as Required by the Modified Consent Decree*, REF-5640

*Elementary School Progress Report Marking Practices and Procedures*, BUL-2332

*Expulsion of Students – Policy and Procedures*, BUL-6050

*Field Trip Handbook and Revised Procedures*, REF-2111

*Fitnessgram Administration Training*, REF-6456

*General Guidelines – Credentialed School Nurse State Mandated Responsibilities*, BUL-989

*Guidelines for an Individualized Health Assessment and the Participation of the Credentialed School Nurse in the Individualized Education Plan (IEP) Process*, BUL-2030

*Guidelines for Student Suspensions*, BUL-5655

*LAUSD Accessibility and Accommodations Guidelines for Smarter Balanced Field Test*, REF-6249

*Management of Food/Other Severe Allergies and Epinephrine Auto-Injector Use*, BUL-5628

*Mandatory use of Welligent Section 504 Program Module to Conduct All Section 504 Activities*, REF-6241

*Marking Practices and Procedures in Secondary Schools*, BUL-1353

*Nondiscrimination Required Notices and Ordering of Student Brochures*, MEM-5815



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*Non-Discrimination and Anti-Harassment (Including Sexual Harassment) Policy and Complaint Procedure*, BUL-6612

*Opportunity Transfer (O.T.) – Policy and Procedures*, BUL-6362

*Oral Interpretation at an Individualized Education Program (IEP) Team Meeting*, REF-1596

*Parent Student Handbook Distribution*, MEM-5497

*Physical Education Exemptions*, BUL-2457

*Procedures for Requesting Rapid Access Program Accessibility and/or Accommodations for Students and Community Members with Disabilities*, REF-1446

*Reasonable Accommodation for Individuals with Disabilities*, BUL-4569

*School Self-Review Checklist, Students With Disabilities*, REF-2624

*State, District and National Mandated Testing Calendars*, REF-6848

*Submitting Requests for Written Translation of Individualized Education Program (IEP) and Related Documents*, REF-6349

*Title IX Policy/Complaint Procedures*, BUL-2521

*Uniform Complaint Procedures (UCP)*, BUL-5159

Training Resources:

1. Learning Zone Training – “Section 504 Procedures”  
Outlines the four phases of the Section 504 process  
<https://lz.lausd.net/lz/index.jsp>.
2. Learning Zone Training – “Special Education and Section 504 MCD Clerk Training”  
Outlines procedures, specific roles, and responsibilities of clerical staff assigned special education and Section 504 tasks as required by the MCD <https://lz.lausd.net/lz/index.jsp>.
3. MyPLN Training – “Welligent Section 504 Self-Guided Lab”  
Online training in a computer lab format with step-by-step instructions on generating Section 504 reports, creating records, and updating Section 504 details in the Welligent Section 504 Program Module

**ASSISTANCE:** For further information, contact the following:



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Educational Equity Compliance Office (EECO): (213) 241-7682  
Julie Hall-Panameño, Director/District Section 504 Coordinator  
*Visit the EECO website for related information:*  
<http://achieve.lausd.net/eeco>.

District Nursing Services: (213) 202-7580

Local District Administrator of Operations or Section 504 Designee

ADA Compliance Manager: (213) 241-4628

Reasonable Accommodations (employees): (213) 241-1319

Student Medical Services: (213) 202-7580

**ATTACHMENTS:** The required forms are grouped according to the four phases of the Section 504 process in English and Spanish:

I. Management:

*Request for Section 504 Evaluation and Consent (Form 1)*

*Section 504 Parent Procedural Safeguards (Form 2)*

*Denial of Request for Section 504 Evaluation (Form 3)*

II a. Evaluation:

*Section 504 Parent Input Form (Form 4)*

II b. Evaluation:

*Section 504 Teacher Observation Form (Form 5)*

*Notice of Section 504 Evaluation Meeting (Form 6)*

III a. Meeting:

*Section 504 Evaluation (Form 7)*

*Notice of Section 504 Eligibility Determination (Form 9)*

III b. Meeting:

*Section 504 Plan (Form 8)*

*Section 504 Plan (Additional Pages)*

IV. Follow-Up:

*Section 504 Complaint Form (Form 10)*

*Section 504 Plan Parent Request to Revoke Consent (Form 11)*

*Section 504 Plan Distribution Notice (Distribution Form)*

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Educational Equity Compliance Office

I. Management

**REQUEST FOR SECTION 504 EVALUATION and CONSENT**

*Pursuant to Section 504 of the Rehabilitation Act of 1973, the District has a duty to identify, refer, evaluate, and if eligible provide a free appropriate public education to disabled students. For additional information regarding Section 504, please contact your School's Section 504 Designee: \_\_\_\_\_ at (Ph) \_\_\_\_\_ or you may call the District's Educational Equity Compliance Office at (213) 241-7682.*

<b>Student ID:</b>		<b>Date:</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Grade</b>	
<b>School</b>		<b>Educational Service Center</b>	
<b>Student's Primary Language</b>		<b>English Language Development Level</b>	

<b>Parent(s)/Guardian(s)</b>			
<b>Home Address</b>			
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	

**What is the reason for the request? (Clarify Student's needs and area(s) of concern)**

**What major life activity is substantially limited? (Check all that apply below.)**

<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Bending	<input type="checkbox"/> Brain function
<input type="checkbox"/> Reading	<input type="checkbox"/> Hearing	<input type="checkbox"/> Standing	<input type="checkbox"/> Reproductive function
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Eating	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Circulatory function
<input type="checkbox"/> Working	<input type="checkbox"/> Speaking	<input type="checkbox"/> Bowel function	<input type="checkbox"/> Neurological function
<input type="checkbox"/> Thinking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Bladder function	<input type="checkbox"/> Normal cell growth
<input type="checkbox"/> Communicating	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Digestive function	<input type="checkbox"/> Functions of immune system
<input type="checkbox"/> Lifting	<input type="checkbox"/> Walking	<input type="checkbox"/> Endocrine function	<input type="checkbox"/> Respiratory function
		<input type="checkbox"/> Caring for one's self	<input type="checkbox"/> Other:

**Are there current medical records, outside agency reports, prior school evaluations, etc., that would assist the team in evaluating the student?**     No     Yes

<b>Check all that apply:</b>	<b>Provide an explanation for each item as applicable:</b>
<input type="checkbox"/> Prior Special Education Evaluation	
<input type="checkbox"/> Medical/Health Records	
<input type="checkbox"/> Grades/Standardized Test Scores	
<input type="checkbox"/> Language Surveys	
<input type="checkbox"/> Assessments/Data	
<input type="checkbox"/> Disciplinary Referrals	
<input type="checkbox"/> Outside Agency Reports	
<input type="checkbox"/> Other	

**Who is the individual making the request?**

<b>Name</b>	<b>Relationship</b>
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*Additional information may be necessary to determine your child's needs and whether he/she may be eligible for protections, accommodations, or services under Section 504. Evaluation may include but is not limited to: reviewing existing school records, observations, prior testing, work samples, grades, standardized test scores, and other data. Please review the enclosed "Section 504 Parent Procedural Safeguards." If you consent to the evaluation, please check "I consent." If you do not consent to the evaluation, please check "I do not consent."*

Check one of the following: <input type="checkbox"/> I consent <input type="checkbox"/> I do not consent	<b>Parent Signature</b>	<b>Date</b>
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*Return this form to the School Section 504 Designee. Attach any supporting documentation.*

<b>For Office Use Only</b>	
<b>Received by:</b>	<b>Date:</b>

**SECTION 504 PARENT PROCEDURAL SAFEGUARDS**

*The purpose of this notice is to describe the procedural safeguards provided to the parents of students with disabilities under Section 504. The intent of the law is to keep parents fully informed concerning the District's decisions to identify, evaluate, and/or provide accommodations/services for their children. The District encourages and facilitates informal complaint resolutions of the same.*

Section 504 of the Rehabilitation Act of 1973 is a federal law prohibiting discrimination against disabled persons who may participate in, or receive benefits from programs receiving federal financial assistance. Under Section 504 (§504), eligible students with disabilities are provided with educational benefits and opportunities equal to those provided to nondisabled students. Students with disabilities have the right to receive a free appropriate public education (FAPE) and to be educated with nondisabled students to the maximum extent appropriate.

Under §504, students are considered disabled if they suffer from a physical or mental impairment that substantially limits one or major life activities. Section 504 also protects students with a record of impairment or, who are regarded as impaired, from discrimination on the basis of disability. Students can be considered disabled, and may receive protections/accommodations under §504, even if they do not qualify for, or receive special education and related services under the Individuals with Disabilities Education Act (IDEA).

**Parents of students with disabilities eligible under §504 have the following rights:**

1. To receive written notice of the District's intent to identify, evaluate, and/or to provide a §504 Plan for their child
2. To review all relevant records regarding their child and obtain copies at reasonable cost
3. To appeal/disagree with the District's decisions with regard to the identification, evaluation, or §504 Plan accommodations/services, or file a complaint concerning allegations of a violation of §504 policy/procedures, or disability-based discrimination/harassment
4. To request an informal mediation or an impartial hearing if they disagree with their child's identification, evaluation, or §504 Plan, with an opportunity to participate and be represented by an attorney at the parent's expense
5. To review the decision of the impartial hearing officer

Upon request, the District will provide an oral interpreter at §504 Plan meetings for those whose primary language is not English. Upon request, the District will also provide translated versions of §504 related documents. A complaint investigation may be initiated by contacting the Educational Equity Compliance Office if there is an assertion that adequate interpretation was not provided at a §504 Plan meeting. For further information regarding complaint investigations, refer to the District's policy, Uniform Complaint Procedures (UCP), BUL-5159.3, as summarized in the Parent Student Handbook.

**For further information, you may contact:**

**Julie Hall-Panameno, Director  
Educational Equity Compliance Office  
Los Angeles Unified School District Section 504 Coordinator  
333 South Beaudry Avenue—20th Floor  
Los Angeles, CA 90017  
(213) 241-7682**

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Educational Equity Compliance Office

I. Management

## DENIAL OF REQUEST FOR SECTION 504 EVALUATION

<b>Student ID:</b>		<b>Date</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Grade</b>	
<b>School</b>	<b>Educational Service Center</b>		
<b>Student's Primary Language</b>	<b>English Language Development Level</b>		

Dear \_\_\_\_\_,

This is to inform you that the request for a Section 504 evaluation has been considered. It has been determined that a Section 504 evaluation is not warranted at this time based on a review of the following information:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Prior Special Education Evaluation | <input type="checkbox"/> Disciplinary History           | <input type="checkbox"/> Grades                     |
| <input type="checkbox"/> Medical/Health Records             | <input type="checkbox"/> Student Success Team Decisions | <input type="checkbox"/> State/District Assessments |
| <input type="checkbox"/> Progress Reports/Report Cards      | <input type="checkbox"/> Curriculum Based Assessments   | <input type="checkbox"/> Psycho-Educational Reports |
| <input type="checkbox"/> Independent Agency Reports         | <input type="checkbox"/> Parent Observations            | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Teacher Observations/Reports       | <input type="checkbox"/> Attendance Records             |   |

**The request for a Section 504 evaluation was denied because:**

The District encourages and facilitates informal complaint resolutions and parents have a right to:

1. *Appeal/disagree with the District's decisions with regard to the identification, evaluation, or Section 504 Plan accommodations/services, or to file a complaint concerning allegations of a violation of Section 504 Plan policies/procedures, or disability-based discrimination/harassment.*
2. *Request an informal mediation or an impartial hearing if they disagree with their child's identification, evaluation, or Section 504 Plan, with an opportunity to participate and be represented by an attorney at the parent's expense.*

*Such appeals must be put in writing and sent to either:*

Educational Service Center - _____ _____ _____ Phone: _____	District Section 504 Coordinator Educational Equity Compliance Office 333 S. Beaudry Avenue – 20 <sup>th</sup> Floor Los Angeles, CA 90017 (213)241-7682
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If you have questions or would like to schedule a meeting to discuss this matter, please do not hesitate to contact me.

Sincerely,

\_\_\_\_\_  
(Signature)

School Section 504 Designee	Phone Number
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**DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES**  
**Oficina para el Cumplimiento de la Equidad Educativa**

I. Management

**SOLICITUD DE EVALUACIÓN DE LA SECCIÓN 504 Y CONSENTIMIENTO**

Conforme el artículo 504 de la Ley de Rehabilitación de 1973, el Distrito tiene la obligación de identificar, referir, evaluar y si es elegible, proporcionar una educación pública gratuita y apropiada a los estudiantes con discapacidad. Para obtener información adicional acerca de la Sección 504, comuníquese con la persona designada a la Sección 504 de la escuela: \_\_\_\_\_ al Tel.) \_\_\_\_\_ o puede llamar a la Oficina para el Cumplimiento de la Equidad Educativa del Distrito al (213) 241-7682.

<b>Identificación del Estudiante:</b>		<b>Fecha:</b>	
<b>Apellido</b>	<b>Nombre</b>	<b>Grado</b>	
<b>Escuela</b>	<b>Centro de Servicios Educativos (ESC)</b>		
<b>Idioma Primario del Estudiante</b>	<b>Nivel de Desarrollo del Idioma Inglés</b>		

<b>Padre(s) / Guardian(es)</b>			
<b>Dirección de la casa</b>			
<b>Teléfono de la casa</b>	<b>Teléfono Celular</b>	<b>Teléfono del Trabajo</b>	

**¿Cuál es el motivo de la solicitud? (Aclarar las necesidades y el área (s) de la preocupación de los estudiantes)**

**¿Qué actividad importante de la vida se limita sustancialmente? (Marque todas las que correspondan a continuación.)**

<input type="checkbox"/> Aprender	<input type="checkbox"/> Ver	<input type="checkbox"/> Agacharse	<input type="checkbox"/> La función cerebral
<input type="checkbox"/> Lectura	<input type="checkbox"/> Escuchar	<input type="checkbox"/> Pararse	<input type="checkbox"/> La función reproductora
<input type="checkbox"/> Concentración	<input type="checkbox"/> Comer	<input type="checkbox"/> Realización de tareas manuales	<input type="checkbox"/> La función circulatoria
<input type="checkbox"/> Trabajo	<input type="checkbox"/> Hablar	<input type="checkbox"/> La función intestinal	<input type="checkbox"/> La función neurológica
<input type="checkbox"/> Pensar	<input type="checkbox"/> Respirar	<input type="checkbox"/> La función de la vejiga	<input type="checkbox"/> El crecimiento normal de las células
<input type="checkbox"/> Comunicación	<input type="checkbox"/> Dormir	<input type="checkbox"/> Función digestiva	<input type="checkbox"/> Funciones del sistema inmune
<input type="checkbox"/> Levantar	<input type="checkbox"/> Caminar	<input type="checkbox"/> Función endocrina	<input type="checkbox"/> La función respiratoria
		<input type="checkbox"/> El cuidado de auto suficiencia	<input type="checkbox"/> Otros:

**¿Hay registros médicos recientes, reportes de agencias externas, evaluaciones escolares previas, etc. que puedan ayudar al equipo en la evaluación del estudiante?**     No     Si

<b>Marque todas las que apliquen:</b>	<b>Proporcionar una explicación de cada elemento según corresponda:</b>
<input type="checkbox"/> Evaluaciones Previas para Educación Especial	
<input type="checkbox"/> Registros Médicos / Salud	
<input type="checkbox"/> Grados/Resultados de las pruebas estandarizadas	
<input type="checkbox"/> Encuestas de Lenguaje	
<input type="checkbox"/> Evaluaciones / Datos	
<input type="checkbox"/> Remisiones disciplinarias	
<input type="checkbox"/> Informes de agencias externas	
<input type="checkbox"/> Otro	

**¿Quién es la persona que presenta la solicitud?**

<b>Nombre</b>	<b>Relación</b>
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*Información adicional puede ser necesaria para determinar las necesidades de su hijo/a y si él / ella puede ser elegible para las protecciones, adaptaciones o servicios bajo la Sección 504. La evaluación puede incluir, pero no limitarse a: revisar los registros escolares existentes, observaciones, exámenes previos, muestras de trabajo, calificaciones, resultados de exámenes estandarizados y otros datos. Por favor revise las Garantías Procesales de los Padres del "Artículo 504." Si usted acepta la evaluación, favor de marcar "Doy mi consentimiento." Si usted no da su consentimiento a la evaluación, por favor marque "No doy mi consentimiento."*

Marque uno de los siguientes: <input type="checkbox"/> <b>Doy mi consentimiento</b> <input type="checkbox"/> <b>No doy mi consentimiento</b>	<b>Firma del Padre</b>	<b>Date</b>
---	------------------------	-------------

Devuelva este formulario al Designado de la Sección 504 de la escuela. Adjunte cualquier documentación de apoyo.

Para uso exclusivo de la oficina
Received by: _____ Date: _____

Form 1: Request for §504 Evaluation & Consent  
 Attachments: Form 3: Section 504 Parent Procedural Safeguards  
 Form 5: Section 504 Parent Input Form

## **GARANTÍAS PROCESALES DE LA SECCIÓN 504 PARA PADRES**

El propósito de esta nota es describir las garantías procesales proporcionadas a los padres de estudiantes con discapacidades bajo la Sección 504. La intención de la ley es mantener a los padres plenamente informados sobre las decisiones del Distrito para identificar, evaluar y / o proporcionar acomodaciones / servicios para sus hijos. El Distrito anima y facilita la resolución de quejas informales de la misma.

La Sección 504 del Acta de Rehabilitación de 1973 es una Ley Federal que prohíbe la discriminación contra las personas con discapacidad que puedan participar en, o recibir beneficios de programas que reciben asistencia financiera federal. Bajo la Sección 504 los estudiantes elegibles con discapacidades cuentan con beneficios educativos y oportunidades iguales a los proporcionados a los estudiantes sin discapacidades. Los estudiantes con discapacidades tienen derecho a recibir una educación pública gratuita y apropiada (FAPE – por sus siglas en inglés) y para ser educados con los estudiantes no discapacitados en la medida máxima apropiada.

Bajo la Sección 504, los estudiantes se consideran discapacitados si sufren de un impedimento físico o mental que limita sustancialmente una o más de las actividades importantes de la vida. La Sección 504 también protege a los estudiantes, con un registro de tal impedimento, o que se considera que tiene un impedimento, de la discriminación por motivos de discapacidad. Los estudiantes pueden ser considerados discapacitados, y pueden recibir protecciones / acomodaciones bajo la Sección 504, incluso si no tienen derecho a, o reciben educación especial y servicios afines bajo la Ley de Individuos con Discapacidades (IDEA - por sus siglas en inglés).

### **Los padres de estudiantes con discapacidades elegibles bajo la Sección 504 tiene los siguientes derechos:**

1. De recibir una notificación por escrito de la intención del Distrito para identificar, evaluar y / o proporcionar un plan la Sección 504 para su hijo
2. De revisar todos los registros pertinentes en relación con sus hijos y obtener copias a un costo razonable
3. Apelar / estar en desacuerdo con la decisión del Distrito con respecto a la identificación, evaluación, o de Plan de la Sección 504, o presentar una queja relativa a denuncias de violación de las políticas / procedimientos de la Sección 504 o discriminación o acoso basados en la discapacidad
4. De solicitar una mediación informal o una audiencia imparcial si no están de acuerdo con la identificación de su hijo, evaluación o Plan de la Sección 504, con la oportunidad de participar y ser representado por un abogado a cargo de los padres
5. De revisar la decisión del oficial de audiencia imparcial

A petición, el Distrito proporcionara a un intérprete oral en las reuniones de §504 para aquellos cuyo primer idioma no es el inglés. A petición, el Distrito también proporcionara versiones traducidas de documentos relacionados a §504. Una investigación de la queja puede ser iniciada al contactarse con la Oficina de Cumplimiento para la Equidad Educativa si hay una afirmación que una interpretación adecuada no fue proporcionada en una reunión de §504. Para obtener más información sobre las investigaciones de quejas, consulte la política del Distrito, Procedimientos Uniforme de Quejas (UCP) (por sus siglas en inglés), BUL-5159.3, como se resume en el Manual para Padres de Estudiantes.

### **Para más información, puede ponerse en contacto con:**

**Julie Hall-Panameno, Director**  
**Oficina para el Cumplimiento de la Equidad Educativa**  
**Coordinador de la Sección 504 del Distrito Escolar Unificado de los Ángeles**  
**333 South Beaudry Avenue-20th Floor**  
**Los Ángeles, CA 90017**  
**(213) 241-7682**



**DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES  
Oficina para el Cumplimiento de la Equidad Educativa**

I. Management

## RECHAZO DE LA SOLICITUD DE EVALUACIÓN PARA LA SECCIÓN 504

<b>Identificación del Estudiante:</b>		<b>Fecha:</b>	
<b>Apellido</b>	<b>Nombre</b>	<b>Grado</b>	
<b>Escuela</b>	<b>Centro de Servicios Educativos</b>		
<b>Idioma Primario del Estudiante</b>	<b>Nivel del Desarrollo del Idioma Inglés</b>		

Estimado/a \_\_\_\_\_,

Esto es para informarle que la solicitud de una evaluación de la Sección 504 ha sido considerada. Se ha determinado que una evaluación de la Sección 504 no se justifica en este momento basada en una revisión de la siguiente información:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Evaluación Previa de Educación Especial                 | <input type="checkbox"/> Historia Disciplinaria                          | <input type="checkbox"/> Grados                         |
| <input type="checkbox"/> Médico/Registros de salud                               | <input type="checkbox"/> Decisiones del equipo para el Éxito Estudiantil | <input type="checkbox"/> Valoración del Estado/Distrito |
| <input type="checkbox"/> Informes de Progreso Académico/Boleta de Calificaciones | <input type="checkbox"/> Evaluación Basada en el Plan de Estudio         | <input type="checkbox"/> Reportes de Psico-pedagógicas  |
| <input type="checkbox"/> Informes de agencias independientes                     | <input type="checkbox"/> Observaciones de los Padres                     | <input type="checkbox"/> Otro: _____                    |
| <input type="checkbox"/> Observaciones de maestros/Reportes                      | <input type="checkbox"/> Registros de asistencia                         |   |

**La solicitud de una evaluación de la Sección 504 se le negó porque:**

  

El Distrito anima y facilita la resolución de quejas informales y los padres tienen el derecho de:

1. *Apelar/estar en desacuerdo con la(s) decisión(es) del Distrito con respecto a la identificación, evaluación, o la Sección 504 del Plan, o para presentar una queja relativa a denuncias de violación de la Sección 504 políticas/procedimientos del Plan, o de discriminación/hostigamiento basada en la discapacidad.*
2. *Solicitar una mediación informal o una audiencia imparcial si no están de acuerdo con la identificación de su hijo, evaluación o Plan de la Sección 504, la oportunidad de participar y ser representados por un abogado por cuenta de los padres.*

*Estos recursos deben ser puestos por escrito y enviados a cualquiera de los dos:*

Centro de Servicios Educativo - _____ _____ _____ Teléfono: _____	Coordinador de la Sección 504 Oficina para el Cumplimiento de la Equidad Educativa 333 Sur Avenida Beaudry – Piso 20 Los Angeles, CA 90017 (213) 241-7682
--	---

Si tiene alguna pregunta o le gustaría reunirse para discutir este asunto, por favor no dude en comunicarse conmigo.

Sinceramente,

\_\_\_\_\_  
(Firma)

El designado de la Sección 504 de la escuela	Número de Teléfono
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**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Educational Equity Compliance Office

II. Evaluation

**SECTION 504 PARENT INPUT FORM**

To assist us with the evaluation of your child, please complete the following information as soon as possible and return to the School Section 504 Designee prior to the Section 504 evaluation meeting.

<b>Student ID</b>		<b>Date</b>	
<b>Last Name</b>		<b>First Name</b>	<b>Grade</b>
<b>School</b>		<b>Educational Service Center</b>	
<b>Student's Primary Language</b>		<b>English Language Development Level</b>	
<b>Parent/Guardian</b>			
<b>Home Address</b>			
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	

**My Child's Health** *Check all that apply, answer the questions below, and explain your responses as necessary.*

- My child is not currently under a doctor's care for any physical or mental condition.
- My child has a physical or mental condition.
- My child has a physical or mental condition with symptoms that are sometimes more serious than other times.
- My child had a serious physical or mental condition that has gone away.

Explain:

My child is not currently taking any medications.

My child is currently taking the following medications:

<b>Name of Medication</b>	<b>Purpose of Medication</b>	<b>Dosage</b>	<b>Duration</b> Length of Time on Medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**My Child at Home** *Answer the questions below and explain your responses as necessary.*

Does your child seem to have difficulty doing homework? On average, how much time does your child spend on homework each day?

Does your child have difficulty accessing physical environments or need physical supports around the home and community?

Does your child receive help with homework/academics outside of school?

Does your child have friends outside of school?

Have there been any significant changes within the family recently, i.e. divorce, separation, relocations, serious illnesses, deaths, etc.?

How does your child get along with peers, siblings, neighbors, and parents at home?

What rewards/consequences are effective with your child?

Form 4: Section 504 Parent Input Form

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Educational Equity Compliance Office

II. Evaluation

**SECTION 504 PARENT INPUT FORM (Page 2)**

<b>Student ID</b>		<b>Date</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Grade</b>	

**My Child at School** *Answer the questions below and explain your responses as necessary.*

Has your child ever been assessed for special education?

---

Do you feel your child is having difficulties at school? How long has your child been having difficulties?

---

Have you shared your concerns with any school personnel? With whom? When?

---

What do you think is causing the difficulties at school?

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What accommodations do you think would be necessary in order for your child to have an equal opportunity to receive an education?

**Additional information or concerns:**

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

\_\_\_\_\_  
**Date**

## SECTION 504 TEACHER OBSERVATION FORM

To assist in evaluation of the student, please complete the following information and return to the School Section 504 Designee by \_\_\_\_\_.

<b>Teacher</b>					
<b>Subject</b>					
<b>Student ID</b>				<b>Date</b>	
<b>Last Name</b>	<b>First Name</b>		<b>Grade</b>		
<b>School</b>				<b>Educational Service Center</b>	
<b>Student's Primary Language</b>				<b>English Language Development Level</b>	
<b>Performance Area</b> Check the box that identifies your level of concern for each performance area as applicable.			<b>Rationale</b> For each area of concern only, provide a brief explanation below. Specify impact on student's ability to access the general education curriculum/instructional program.		
<b>Language Arts (Reading and Writing)</b>  <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Medium <input type="checkbox"/> Significant					
<b>Communication or English Language Development</b>  <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Medium <input type="checkbox"/> Significant					
<b>Math</b>  <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Medium <input type="checkbox"/> Significant					
<b>Physical Education</b>  <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Medium <input type="checkbox"/> Significant					
<b>Work/Study Habits</b>  <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Medium <input type="checkbox"/> Significant					
<b>Attention/Concentration</b>  <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Medium <input type="checkbox"/> Significant					
<b>Socialization/Behavior</b>  <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Medium <input type="checkbox"/> Significant					
<b>Test Taking</b>  <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Medium <input type="checkbox"/> Significant					
Have you found any indications of a physical or mental impairment? <input type="checkbox"/> No <input type="checkbox"/> Yes* *If yes, please explain.					
What has been done to address each identified area of concern? What were the results of these efforts?					
Does the student currently have a Section 504 Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, are all of the accommodations being utilized? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:					

Form 5: Section 504 Teacher Observation Form

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Educational Equity Compliance Office

II. Evaluation

<b>NOTICE OF SECTION 504 EVALUATION MEETING</b>
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<b>Student ID</b>		<b>Date</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Grade</b>	
<b>School</b>	<b>Educational Service Center</b>		
<b>Student's Primary Language</b>	<b>English Language Development Level</b>		

**Purpose of the Section 504 Evaluation Meeting** (select one):

- Initial    Re-Evaluation    Manifestation Determination

Dear \_\_\_\_\_,

In order to complete an evaluation to determine how to appropriately meet your child's educational needs in his or her educational program, a Section 504 evaluation meeting will be conducted to review information that may include, but not be limited to: observations, interviews, a review of cumulative records, work samples, and other data collection. Please provide any information you feel may assist in making decisions to the School Section 504 Designee prior to the scheduled meeting.

This letter is to provide you with written notice that a Section 504 evaluation meeting will be held:

<b>Date</b>	<b>Time</b>	<b>Location</b>
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Although your participation in this evaluation meeting is not required by law, your attendance at the meeting is encouraged. Following the meeting, the school will provide you a copy of the evaluation results. Please review the attached *Section 504 Parent Procedural Safeguards*, check the following options, sign and return this form to the school as soon as possible prior to the scheduled meeting.

- I will attend the meeting.  
      I do not require the use of an interpreter during the meeting.  
      I require the use of an interpreter during the meeting.
- I am unable to attend the meeting.

- |   |
|---|
| <input type="checkbox"/> I do not require a translated copy of the meeting documents. |
| <input type="checkbox"/> I require a translated copy of the meeting documents.        |

<b>Parent Signature</b>	<b>Date</b>
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If you have questions or would like to schedule a meeting to discuss this matter, you may contact:

<b>School Section 504 Designee</b>	<b>Phone Number</b>
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Form 6: Notice of Section 504 Evaluation Meeting  
 Attachment: Form 2: Section 504 Parent Procedural Safeguards

**DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES**  
**Oficina para el Cumplimiento de la Equidad Educativa**

II. Evaluation

### FORMULARIO DE ENTRADA DEL PADRE DEL ARTÍCULO 504

Para ayudarnos con la evaluación de su hijo, por favor complete la siguiente información tan pronto como sea posible y devolver al designado/a de la Sección 504 de la escuela antes de la reunión de evaluación de la Sección 504.

<b>Identificación del Estudiante:</b>		<b>Fecha:</b>	
<b>Apellido</b>	<b>Nombre</b>	<b>Grado</b>	
<b>Escuela</b>	<b>Centro de Servicios Educativos</b>		
<b>Idioma Primario del Estudiante</b>	<b>Nivel del Desarrollo del Idioma Inglés</b>		
<b>Padre(s)/Guardián(es)</b>			
<b>Domicilio</b>			
<b>Teléfono de la casa</b>	<b>Teléfono Celular</b>	<b>Teléfono de la Oficina</b>	

<b>Salud de mi Hijo</b> <i>Marque todo lo que corresponda, responda a las siguientes preguntas, y explique sus respuestas como sea necesario.</i>			
<input type="checkbox"/> Mi hijo/a no está bajo tratamiento médico por alguna enfermedad física o mental. <input type="checkbox"/> Mi hijo/a tiene una condición física o mental. <input type="checkbox"/> Mi hijo/a tiene una condición física o mental con síntomas que a veces son más graves que otras veces. <input type="checkbox"/> Mi hijo/a tiene una condición física o mental grave que ha desaparecido. Explicar:			
<input type="checkbox"/> Mi hijo/a no está tomando algún medicamento. <input type="checkbox"/> Actualmente mi hijo/a está tomando los siguientes medicamentos:			
<b>Nombre del medicamento</b>	<b>Propósito de los Medicamentos</b>	<b>Dosis</b>	<b>Duración</b> La duración del tiempo del medicamento
_____	_____	_____	_____
_____	_____	_____	_____

<b>Mi Hijo/a en Casa</b> <i>Responda a las siguientes preguntas y explique sus respuestas como sea necesario.</i>
¿Su hijo/a parece tener dificultades para hacer la tarea? En promedio, ¿cuánto tiempo pasa su hijo/a haciendo las tareas cada día?
¿Su hijo/a tiene dificultades para acceder a los entornos físicos o necesitan apoyos físicos en el hogar y en la comunidad?
¿Recibe su hijo/a ayuda con las tareas escolares/académicas fuera de la escuela?
¿Su hijo/a tiene amigos fuera de la escuela?
¿Se han producido cambios significativos en la familia recientemente, i.e., divorcio, separación, mudanzas, enfermedades graves, muertes, etc.?
¿De qué manera su hijo/a se lleva con sus compañeros, hermanos, vecinos y padres en casa?
¿Qué recompensas/consecuencias son eficaces con su hijo/a?

Form 4: Section 504 Parent Input Form

**DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES**  
**Oficina de la Equidad Educativa**

II. Evaluation

**FORMULARIO DE APORTES DEL PADRE DEL ARTÍCULO 504 (Página 2)**

<b>Identificación del Estudiante:</b>		<b>Fecha:</b>	
<b>Apellido</b>		<b>Nombre</b>	<b>Grado</b>

**Mi Hijo/a en la Escuela** *Conteste las siguientes preguntas y explicar sus respuestas como sea necesario.*

¿Ha sido evaluado su hijo/a para educación especial?

¿Siente que su hijo/a está teniendo dificultades en la escuela? ¿Cuánto tiempo ha estado teniendo dificultades su hijo/a?

¿Ha compartido sus preocupaciones con algún personal de la escuela? ¿Con quién? ¿Cuándo?

¿Qué cree que es la causa de las dificultades en la escuela?

¿Qué adaptaciones cree que sean necesarias para que su hijo/a tenga la misma oportunidad de recibir una educación?

**Información o preocupaciones adicionales:**

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\_\_\_\_\_  
**Firma del Padre**

\_\_\_\_\_  
**Fecha**

**DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES**  
**Oficina para el Cumplimiento de la Equidad Educativa**

II. Evaluation

**FORMULARIO DEL SECCIÓN 504 – OBSERVACIÓN DEL MAESTRO/A**

Para asistir en la evaluación del estudiante, por favor complete la siguiente información y devolver a la persona designada a la Sección 504 de la escuela antes de \_\_\_\_\_.

<b>Maestro</b>					
<b>Tema</b>					
<b>Identificación del Estudiante:</b>			<b>Fecha:</b>		
<b>Apellido</b>			<b>Nombre</b>		
<b>Escuela</b>			<b>Centro de Servicios Educativos</b>		<b>Grado</b>
<b>Idioma Primario del Estudiante</b>				<b>Nivel del Desarrollo del Idioma Inglés</b>	
<b>Área de Rendimiento</b> Marque la casilla que identifica el nivel de preocupación de cada área de rendimiento.			<b>Razón Fundamental</b> Para cada área de preocupación solamente, proporcionar una breve explicación. Especifique el impacto en la capacidad del estudiante para acceder al currículo de educación general / programa de instrucción.		
<b>Artes del lenguaje (Lectura y Escritura)</b> <input type="checkbox"/> Ninguno <input type="checkbox"/> Mínimo <input type="checkbox"/> Medio <input type="checkbox"/> Significativo					
<b>Comunicación y Desarrollo del Idioma Inglés</b> <input type="checkbox"/> Ninguno <input type="checkbox"/> Mínimo <input type="checkbox"/> Medio <input type="checkbox"/> Significativo					
<b>Matemáticas</b> <input type="checkbox"/> Ninguno <input type="checkbox"/> Mínimo <input type="checkbox"/> Medio <input type="checkbox"/> Significativo					
<b>Educación Física</b> <input type="checkbox"/> Ninguno <input type="checkbox"/> Mínimo <input type="checkbox"/> Medio <input type="checkbox"/> Significativo					
<b>Hábitos de Trabajo / Estudio</b> <input type="checkbox"/> Ninguno <input type="checkbox"/> Mínimo <input type="checkbox"/> Medio <input type="checkbox"/> Significativo					
<b>Atención / Concentración</b> <input type="checkbox"/> Ninguno <input type="checkbox"/> Mínimo <input type="checkbox"/> Medio <input type="checkbox"/> Significativo					
<b>Socialización / Comportamiento</b> <input type="checkbox"/> Ninguno <input type="checkbox"/> Mínimo <input type="checkbox"/> Medio <input type="checkbox"/> Significativo					
<b>Tomar Exámenes</b> <input type="checkbox"/> Ninguno <input type="checkbox"/> Mínimo <input type="checkbox"/> Medio <input type="checkbox"/> Significativo					
¿Ha encontrado una indicación de deficiencia física o mental? <input type="checkbox"/> No <input type="checkbox"/> Sí* *Si su respuesta es sí, por favor explique.					
¿Qué se ha hecho para hacer frente a cada área de preocupación? ¿Cuáles fueron los resultados de estos esfuerzos?					
¿Tiene el estudiante actualmente un Plan de la Sección 504? <input type="checkbox"/> No <input type="checkbox"/> Sí Si es así, ¿todas las adaptaciones están siendo utilizadas? <input type="checkbox"/> No <input type="checkbox"/> Sí Explique:					

Form 5: Section 504 Teacher Observation Form



**DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES**  
**Oficina para el Cumplimiento de la Equidad Educativa**

II. Evaluation

**AVISO DE REUNIÓN DE EVALUACIÓN DE LA SECCIÓN 504**

<b>Identificación del Estudiante:</b>			<b>Fecha:</b>		
<b>Apellido</b>		<b>Nombre</b>		<b>Grado</b>	
<b>Escuela</b>			<b>Centro de Servicios Educativos</b>		
<b>Idioma Primario del Estudiante</b>			<b>Nivel del Desarrollo del Idioma Inglés</b>		

**Propósito de la junta de evaluación de la Sección 504 (seleccione uno):**

- Inicial    Reevaluación    Determinación de la Manifestación

Estimado \_\_\_\_\_,

Para completar una evaluación para determinar la forma de satisfacer adecuadamente las necesidades educativas de su hijo/a en su programa educativo, se llevará a cabo una reunión de evaluación de la Sección 504 para revisar la información que puede incluir, pero no limitarse a: observaciones, entrevistas, revisión de los registros acumulados, muestras de trabajo, y otras recopilaciones de datos. Por favor, proporcione la información que considere pueda ayudar en la toma de decisiones a la persona designada a la Sección 504 de la escuela antes de la reunión programada.

Esta carta es para llegar una notificación escrita de que se llevará a cabo una reunión de evaluación de la Sección 504:

<b>Fecha</b>	<b>Hora</b>	<b>Ubicación</b>
--------------	-------------	------------------

A pesar de su participación en esta reunión de evaluación no es requerida por la ley, se recomienda su asistencia a la reunión. Tras la reunión, la escuela le proporcionará una copia de los resultados de la evaluación. Por favor, revise la Sección de Anexos 504 Garantías Procesales para Padres, compruebe las siguientes opciones, firmar y devolver este formulario a la escuela tan pronto como sea posible antes de la reunión programada.

- Asistiré a la junta.  
 No requiero el uso de un intérprete durante la junta.  
 Necesito el uso de un intérprete durante la junta.
- No podré asistir a la junta.

<input type="checkbox"/> No necesito una copia traducida de los documentos de la reunión.			
<input type="checkbox"/> Necesito una copia traducida de los documentos de la reunión.			
<b>Firma del Padre</b>		<b>Fecha</b>	

Si tiene alguna pregunta o le gustaría reunirse para discutir este asunto, puede comunicarse con:

<b>Designado de la Sección 504</b>	<b>Número de Teléfono</b>
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Form 6: Notice of Section 504 Evaluation Meeting  
 Attachment: Form 2: Section 504 Parent Procedural Safeguards

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Educational Equity Compliance Office

IIIa. Meeting

**SECTION 504 EVALUATION**

Student ID		Date	
Last Name	First Name	Grade	
School		Educational Service Center	
Student's Primary Language		English Language Development Level	
Type of Meeting	<input type="checkbox"/> Initial <input type="checkbox"/> Re-Evaluation <input type="checkbox"/> Manifestation Determination		

**Team Members**

*By signing below, the following Section 504 team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regard to this student. Please indicate if an interpreter is used.*

Name and Signature (Below)	Relationship/Title	Knowledge (Check all that apply)
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter

**SECTION 504 EVALUATION** page 2

<b>Student</b>		<b>Date of Birth</b>		<b>Meeting Date</b>	
<b>Data Considered From the Following Sources</b> <i>(Check all that apply.)</i>					
<input type="checkbox"/> Parent <input type="checkbox"/> Teacher/Administrator <input type="checkbox"/> Counselor <input type="checkbox"/> Disciplinary History <input type="checkbox"/> Attendance Records <input type="checkbox"/> Independent Agency Reports		<input type="checkbox"/> State/District Assessment Data <input type="checkbox"/> Curriculum Based Assessments <input type="checkbox"/> Progress Report/Report Card <input type="checkbox"/> Student Portfolio/Work Samples <input type="checkbox"/> Response to Intervention (RTI) <input type="checkbox"/> Early Intervention <input type="checkbox"/> Home Language Survey		<input type="checkbox"/> School Health Information <input type="checkbox"/> Medical Evaluations <input type="checkbox"/> Mitigating Measures <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Psycho-Educational Evaluation <input type="checkbox"/> Special Education Records <input type="checkbox"/> Other _____	
<b>Teacher Observation Data</b> <i>(Attached.):</i>					
<input type="checkbox"/> Student grades/progress reports (For high school students, include information regarding progress toward graduation.) <input type="checkbox"/> Attendance reports <input type="checkbox"/> Teacher observation form for each course an observation was completed					

<b>Achievement Data</b> <i>(Document most current test results.)</i>			
<b>Performance Area</b> <i>(Beside each area, list the State/District assessment tool used)</i>	<b>Grade</b> <i>At time of test</i>	<b>Standard</b> <b>Score/Percentile</b>	<b>Performance</b> <b>Level/Results</b>
English/Language Arts (ELA):			
History/Social Science:			
Mathematics:			
Science:			
California High School Exit Exam (CAHSEE) ELA			
California High School Exit Exam (CAHSEE) Math			
Other:			
<input type="checkbox"/> Accommodations are not needed for State/District tests <input type="checkbox"/> Accommodations are needed for State/District tests and will be included in Section 504 Plan			
<b>Language Status: English Language Development (ELD) Level:</b>			
Does Student's language status impact achievement? Explain effectiveness of language strategies.			
<b>Health/Medical Information</b> <i>(Provide most current information.)</i>			
Vision Screening Date: _____ Results: _____ Notes: _____		Hearing Screening Date: _____ Results: _____ Notes: _____	
Does the student have any health conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.):			
Is student currently receiving medical care? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.):			
Is student currently taking any medications at home or school? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.):			
Does student have difficulty accessing physical environments or need physical supports around the campus? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.):			
Summary of additional health information provided by: _____ Dated: _____ <i>(If additional health information was provided, summarize below.):</i>			

**SECTION 504 EVALUATION** page 3

Student		Date of Birth		Meeting Date	
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**MANIFESTATION DETERMINATION (FOR DISCIPLINARY CHANGE OF PLACEMENT ONLY)**

Complete this section only if student is being considered for change of placement due to disciplinary reasons or the total number of days suspended in a school year is 10 or more. Before changing placement of a student for disciplinary reasons, the Section 504 Team must conduct an evaluation to determine whether the behavior was a direct result of the student's disability. If the team establishes that the behavior was unrelated to the student's disability, a change of placement may be made.

Summarize behavior subject to disciplinary action (*The Section 504 team should not address whether the alleged behavior occurred.*):

Based on review of data identified above, the Section 504 team has determined:

- |   |  |
|---|--|
| <input type="checkbox"/> The conduct in question was caused by, or directly and substantially related to the student's disability.<br>AND/OR<br><input type="checkbox"/> The conduct in question was a direct result of the school's failure to implement the student's Section 504 Plan.<br><input type="checkbox"/> If either of the above is checked, the behavior is a manifestation of Student's disability. | <input type="checkbox"/> The conduct in question was not caused by, or directly and substantially related to the student's disability or a direct result of the school's failure to implement the student's Section 504 Plan.<br><br><input type="checkbox"/> The behavior is not a manifestation of Student's disability. |
|---|--|

**ELIGIBILITY DETERMINATION**

Review eligibility determination Sections 1, 2, and 3 below and complete the section that most accurately represents the evaluation results. The Section 504 team understands the definition of disability shall be construed broadly to the maximum extent permitted. The Section 504 evaluation team must consider:

- Whether Student is eligible for nondiscrimination protections under Section 504, and if eligible for protections,
- Whether Student also requires accommodations/services in order to receive equal access to the educational program.

*This is an educational determination only and not a medical diagnosis. Impairments, whether episodic, in remission, or mitigated should also be listed as physical/mental impairments. Extensive documentation should not be required for diabetes, epilepsy, bipolar disorder, and autism.*

**1. Meets criteria for nondiscrimination protections and requires accommodations/services of a Section 504 plan**

Student has the following physical or mental impairment(s) \_\_\_\_\_ which affects the following major life activities and has a substantial limitation of or is unable to perform the following major life activities as compared to age/grade level peers: (Check all that apply below.)

- |  |                                    |  |   |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Learning      | <input type="checkbox"/> Speaking  | <input type="checkbox"/> Bowel function        | <input type="checkbox"/> Performing manual tasks    |
| <input type="checkbox"/> Reading       | <input type="checkbox"/> Breathing | <input type="checkbox"/> Bladder function      | <input type="checkbox"/> Circulatory function       |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Sleeping  | <input type="checkbox"/> Digestive function    | <input type="checkbox"/> Neurological function      |
| <input type="checkbox"/> Working       | <input type="checkbox"/> Walking   | <input type="checkbox"/> Endocrine function    | <input type="checkbox"/> Normal cell growth         |
| <input type="checkbox"/> Thinking      | <input type="checkbox"/> Lifting   | <input type="checkbox"/> Respiratory function  | <input type="checkbox"/> Functions of immune system |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Bending   | <input type="checkbox"/> Brain function        | <input type="checkbox"/> Other:                     |
| <input type="checkbox"/> Seeing        | <input type="checkbox"/> Standing  | <input type="checkbox"/> Reproductive function |   |
| <input type="checkbox"/> Hearing       | <input type="checkbox"/> Eating    | <input type="checkbox"/> Caring for one's self |   |

**2. Meets criteria for nondiscrimination protections as a student with a physical or mental impairment but a Section 504 plan is not required at this time**

Student has the following physical or mental impairment(s) \_\_\_\_\_, but is not substantially limited, is able to perform major life activities compared to age/grade level peers, and does not require accommodations/services in a Section 504 plan in order to receive equal access to the educational program at this time due to:

- Episodic (impairment may be substantially limiting at times when irritants or triggers are present, but is not currently substantially limiting i.e. allergies, asthma, migraines, cystic fibrosis, etc.)
- Remission (impairment that was once active and substantially limiting at one time, and could return, i.e. cancer, hepatitis, etc.)
- Mitigating Measures (receiving treatment, but would be substantially limited in the absence of treatment, i.e. medication, medical supplies, equipment, assistive technology, etc.)

Other:

Parent has refused consent for Section 504 accommodations/services.

Student has been identified as eligible for special education by an Individualized Education Program (IEP) team and accommodations/services will be documented in an IEP.

**3. Does not meet criteria for nondiscrimination protections and does not require accommodations/services of a Section 504 plan**

Student does not have a physical or mental impairment that substantially limits any major life activities and is not eligible under Section 504. (Provide a rationale.):

Student no longer has a physical or mental impairment that substantially limits any major life activities and is exited from the 504 program.

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Educational Equity Compliance Office

IIIa. Meeting

**NOTICE OF SECTION 504 ELIGIBILITY DETERMINATION**

Student ID			504 Evaluation Meeting Date		
Last Name		First Name		Grade	
School			Educational Service Center		
Student's Primary Language			English Language Development Level		

Date	
------	--

Dear	
	Parent/Guardian

- The Section 504 team met to evaluate your child to determine if he/she has a mental/physical impairment that substantially limits a major life activity and requires accommodations/services under Section 504 and concluded the following:
- Your child meets the criteria as disabled under Section 504, is eligible for nondiscrimination protections, and does require accommodations/services as documented in the attached Section 504 Plan.
  - Your child meets the criteria as disabled under Section 504, is eligible for nondiscrimination protections, but does not require accommodations/services in a Section 504 plan at this time.
  - Your child does not meet the criteria as disabled under Section 504, is not eligible for nondiscrimination protections, and does not require accommodations/services in a Section 504 plan.
- The Section 504 team met to determine if there is a direct link between your child's conduct and disability and/or whether the conduct is a result of the District's failure to implement the Section 504 plan and concluded the following:
- Your child's conduct was caused by, or directly and substantially related to your child's disability.
  - Your child's conduct was a direct result of the school's failure to implement the Section 504 plan.
  - Your child's conduct was not caused by, or directly and substantially related to the disability, or a direct result of the school's failure to implement the Section 504 plan.

The District encourages and facilitates informal complaint resolutions. Parents have the right to appeal/disagree with the school site's decisions with regard to the identification, evaluation, or accommodations/services of students under Section 504, including the right to request an informal mediation or impartial hearing. Please consult the attached *Section 504 Parent Procedural Safeguards* for other appeal options.

Appeals/requests must be put in writing and sent to either:	
Educational Service Center - _____ _____ Phone: _____	District Section 504 Coordinator Educational Equity Compliance Office 333 S. Beaudry Avenue – 20th Floor Los Angeles, CA 90017 (213)241-7682

Sincerely,

School Section 504 Designee	Phone
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Form 9: Notice of Section 504 Eligibility Determination  
Attachment: Form 2: Section 504 Parent Procedural Safeguards

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES  
Oficina para el Cumplimiento de la Equidad Educativa

Illa. Meeting

**EVALUACIÓN DE LA SECCIÓN 504**

Identificación del Estudiante:		Fecha:	
Apellido	Nombre	Grado	
Escuela	Centro de Servicios Educativos		
Idioma Primario del Estudiante	Nivel del Desarrollo del Idioma Inglés		
Tipo de Junta	<input type="checkbox"/> Inicial <input type="checkbox"/> Reevaluación <input type="checkbox"/> Determinación de la Manifestación		

**Miembros del Equipo**

*Al firmar a continuación, los siguientes miembros del equipo de la Sección 504 reconocen su participación en esta reunión de evaluación e indicar su área de conocimiento en relación con este estudiante. Por favor, indique si se utiliza un intérprete.*

Nombre	Relación/Título	Conocimiento (Marque todas las que apliquen)
		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete
		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete
		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete
		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete
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		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete
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		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete
		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete
		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete
		<input type="checkbox"/> Estudiante <input type="checkbox"/> Evaluación de datos <input type="checkbox"/> Asignación Educativa <input type="checkbox"/> Intérprete

**EVALUACIÓN DE LA SECCIÓN 504** página 2

IIIa. Meeting

Estudiante	Fecha de Nacimiento	Fecha de la Junta
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**Datos que se consideran de las siguientes fuentes** (*Marque todas las que correspondan.*)

<input type="checkbox"/> Padre	<input type="checkbox"/> Evaluación de Datos del Estado/Distrito	<input type="checkbox"/> Información de Salud Escolar
<input type="checkbox"/> Maestro/Administrador	<input type="checkbox"/> Evaluaciones Basadas en el Currículo	<input type="checkbox"/> Evaluaciones Médicas
<input type="checkbox"/> Consejero	<input type="checkbox"/> Informe de Progreso/Boleta de Calificaciones	<input type="checkbox"/> Medidas de Mitigación
<input type="checkbox"/> Historia Disciplinaria	<input type="checkbox"/> Portafolio del Estudiante/Muestras de Trabajo	<input type="checkbox"/> Evaluación Psicológica
<input type="checkbox"/> Registros de Asistencia	<input type="checkbox"/> Respuesta a la Intervención (RTI)	<input type="checkbox"/> Evaluación Psico-Pedagógicas
<input type="checkbox"/> Informes de Agencias Independientes	<input type="checkbox"/> Intervención Temprana	<input type="checkbox"/> Registros de Educación Especia
	<input type="checkbox"/> Encuesta Sobre Idiomas en el Hogar	<input type="checkbox"/> Otro _____

**Datos de Observación del Maestro** (*Adjunto.*):

- Calificaciones de los alumnos / Informes de progreso (para estudiantes de preparatoria, incluyan información sobre el progreso hacia la graduación.)
- Informes de asistencia
- Formulario de observación del profesor para cada curso que una observación se completó

**Datos de Aprovechamiento** (*Documentar los resultados de las pruebas más recientes.*)

Área de Rendimiento <i>(Al lado de cada área, nombre los métodos de evaluación usados por el Estado/Distrito)</i>	Grado <i>Al momento de la prueba</i>	Resultado Oficial/Porcentil	Nivel de Rendimiento /Resultados
Inglés / Artes del Lengua (ELA):			
Historia / Ciencias Sociales:			
Matemáticas:			
Ciencia:			
Examen de Egreso de la Preparatoria de California (CAHSEE) ELA			
Examen de Egreso de la Preparatoria de California (CAHSEE) Matemáticas			
Otro:			

- Adaptaciones no son necesarias para los exámenes del Estado/Distrito
- Adaptaciones sí son necesarias para los exámenes del Estado/Distrito y serán agregadas al plan de la Sección 504

**Estatus del Idioma: Nivel del Desarrollo del Idioma Inglés (ELD):**

¿El estatus del idioma del estudiante impacta el logro? Explique la eficacia de las estrategias lingüísticas.

**Salud/Información Médica** (*Proporcionar información reciente.*)

Fecha del Examen de la Vista: _____ Resultados: _____ Notas: _____	Fecha de la Detección Auditiva: _____ Resultados: _____ Notas: _____
--	--

¿Tiene el estudiante algún problema de salud?  No  Sí (Si su respuesta es sí, explique.):

¿El alumno actualmente recibe atención médica?  No  Sí (Si su respuesta es sí, explique.):

¿Actualmente, el estudiante está tomando algún medicamento en casa o en la escuela?  No  Sí (Si su respuesta es sí, explique.):

¿Tiene el estudiante dificultades para acceder a los entornos físicos o necesita apoyo físico en el plantel escolar?  
 No  Sí (Si su respuesta es sí, explique.):

Resumen de información de salud adicional proporcionada por: \_\_\_\_\_ Fecha: \_\_\_\_\_  
*(Si se proporcionó información médica adicional, resumir a continuación.):*

Estudiante	Fecha de Nacimiento	Fecha de la Junta
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**DETERMINACIÓN DE MANIFESTACIÓN (SOLO PARA EL CAMBIO DE UBICACIÓN POR DISCIPLINA)**

Complete esta sección sólo si el estudiante está siendo considerado para cambio de ubicación por razones disciplinarias o el número total de días de suspensión en un año escolar es de 10 o más. Antes de cambiar la ubicación de un estudiante por razones disciplinarias, la Sección 504 del equipo debe llevar a cabo una evaluación para determinar si la conducta fue el resultado directo de la incapacidad del estudiante. Si el equipo determina que la conducta no estaba relacionada con la discapacidad del estudiante, se puede hacer un cambio de ubicación.

Resumir la conducta sujeta a medidas disciplinarias (El equipo de la Sección 504 no debe abordar si se ha producido la supuesta conducta.):

Basado en la revisión de los datos mencionados anteriormente, el equipo de la Sección 504 ha determinado:

- |   |   |
|---|---|
| <input type="checkbox"/> La conducta en cuestión fue causada por, o directamente y sustancialmente relacionado con la discapacidad del estudiante.<br>Y/O<br><input type="checkbox"/> La conducta en cuestión fue el resultado directo del fracaso de la escuela para implementar el Plan de Sección 504 del estudiante.<br><input type="checkbox"/> Si cualquiera de lo anterior se comprueba, el comportamiento es una manifestación de la discapacidad del estudiante. | <input type="checkbox"/> La conducta en cuestión no fue causada por, o directamente y sustancialmente relacionado con la discapacidad del alumno o de un resultado directo de la falta de la escuela para implementar el Plan de Sección 504 del estudiante.<br><br><input type="checkbox"/> La conducta no es una manifestación de la discapacidad del estudiante. |
|---|---|

**DETERMINACIÓN DE ELEGIBILIDAD**

Revise las Secciones 1, 2 y 3 para determinar elegibilidad y complete la sección que representa con mayor precisión los resultados de la evaluación. El equipo de la Sección 504 comprende la definición de discapacidad se interpretará en sentido amplio, en la medida máxima permitida. El equipo de evaluación de la Sección 504 debe tener en cuenta:

- Si los estudiantes son elegibles para protecciones contra la discriminación bajo la Sección 504, y si es elegible para las protecciones
- Ya sea que los estudiantes también requiere adaptaciones / servicios con el fin de recibir el mismo acceso a los programas educativos.

*Se trata de una determinación de la educación y no un diagnóstico médico. Deficiencias, ya sea episódica, en remisión o mitigado también debe aparecer como discapacidades físicas / mentales. Amplia documentación no debe ser necesaria para la diabetes, la epilepsia, el trastorno bipolar y el autismo.*

**1. Cumple con los criterios de protecciones contra la discriminación y requiere adaptaciones/servicios de un Plan de la Sección 504**

El alumno tiene la siguiente discapacidad física o mental(s) \_\_\_\_\_ que afecta a las siguientes actividades principales de la vida y tiene una limitación sustancial de o es incapaz de realizar las siguientes actividades principales de la vida en comparación con la edad / compañeros de nivel de grado: (Marque todas las que apliquen.)

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Aprendizaje   | <input type="checkbox"/> Hablando     | <input type="checkbox"/> La función intestinal   | <input type="checkbox"/> Realización de tareas manuales |
| <input type="checkbox"/> Lectura       | <input type="checkbox"/> Respiración  | <input type="checkbox"/> La función vesical      | <input type="checkbox"/> Función circulatoria           |
| <input type="checkbox"/> Concentración | <input type="checkbox"/> Durmiendo    | <input type="checkbox"/> Función digestiva       | <input type="checkbox"/> La función neurológica         |
| <input type="checkbox"/> Trabajando    | <input type="checkbox"/> Caminando    | <input type="checkbox"/> Función endocrina       | <input type="checkbox"/> El crecimiento celular normal  |
| <input type="checkbox"/> Pensando      | <input type="checkbox"/> Levantando   | <input type="checkbox"/> La función respiratoria | <input type="checkbox"/> Funciones de sistema inmune    |
| <input type="checkbox"/> Comunicándose | <input type="checkbox"/> Agachando    | <input type="checkbox"/> La función del cerebro  | <input type="checkbox"/> Otro:                          |
| <input type="checkbox"/> Visión        | <input type="checkbox"/> Estar de Pie | <input type="checkbox"/> Función Reproductiva    |   |
| <input type="checkbox"/> Audición      | <input type="checkbox"/> Comiendo     | <input type="checkbox"/> El cuidado de uno mismo |   |

**2. Cumple con los criterios de protecciones contra la discriminación como un estudiante con una discapacidad física o mental, en este momento un plan de la Sección 504 no se requiere**

El alumno tiene la siguiente discapacidad física o mental(s) \_\_\_\_\_, pero no se limita sustancialmente, es capaz de realizar actividades de la vida en comparación con la edad / compañeros de grado, y no requiere de adaptaciones / servicios en un plan de la Sección 504 para recibir la igualdad de acceso al programa educativo en este momento debido a la:

- Episódica (deterioro puede estar limitando sustancialmente en los momentos irritantes o desencadenantes están presentes, pero no es sustancialmente limitante es decir alergias, asma, migrañas, fibrosis quística, etc.)
- Remisión (deterioro que fue una vez activa y limitar sustancialmente a la vez, y podría volver, es decir, cáncer, hepatitis, etc.)
- Las Medidas de Mitigación (recibir tratamiento, pero se limitaría sustancialmente en ausencia de tratamiento, es decir, medicamentos, suministros médicos, equipo, tecnología de asistencia, etc.)

Otro: \_\_\_\_\_

El Padre ha negado el consentimiento para adaptaciones/servicios de la Sección 504.

El alumno ha sido identificado como elegible para educación especial por un equipo de Programa de Educación Individualizada (IEP) y las adaptaciones/servicios serán documentadas en el IEP.

**3. No satisface con el criterios para la Protección de no discriminación y no requiere adaptaciones/servicios de un Plan de la Sección 504**

El alumno no tiene un impedimento físico o mental que limita sustancialmente las actividades importantes de la vida y no es elegible bajo la Sección 504. (Proporcionar una justificación.):

El estudiante ya no tiene un impedimento físico o mental que limita sustancialmente las actividades importantes de la vida y es dado de alta del programa 504.



DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES  
Oficina para el Cumplimiento de la Equidad Educativa

IIIa. Meeting

**AVISO DE REUNIÓN DE DETERMINACIÓN DE ELEGIBILIDAD DE LA EVALUACIÓN DE LA SECCIÓN 504**

Identificación del Estudiante:		504 Fecha de Reunión de Evaluación:	
Apellido	Nombre	Grado	
Escuela	Centro de Servicios Educativos		
Idioma Primario del Estudiante	Nivel del Desarrollo del Idioma Inglés		

Fecha	
-------	--

Estimado	Padre(s) / Tutor(es)
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- El equipo de la Sección 504 se reunió para evaluar a su hijo/a para determinar si él / ella tiene una limitación física/mental que limita sustancialmente una actividad importante de la vida y requiere adaptaciones/servicios bajo la Sección 504 y concluyó lo siguiente:
- Su hijo/a cumple con los criterios como discapacitado/a bajo la Sección 504, tiene derecho a protecciones contra la discriminación, y requiere adaptaciones/servicios tal como se documenta en el Plan de la Sección 504 que esta adjunto.
  - Su hijo/a cumple con los criterios como discapacitado/a bajo la Sección 504, tiene derecho a protecciones contra la discriminación, pero no requiere adaptaciones/servicios bajo el Plan de la Sección 504 en este momento.
  - Su hijo/a no cumple los criterios como discapacitado/a bajo la Sección 504, tiene derecho a protecciones contra la discriminación, pero no requiere adaptaciones/servicios en un Plan de la Sección 504 en este momento.
- El equipo de la Sección 504 se reunió para determinar si existe una relación directa entre la conducta de su hijo y la discapacidad y / o si la conducta es el resultado de la falla del distrito para implementar el Plan de la Sección 504 y concluyó lo siguiente:
- La conducta de su hijo/a fue causada por, o directamente y sustancialmente relacionado con la discapacidad de su hijo/a.
  - La conducta de su hijo/a fue el resultado directo de la falta de la escuela de implementar el Plan de la Sección 504.
  - La conducta de su hijo no fue causada por, o directamente y sustancialmente relacionado con la discapacidad, o una consecuencia directa de la falta de la escuela de implementar el Plan de la Sección 504.

El Distrito alienta y facilita la resolución de quejas informales. Los padres tienen el derecho de apelar / en desacuerdo con las decisiones de la escuela con respecto a la identificación, evaluación, o adaptaciones / servicios de los estudiantes bajo la Sección 504, incluido el derecho a solicitar una mediación informal o una audiencia imparcial. Por favor, consulte los anexos de la sección 504 "Garantías Procesales para Padres" para otras opciones de apelación.

Apelaciones / solicitudes deben hacerse por escrito y enviarse a cualquiera:

Centro de Servicios Educativos - \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Teléfono: \_\_\_\_\_

District Section 504 Coordinator  
 Educational Equity Compliance Office  
 333 S. Beaudry Ave. – 20th Floor  
 Los Angeles, CA 90017  
 (213) 241-7682

Atentamente,

Designado de la Sección 504 de la Escuela	Teléfono
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LOS ANGELES UNIFIED SCHOOL DISTRICT  
Educational Equity Compliance Office

IIIb. Meeting

**SECTION 504 PLAN** Page \_\_\_ of \_\_\_

Student ID		Date		3 Year Re-Evaluation Due	
Last Name		First Name		Grade	
School		Educational Service Center			
Student's Primary Language		English Language Development Level			

**PHYSICAL/MENTAL IMPAIRMENT**

Student has the following physical or mental impairment(s): \_\_\_\_\_.

**➤ ACCOMMODATIONS**

- State/District testing accommodations are not required.
- State/District testing accommodations are required and identified in the Related Accommodation section below.
- Behavioral accommodations are not required.
- Behavioral accommodations are required and identified in the Related Accommodation section below.

➤ Identified Need	➤ Related Accommodation	➤ Responsible Individual(s)

**PARENTAL CONSENT**

- I have been provided a copy of the Section 504 Plan developed for my child and the notice of Section 504 Parent Procedural Safeguards.
- I participated in the Section 504 team meeting.
- I consent to the Section 504 Plan
- I do not consent to the Section 504 Plan
  - I refuse consent to the Section 504 Plan and understand that it will not be implemented for my child.
  - I disagree with the Section 504 Plan and seek resolution of the following concern(s):  
\_\_\_\_\_

Parent Signature		Date	
------------------	--	------	--

LOS ANGELES UNIFIED SCHOOL DISTRICT  
 Educational Equity Compliance Office

IIIb. Meeting

**SECTION 504 PLAN** Page \_\_ of \_\_

Student ID			Date		
Last Name		First Name		Grade	
School			Educational Service Center		
Student's Primary Language		English Language Development	Level		

➤ ACCOMMODATIONS		
➤ Identified Need	➤ Related Accommodation	➤ Responsible Individual(s)

**SECTION 504 PLAN** Page \_\_ of \_\_

Student ID			Date		
Last Name		First Name		Grade	
School			Educational Service Center		
Student's Primary Language			English Language Development Level		

➤ ACCOMMODATIONS		
➤ Identified Need	➤ Related Accommodation	➤ Responsible Individual(s)

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Educational Equity Compliance Office

IIIb. Meeting

**SECTION 504 PLAN** Page \_\_ of \_\_

Student ID			Date		
Last Name		First Name		Grade	
School			Educational Service Center		
Student's Primary Language		English Language Development	Level		

➤ ACCOMMODATIONS		
➤ Identified Need	➤ Related Accommodation	➤ Responsible Individual(s)

**DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES**  
**Oficina para el Cumplimiento de la Equidad Educativa**

IIIb. Meeting

**Plan de la Sección 504 Pagina \_\_ de \_\_**

Identificación del Estudiante:		Fecha:	3 Años Re Evaluación Debido:	
Apellido	Nombre	Centro de Servicios Educativos (ESC)		Grado
Escuela		Nivel del Desarrollo del Idioma Inglés		
Idioma Primario del Estudiante				

**DISCAPACIDAD FÍSICA/MENTAL**

El estudiante tiene la siguiente discapacidad física o impedimento(s) mental(es):  
 \_\_\_\_\_.

**➤ ADAPTACIONES.**

- Adaptaciones para los exámenes del Estado / Distrito no se requieren.
- Adaptaciones para los exámenes de Estado / Distritos se requieren y se identifican en la sección de Adaptaciones Afines abajo.
- Adaptaciones de comportamiento no son requeridos.
- Adaptaciones de comportamiento son requeridos y se identifican en la sección de Adaptaciones Afines abajo.

➤ Necesidades Identificadas	➤ Servicios Afines	➤ Persona Responsable (s)

**CONSENTIMIENTO DE LOS PADRES**

Se me ha entregado una copia del Plan de la Sección 504 desarrollado para mi niño y la notificación de la Sección 504 de Garantías Procesales de Padres.

Yo participé en la reunión del equipo de la Sección 504.

<input type="checkbox"/> Doy mi consentimiento para el Plan de la Sección 504	<input type="checkbox"/> No doy mi consentimiento para el Plan de la Sección 504 <ul style="list-style-type: none"> <li><input type="checkbox"/> Niego mi consentimiento para el Plan de la Sección 504 y entiendo que no se llevará a cabo para mi hijo.</li> <li><input type="checkbox"/> No estoy de acuerdo con el Plan de la Sección 504 y busco resolver la siguiente preocupación (s):                      _____</li> </ul>
---	---

Firma del Padre	Fecha
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DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES  
 Oficina para el Cumplimiento de la Equidad Educativa

IIIb. Meeting

**Plan de la Sección 504** Pagina \_\_ de \_\_

Identificación del Estudiante:		Fecha:	
Apellido	Nombre	Grado	
Escuela	Centro de Servicios Educativos (ESC)		
Idioma Primario del Estudiante	Nivel del Desarrollo del Idioma Inglés		

➤ ADAPTACIONES.		
➤ Necesidades Identificadas	➤ Servicios Afines	➤ Persona Responsable (s)

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES  
 Oficina para el Cumplimiento de la Equidad Educativa

IIIb. Meeting

**Plan de la Sección 504** Pagina \_\_ de \_\_

Identificación del Estudiante:		Fecha:	
Apellido	Nombre	Grado	
Escuela	Centro de Servicios Educativos (ESC)		
Idioma Primario del Estudiante	Nivel del Desarrollo del Idioma Inglés		

➤ ADAPTACIONES.		
➤ Necesidades Identificadas	➤ Servicios Afines	➤ Persona Responsable (s)



DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES  
 Oficina para el Cumplimiento de la Equidad Educativa

IIIb. Meeting

**Plan de la Sección 504** Pagina \_\_ de \_\_

Identificación del Estudiante:		Fecha:	
Apellido	Nombre	Grado	
Escuela	Centro de Servicios Educativos (ESC)		
Idioma Primario del Estudiante	Nivel del Desarrollo del Idioma Inglés		

➤ ADAPTACIONES.		
➤ Necesidades Identificadas	➤ Servicios Afines	➤ Persona Responsable (s)

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
 Educational Equity Compliance Office

IV. Follow-Up

<b>SECTION 504 PLAN DISTRIBUTION NOTICE</b>				
The following student requires that accommodations be implemented as documented in the attached Section 504 Plan.				
Today's Date				
Student ID				
Last Name		First Name		Grade
School			Educational Service Center	

<b>From:</b>	
	Administrator/Section 504 Designee

To Responsible Personnel Listed Below:		
Last Name	First Name	Title

The Los Angeles Unified School District is committed to providing a working and learning environment that is free of discrimination, harassment, intimidation and bullying. The District affirms that no qualified student with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination, harassment, intimidation and bullying under any District program or activity. The denial of equal access to District education programs and/or activities and/or the denial of a "free appropriate public education" (FAPE) on the basis of a student's disability (ies) is considered disability-based discrimination under federal and state law.

The Section 504 Plan is a legal document and must be implemented as written. Disregard of the protected rights of students with disabilities may result in a complaint investigation and ruling by the United States Department of Education, Office for Civil Rights (OCR) and/or disciplinary action. Additionally, personal civil suits may be filed on behalf of students against individual District employees who fail to comply with Section 504 mandates.

If you have any questions, or concerns regarding the student's accommodations or the District's obligation under Section 504 of the Rehabilitation Act, please contact me to discuss.

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Educational Equity Compliance Office

IV. Follow-Up

**NOTICE OF SECTION 504 ELIGIBILITY DETERMINATION**

Student ID		504 Evaluation Meeting Date	
Last Name	First Name	Grade	
School	Educational Service Center		
Student's Primary Language	English Language Development Level		

Date	
------	--

Dear	
	Parent/Guardian

- The Section 504 team met to evaluate your child to determine if he/she has a mental/physical impairment that substantially limits a major life activity and requires accommodations/services under Section 504 and concluded the following:
- Your child meets the criteria as disabled under Section 504, is eligible for nondiscrimination protections, and does require accommodations/services as documented in the attached Section 504 Plan.
  - Your child meets the criteria as disabled under Section 504, is eligible for nondiscrimination protections, but does not require accommodations/services in a Section 504 plan at this time.
  - Your child does not meet the criteria as disabled under Section 504, is not eligible for nondiscrimination protections, and does not require accommodations/services in a Section 504 plan.
- The Section 504 team met to determine if there is a direct link between your child's conduct and disability and/or whether the conduct is a result of the District's failure to implement the Section 504 plan and concluded the following:
- Your child's conduct was caused by, or directly and substantially related to your child's disability.
  - Your child's conduct was a direct result of the school's failure to implement the Section 504 plan.
  - Your child's conduct was not caused by, or directly and substantially related to the disability, or a direct result of the school's failure to implement the Section 504 plan.

The District encourages and facilitates informal complaint resolutions. Parents have the right to appeal/disagree with the school site's decisions with regard to the identification, evaluation, or accommodations/services of students under Section 504, including the right to request an informal mediation or impartial hearing. Please consult the attached *Section 504 Parent Procedural Safeguards* for other appeal options.

Appeals/requests must be put in writing and sent to either:

Educational Service Center - _____ _____ Phone: _____	District Section 504 Coordinator Educational Equity Compliance Office 333 S. Beaudry Avenue – 20th Floor Los Angeles, CA 90017 (213)241-7682
---	--

Sincerely,

School Section 504 Designee	Phone
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Form 9: Notice of Section 504 Eligibility Determination  
Attachment: Form 2: Section 504 Parent Procedural Safeguards

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Educational Equity Compliance Office

IV. Follow-Up

**SECTION 504 COMPLAINT FORM**

Complainant's Last Name				Complainant's First Name		
Address:						
City:			State			Zip Code
Home Phone			Message/Work Phone			
Student's Full Name:				Student's Birth Date:		
Student's School of Attendance:						

**DOCUMENTATION OF CONCERNS**

- This complaint concerns allegations of :
- Violation(s) of Section 504 policy/procedure.
  - Disagreement with the District's decisions regarding identification, evaluation, and/or accommodations/services under Section 504.
  - Failure to implement the Section 504 Plan.
  - Discrimination/harassment based on disability. *(Complaints must be filed within 6 months of the last occurrence of the alleged discrimination or when knowledge of the facts was first obtained.)*

Give facts about the complaint. Provide details that might be helpful to the investigator, such as names of those involved, dates, whether witnesses were present, remedies provided, etc.:

I have attached the following documents that support my complaint:  No  Yes *(List the documents)*

List the name and title of all District personnel you've contacted regarding your complaint:

**REQUEST FOR RESOLUTION**

Explain what you would like to happen in order to resolve your complaint:

I certify that the foregoing is true and correct:

Signature:				Date:		
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Return to: Educational Equity Compliance Office - Los Angeles Unified School District 333 S. Beaudry Avenue - 20th Floor, Los Angeles, CA 90017 Phone: (213) 241-7682 Fax: (213) 241-3312
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For office use only	Date received:		Initial:	
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Form 10: Section 504 Complaint Form  
Attachment: Form 2: Section 504 Parent Procedural Safeguards

**Section 504 Plan  
Parent Request to Revoke Consent**

*For additional information regarding Section 504, please contact your school's Section 504 Designee: \_\_\_\_\_  
at (Ph.) \_\_\_\_\_ or you may call the District's Educational Equity Compliance Office at (213) 241-7682.*

Student ID		Date	
Last Name	First Name	Grade	
School	Educational Service Center		
Student's Primary Language	English Language Development	Level	

Dear Parent/Guardian,

This is in response to your written request dated \_\_\_\_\_, to revoke consent for your child to receive Section 504 Plan accommodations and services. The Los Angeles Unified School District recognizes a parent's right to revoke consent for Section 504 accommodations and services. Prior to ceasing the provision of Section 504 accommodations and services, the District is required to provide written notice.

Based on your request to revoke consent for the continued provision of Section 504 accommodations and services, the District will discontinue all Section 504 accommodations and services for your child on \_\_\_\_\_, fifteen calendar days from the date of this letter. After that date, the accommodations and services agreed to in your child's most current Section 504 plan will no longer be provided to your child. Although still covered by nondiscrimination protections under Section 504, your child will be required to do the following without the accommodations and services documented in the Section 504 plan:

1. Participate in the District grade-level general education curriculum.
2. Participate in State and District-wide assessments.
3. Follow student codes of conduct specified in the District's Parent Student Handbook.
4. Complete diploma requirements in order to participate in graduation ceremonies.
5. Other (*Specify additional impact, if applicable*):

---

Your revocation of consent releases the District from liability in regard to providing your child with a free appropriate public education. If, in the future, you wish to have your child considered for Section 504 plan accommodations and services, you may submit your request for a Section 504 evaluation to staff at your child's school.

Sincerely,

---

Administrator

Form 11: Section 504 Plan Parent Request to Revoke Consent  
Attachment: Form 2: Section 504 Parent Procedural Safeguards

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES  
Oficina para el Cumplimiento de la Equidad Educativa

IV. Follow-Up

**AVISO DE REUNIÓN DE DETERMINACIÓN DE ELEGIBILIDAD DE LA EVALUACIÓN DE LA SECCIÓN 504**

Identificación del Estudiante:		504 Fecha de Reunión de Evaluación:	
Apellido	Nombre	Grado	
Escuela	Centro de Servicios Educativos		
Idioma Primario del Estudiante	Nivel del Desarrollo del Idioma Inglés		

Fecha	
-------	--

Estimado	Padre(s) / Tutor(es)
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- El equipo de la Sección 504 se reunió para evaluar a su hijo/a para determinar si él / ella tiene una limitación física/mental que limita sustancialmente una actividad importante de la vida y requiere adaptaciones/servicios bajo la Sección 504 y concluyó lo siguiente:
  - Su hijo/a cumple con los criterios como discapacitado/a bajo la Sección 504, tiene derecho a protecciones contra la discriminación, y requiere adaptaciones/servicios tal como se documenta en el Plan de la Sección 504 que esta adjunto.
  - Su hijo/a cumple con los criterios como discapacitado/a bajo la Sección 504, tiene derecho a protecciones contra la discriminación, pero no requiere adaptaciones/servicios bajo el Plan de la Sección 504 en este momento.
  - Su hijo/a no cumple los criterios como discapacitado/a bajo la Sección 504, tiene derecho a protecciones contra la discriminación, pero no requiere adaptaciones/servicios en un Plan de la Sección 504 en este momento.
  
- El equipo de la Sección 504 se reunió para determinar si existe una relación directa entre la conducta de su hijo y la discapacidad y / o si la conducta es el resultado de la falla del distrito para implementar el Plan de la Sección 504 y concluyó lo siguiente:
  - La conducta de su hijo/a fue causada por, o directamente y sustancialmente relacionado con la discapacidad de su hijo/a.
  - La conducta de su hijo/a fue el resultado directo de la falta de la escuela de implementar el Plan de la Sección 504.
  - La conducta de su hijo no fue causada por, o directamente y sustancialmente relacionado con la discapacidad, o una consecuencia directa de la falta de la escuela de implementar el Plan de la Sección 504.

El Distrito alienta y facilita la resolución de quejas informales. Los padres tienen el derecho de apelar / en desacuerdo con las decisiones de la escuela con respecto a la identificación, evaluación, o adaptaciones / servicios de los estudiantes bajo la Sección 504, incluido el derecho a solicitar una mediación informal o una audiencia imparcial. Por favor, consulte los anexos de la sección 504 "Garantías Procesales para Padres" para otras opciones de apelación.

Apelaciones / solicitudes deben hacerse por escrito y enviarse a cualquiera:	
Centro de Servicios Educativos - _____ _____ _____ Teléfono: _____	District Section 504 Coordinator Educational Equity Compliance Office 333 S. Beaudry Ave. – 20th Floor Los Angeles, CA 90017 (213) 241-7682

Atentamente,

Designado de la Sección 504 de la Escuela	Teléfono
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Form 9: Notice of Section 504 Eligibility Determination

Attachment: Form 2: Section 504 Parent Procedural Safeguards

BUL-4692.6

Office of the General Counsel

October 27, 2017

DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES  
Oficina para el Cumplimiento de la Equidad Educativa

IV. Follow-Up

**FORMULARIO DE QUEJAS DE LA SECCIÓN 504**

Apellido del Demandante				Nombre del Demandante		
Domicilio:						
Ciudad:			Estado			Código Postal
Teléfono				Tel. de Trabajo		
Nombre del Estudiante:				Fecha de Nacimiento del Estudiante:		
Escuela que asiste el Estudiante:						

**DOCUMENTACIÓN DE PREOCUPACIONES**

Esta queja se refiere a alegatos de:

- Violación(es) de políticas/procedimientos de la Sección 504.
- El desacuerdo con las decisiones del Distrito sobre la identificación, evaluación y / o adaptación / servicios bajo la Sección 504.
- La falta de implementar el Plan de la Sección 504.
- Discriminación / acoso por razón de discapacidad. (Las quejas deben ser presentadas dentro de los 6 meses de la última aparición de la supuesta discriminación o cuando se tuvo conocimiento de los hechos.)

Cuales son los hechos acerca de la queja. Proporcionar detalles que puedan ser útil para el investigador, como los nombres de los involucrados, las fechas, hubo testigos presentes, remedios proporcionados, etc.:

Adjunte los siguientes documentos que apoyan mi queja:  No  Sí *(Adjunte los documentos)*

Anote el nombre y el título de todo el personal del Distrito que ha contactado con respecto a su queja:

**SOLICITUD DE RESOLUCIÓN**

Explique los resultados que espera para resolver su queja:

Certifico que lo anterior es verdadero y correcto:

Firma:				Fecha:		
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Devuelva a:  
Educational Equity Office – Los Angeles Unified School District  
333 S. Beaudry Ave. – 20th Floor; Los Angeles, CA 90017  
Teléfono: (213) 241-7682  
Fax: (213) 241-3312

For Office use only	Date Received:			Inicial:		
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Form 10: Section 504 Complaint Form  
Attachment: Form 2: Section 504 Parent Procedural Safeguards

**Plan de la Sección 504**  
**Petición de los Padres para Revocar el Consentimiento**  
*Para obtener información adicional acerca de la Sección 504, comuníquese con el designado de la Sección 504 de su escuela: \_\_\_\_\_ al (Tel.) \_\_\_\_\_ o puede llamar a la Oficina para el Cumplimiento de la Equidad Educativa del Distrito al (213) 241-7682.*

Identificación del Estudiante:			Fecha:		
Apellido		Nombre		Grado	
Escuela			Centro de Servicios Educativos		
Idioma Primario del Estudiante		Nivel del Desarrollo del Idioma Inglés			

Estimado Padre/Tutor,

Esto es en respuesta a su solicitud por escrito con fecha \_\_\_\_\_, para revocar su consentimiento para que su hijo reciba las Adaptaciones y los servicios del Plan de la Sección 504. El Distrito Escolar Unificado de Los Ángeles reconoce el derecho de los padres a revocar el consentimiento para la sección de Adaptaciones y servicios 504. Antes de dejar la disposición de el adaptaciones y servicios de la Sección 504, se requiere que el Distrito proporcione aviso por escrito.

De acuerdo con su petición de revocar su consentimiento para la provisión continua de la Sección 504 alojamientos y servicios, el Distrito interrumpirá todas las adaptaciones y servicios de la Sección 504 alojamientos y servicios para su hijo en \_\_\_\_\_, quince días hábiles desde la fecha de esta carta. Después de esa fecha, las adaptaciones y los servicios acordados en el más reciente Plan de la Sección 504 de su hijo/a ya no se distribuyen al personal o proporcionado a su hijo. Aunque todavía cubierto por protecciones contra la discriminación bajo la Sección 504, su hijo deberá hacer lo siguiente sin las comodidades y servicios documentados en el Plan de la Sección 504:

1. Participar en el plan de estudios de educación general a nivel de grado del Distrito.
2. Participar en las evaluaciones del estado y el Distrito.
3. Seguir los códigos de conducta del estudiante especificados en el Manual de Padres y Estudiantes del Distrito.
4. Complete los requisitos del diploma con el fin de participar en las ceremonias de graduación.
5. Otros (*Especifique impacto adicional, si aplica*):

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Su revocación del consentimiento libera al Distrito de la responsabilidad en lo que respecta a ofrecer a su hijo una educación pública gratuita y apropiada. Si, en el futuro, usted desea que su hijo sea considerado para el plan de la Sección 504, usted puede presentar su solicitud para una evaluación de la Sección 504 para el personal de la escuela de su hijo.

Atentamente,

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Administrador

Form 11: Section 504 Plan Parent Request to Revoke Consent  
 Attachment: Section 504 Parent Procedural Safeguards