

## STUDENT POLICIES

### STUDENT POLICIES GOALS

#### Equal Educational Opportunities

##### Section 504 of the Rehabilitation Act of 1973

It is the policy of the West Genesee Central School District not to discriminate against any otherwise qualified individual with a disability, solely by reason of disability, in admission or access to, or treatment or employment in, any program or activity sponsored by the District.

The 504 Case Manager for each student with a disability is to inform each regular education teacher, special education teacher, related service provider, teaching assistant, teacher's aide, and other provider or support staff person assisting in the implementation of the 504 plan of his or her responsibility to implement the recommendations on a student's 504 plan, including the responsibility to provide specific accommodations, program modifications, supports and/or services in accordance with the 504. That professional employee is to maintain a record of each individual to whom such information is provided.

Any 504 plan that requires review of an Emergency Care Plan (ECP) or Diabetic Medical Management Plan (DMMP) prior to the beginning of the school year will be reviewed with all appropriate staff (including bus drivers) by the last business day preceding the commencement of the school year. If updated information is unavailable, the prior year medical information will be reviewed.

Update  
Presentation: 3/18/15

First  
Vote: 4/1/15

Second  
Vote: 4/15/15

STUDENT POLICIES

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Equal Education Opportunities

Section 504 of the Rehabilitation Act of 1973

**PROCEDURES**

**I. Identification and Referral of Students with Disabilities Under Section 504**

Any student who has or is believed to have a disability under Section 504 of the Rehabilitation Act of 1973 may be referred by a parent, guardian, teacher, or other certified school employee to the 504 Evaluation Team for identification and evaluation of the student's disability and individual needs.

The 504 Evaluation Team shall consist of members who are properly trained and knowledgeable about the student, the meaning of the evaluation data, the individual needs of the student, the student's school history, and the accommodation options.

The 504 Evaluation Team shall consider the referral and, based upon a review of the student's existing records, including academic, social, and behavioral records, make a decision as to whether an accommodation under this program is appropriate. If a request for evaluation is denied, the 504 Evaluation Team will inform the parents or guardians of the decision and of their procedural rights.

**II. Evaluation**

Evaluation of the student and formulation of the accommodation plan will be carried out by the 504 Evaluation Team according to the following procedures:

- A. The 504 Evaluation Team will evaluate the nature of the student's disability and the impact of the disability upon the continued education of the student.
- B. No final determination of whether the student will or will not be identified as disabled within the meaning of Section 504 will be made by the 504 Evaluation Team without first inviting the parents or guardians of the student to attend any meeting at which the determination will be made.
- C. A final decision will be made by the 504 Evaluation Team in writing. At that time, the parents or guardians of the student shall be notified of the Section 504 procedural safeguards available to them.

### **III. Plan for Services**

For a student who has been identified as disabled within the meaning of Section 504 and is in need of specific accommodations, the 504 Evaluation Team shall be responsible for recommending what special services or aids are needed. In making such determination, the 504 Evaluation Team will consider all available relevant information. The parents or guardians will be invited to attend the 504 Evaluation Team meetings when a determination of the reasonable aids and services for the student will be discussed. The parents or guardians may examine all relevant records.

The 504 Evaluation Team will develop a written accommodation plan describing the aids and services to be utilized. The plan will specify how accompanying aids and services will be provided, and by whom.

The 504 Evaluation Team may also determine that no special services are appropriate. If so, the record of the 504 Evaluation Team proceedings will reflect the identification of the student as a disabled person and will state the basis for the decision that no special services are presently needed.

The 504 Evaluation Team will notify the parents or guardians, in writing, of its final decision concerning the aids and services to be provided.

The 504 Case Manager for each student with a disability is to inform each regular education teacher, special education teacher, related service provider, teacher assistant, teacher's aide, and other provider or support staff person assisting in the implementation of the 504 plan of his or her responsibility to implement the recommendations on a student's 504 plan, including the responsibility to provide specific accommodations, program modifications, supports and/or services in accordance with the 504. That professional employee is to maintain a record of each individual to whom such information is provided.

Any 504 plan that requires review of an Emergency Care Plan (ECP) or Diabetic Medical Management Plan (DMMP) prior to the beginning of the school year will be reviewed with all appropriate staff (including bus drivers) by the last business day preceding the commencement of the school year. If updated information is unavailable, the prior year medical information will be reviewed.

### **IV. Procedural Safeguards**

The parents or guardians will be notified in writing of all decisions concerning the identification and evaluation, or the accommodation plan. If requested by parent, the district will provide decisions in a language spoken at home other than English. The parents or guardians shall have the right to a hearing ("Section 504 hearing"), with opportunity for participation by the parents or guardians and their legal counsel. The parents or guardians also have the right to request mediation as a method of resolving conflicts or disputes regarding identification, evaluation, or the accommodation plan.

## **INFORMATIONAL NOTICE REGARDING SECTION 504 OF THE REHABILITATION ACT OF 1973**

Section 504 of the Rehabilitation Act of 1973 is a federal statute which prohibits discrimination against persons with a disability in any program receiving federal financial assistance. A person with a disability is defined under the Act as anyone who:

- Has a mental or physical impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working;
- Has a record of such impairment;
- Is regarded as having such an impairment.

The West Genesee Central School District recognizes a responsibility to avoid discrimination in its policies and practices. As a result, no discrimination against any person with a disability will knowingly be permitted in any of the programs and practices in the school system.

In addition, the District has specific responsibilities under the Act, including the responsibility to identify and evaluate students who may be eligible for services under Section 504. If a student qualifies for protection under Section 504, the District must then provide that student with access to the appropriate educational services necessary for a free appropriate public education. A parent or guardian who disagrees with the determination made by the professional staff of the District, is entitled to mediation and/or an impartial hearing.

The Family Educational Rights and Privacy Act (FERPA) also specifies rights related to the educational records of students. This Act gives the parent or guardian the right to:

- Inspect and review his/her child's educational records;
- Make copies of these records;
- Receive a list of all individuals having access to those records;
- Ask for an amendment to any report on the grounds that it is inaccurate, misleading, or violates a child's rights;
- A hearing on the issue if the school refuses to make the amendment.

Questions regarding this information should be directed to the Director of Staff Relations, West Genesee Central School District, 300 Sanderson Drive, Camillus, New York 13031, (315) 487-4555.

## **NOTICE OF PARENT AND STUDENT RIGHTS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973**

Section 504 of the Rehabilitation Act of 1973 is a nondiscrimination statute enacted by the United States Congress. The purpose of the Act and its accompanying regulations is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to nondisabled students.

An eligible student under Section 504 is a student who

- Has a mental or physical impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working;
- Has a record of such impairment;
- Is regarded as having such an impairment.

Many students will be eligible for educational services under both Section 504 and the Individuals with Disabilities Education Act (IDEA). Students who are eligible under IDEA have many specific rights that are not available to students who are eligible solely under Section 504. It is the purpose of this Notice to set out the rights assured by Section 504 to those disabled students who do not qualify under the IDEA.

As parents or guardians of a student protected by Section 504, the enabling regulations for Section 504, as set out in 34 CFR Part 104, provide you and/or your child with the following rights:

1. You have a right to be informed by the school district of your rights under Section 504. (The purpose of this Notice is to advise you of those rights.)
2. Your child has the right to a free appropriate public education designed to meet his/her individual educational needs as adequately as the needs of nondisabled students are met.
3. Your child has the right to free educational services except for those fees that are imposed on nondisabled students or their parents. Insurers and similar third parties are not relieved from an otherwise valid obligation to provide or pay for services provided to a disabled student.
4. Your child has a right to placement in the least restrictive environment.
5. Your child has a right to facilities, services, and activities that are comparable to those provided for nondisabled students.
6. Your child has a right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement.

7. Testing and other evaluation procedures must conform with the requirements of 34 CFR 104.35 as to validation, administration, areas of evaluation, etc. The District shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, physical or medical reports, student grades, progress reports, parent observations, and anecdotal reports.
8. Placement decisions must be made by a group of persons (i.e., the Student Evaluation Team), including persons knowledgeable about your child, the meaning of the evaluation data, placement options, and the legal requirements for the least restrictive environment and comparable facilities.
9. If eligible under Section 504, your child has a right to periodic reevaluations, every three years.
10. You have the right to notice prior to any action by the District in regard to the identification, evaluation, or placement of your child.
11. You have the right to examine relevant records.
12. You have the right to mediation and/or an impartial hearing with respect to the District's actions regarding your child's identification, evaluation, or educational placement. In an impartial hearing, you have the opportunity for parental participation and representation by an attorney.
13. If you wish to challenge the actions of the District's Student Evaluation Team in regard to your child's identification, evaluation or educational placement, you must file a written Notice of Appeal within 30 calendar days from the time you received written notice of the Student Evaluation Team's action(s) with the District's Section 504 Coordinator (Director of Staff Relations, West Genesee Central School District, 300 Sanderson Drive, Camillus, New York 13031, (315) 487-4555). A hearing will be scheduled before an impartial hearing officer and you will be notified in writing of the date, time and place for the hearing.
14. If you disagree with the decision of the impartial hearing officer, you have a right to a review of that decision by a court of competent jurisdiction.
15. On Section 504 matters other than your child's identification, evaluation, and placement, you have a right to file a complaint with the District 504 Coordinator who will investigate all allegations to the extent warranted by the nature of the complaint in an effort to reach a prompt and equitable resolution.
16. You also have a right to file a complaint with the Office of Civil Rights.

**NOTICE OF GRIEVANCE PROCEDURES  
FOR STUDENTS WITH DISABILITIES PURSUANT TO  
SECTION 504 OF THE REHABILITATION ACT OF 1973**

The West Genesee Central School District does not discriminate on the basis of disability with regard to admission, access to services, treatment, or employment in its programs or activities. Any alleged discriminatory practices within the scope of Section 504 should be addressed through the grievance procedure which follows:

**Step 1**

A parent, guardian, or student who believes he/she has a valid basis for grievance under Section 504 (the "grievant") shall informally discuss the complaint with the District 504 Coordinator.

Within fifteen days of receipt of the grievance, the District 504 Coordinator will investigate and document the complaint and make a determination in writing that there has or has not been a violation of Section 504. If the 504 Coordinator determines that there has been a violation, he/she shall propose a resolution to the complaint.

**Step 2**

If the grievant is not satisfied with the resolution through Step 1, he/she may file a written request for review by the Superintendent of Schools within fifteen days of receipt of the 504 Coordinator's report. To be considered, the written request must fully set out the circumstances giving rise to the alleged grievance.

The Superintendent may request that the grievant, the 504 Coordinator, or any member of the District staff present a written statement setting forth any information that such person has relevant to the grievance and the facts surrounding it.

The Superintendent shall notify all parties concerned as to the time and place for an informal hearing to be held. At the hearing the parties may appear and present oral and written statements supplementing their positions in the case. The hearing will be held within fifteen school days of filing of the request for review with the Superintendent.

The Superintendent will render a determination in writing within fifteen days of the hearing. The determination will include a finding that there has or has not been a violation of Section 504 and a proposal for equitably resolving the complaint.

**Step 3**

If the grievant is not satisfied with the determination of the Superintendent, he/she may file a written request for review by the Board of Education with the Clerk of the Board within fifteen days of receipt of the determination.

The Board of Education will address the complaint at its next regularly scheduled meeting provided the written complaint is received in the Clerk's Office at least one week prior to the next scheduled meeting of the Board.

Within fifteen working days of addressing the complaint, the Board of Education will issue a written disposition of the alleged grievance through the Superintendent's Office.

If the complaint is not satisfactorily resolved following Step 3, further appeal may be made to the United States Office of Civil Rights, Department of Education, Washington, D.C. 20201.

The District 504 Coordinator is:

Director of Staff Relations  
West Genesee Central School District Office  
300 Sanderson Drive  
Camillus, New York 13031  
(315) 487-4555

## **West Genesee School District**

300 Sanderson Drive

Camillus, NY 13031

### **Referral for Suspected Section 504 Disability**

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Counselor: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

In order to qualify for accommodations under 504 law, a student must be determined to have a physical or mental impairment which substantially limits one or more major life activities. The student must have a record of impairment or be regarded as having an impairment.

#### **Physical or Mental Impairment:**

**Limited Major Life Activity:** (ie: walking, seeing, hearing, speaking, breathing, caring for oneself, performing manual tasks, and/or learning)

**Substantially limits:** Indicate how the major life activity is substantially limited. The term "substantially limits" means that the student is either unable to perform a major life activity that the average student of the approximate same age can perform or is significantly restricted as to the condition, manner, or duration under which a particular life activity is performed. The impairment must be substantial when compared to the average student of approximately the same age.

**What parent/guardian contacts have been made with regard to this referral and related concerns?**

**List and/or attach documentation regarding accommodations, special supports or interventions have been implemented?**

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**List and/or attach documentation of suspected mental/physical impairment:**

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**List and/or attach documentation that shows in what manner and to what degree the impairment substantially limits one or more major life activities (ie.: attendance records, direct observations, grade reports, test reports):**

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**504 Committee Members to be invited to Initial Meeting on:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Chair of 504:** \_\_\_\_\_

**Principal:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_

**General Education Teacher:** \_\_\_\_\_

**Psychologist:** \_\_\_\_\_

**Nurse:** \_\_\_\_\_

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



2. Specify the major life activity or activities affected by the impairment:

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(Major life activities include, but are not limited to, performing manual tasks, walking, seeing, hearing, speaking, learning, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating. It also includes the operation of major bodily functions, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.)

3. Describe the impact of the impairment on the major life activity: \_\_\_\_\_

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4. Specify the degree to which the impairment impacts the major life activity, considering the frequency and intensity of the symptoms of the impairment:

1                      2                      3                      4                      5

“1” means that the student can perform the major life activity as well as, or better than, the average person of like age/grade, notwithstanding the physical or mental impairment.

“2” means that the physical or mental impairment **mildly** limits the student’s ability to perform the major life activity, when compared to the ability of the average person of like age and/or grade.

“3” means that the physical or mental impairment **moderately** limits the student’s ability to perform the major life activity, when compared to the ability of the average person of like age and/or grade.

“4” means that the physical or mental impairment **substantially** limits the student’s ability to perform the major life activity, when compared to the ability of the average person of like age and/or grade.

“5” means that, because of the physical or mental impairment, the student can not perform the major life activity at all.

A score of “4” or “5” indicates that the student’s ability to perform the major life activity is substantially limited as a result of the student’s physical or mental impairment, when compared to the ability of the average person of like age and/or grade.

**Determination**

\_\_\_\_\_ The team’s determination was less than a “4”. The student is not a student with a disability entitled to the protections of Section 504.

\_\_\_\_\_ The team’s determination was “4” or “5”. The student is a student with a Section 504 disability. Evaluate whether the student requires a Section 504 Accommodation Plan. (See Question 5.)

5. Does the student require an individualized accommodation plan in order to have his or her educational needs met as adequately as the needs of most nondisabled students are met?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

*If general education interventions available to all students are sufficient to meet the student’s educational needs as adequately as the needs of most nondisabled students are met, the student does not require individualized supports, services or accommodations provided by a Section 504 Accommodation Plan.*

*If mitigating measures used or exercised by the student ameliorate the impact of the student’s impairment so that the student’s educational needs are met as adequately as the needs of most nondisabled students, the student does not qualify for a Section 504 Accommodation Plan.*

*If the impairment is in remission or its episodes are so infrequent that they are unlikely to occur in school, the student does not qualify for a Section 504 accommodation.*

Identify the factors contributing to the Conclusion that a 504 Accommodation Plan is or is not required:

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**504 Accommodation Plan**

Identify the specific aids, supports, services, and/or accommodations that are necessary and write them on the Draft 504 Accommodation Plan.

List and attach documents that were reviewed and considered in this determination:

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District 504 Case Manager/School Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRICT PACKET COVER SHEET**

- Initial Section 504 Meeting**
- 504 Plan Amendment**
- Reevaluation**

STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

DATE SENT \_\_\_\_\_

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Invite the following to the meeting:

PARENT/GUARDIAN/ADDRESS \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

SCHOOL COUNSELOR \_\_\_\_\_

PSYCHOLOGIST \_\_\_\_\_

REGULAR ED TEACHER \_\_\_\_\_

OTHER \_\_\_\_\_

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Items included in packet:

GRADE, \_\_\_\_\_

\_\_\_\_\_ Referral Form

\_\_\_\_\_ Draft Accommodation Plan

\_\_\_\_\_ Documents to review for considering eligibility (include outside reports, report cards, testing results, evaluations)

**Draft Section 504 Accommodation Plan**  
**20\_\_ - 20\_\_ School Year**

Student \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Referral Date \_\_\_\_\_  
504 Meeting Date \_\_\_\_\_

Describe how the identified impairment substantially limits a major life activity:

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Proposed Program/Instructional Accommodations:

Proposed Testing Accommodations

Signature of 504 team members:

Principal \_\_\_\_\_

School Counselor \_\_\_\_\_

Psychologist \_\_\_\_\_

Teacher \_\_\_\_\_

Parent \_\_\_\_\_

Other \_\_\_\_\_

**504 Meeting Minutes Sheet: Annual Review**

Student \_\_\_\_\_ School \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_

Case Manager \_\_\_\_\_

Attendance: \_\_\_\_\_ Principal/Administrator \_\_\_\_\_  
\_\_\_\_\_ School Counselor \_\_\_\_\_  
\_\_\_\_\_ Psychologist \_\_\_\_\_  
\_\_\_\_\_ Teacher \_\_\_\_\_  
\_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

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DISCUSSION:

RECOMMENDATIONS:

**Section 504  
PROCEDURAL SAFEGUARDS**

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**PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION AND PLACEMENT PURSUANT TO SECTION 504 OF THE REHABILITATION ACT**

PLEASE KEEP THIS EXPLANATION FOR FUTURE REFERENCE

The following is a description of the rights granted by this federal law to students with disabilities. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

You have the right to:

1. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability.
2. Have the school district advise you of your rights under this federal law.
3. Receive notice with respect to identification, evaluation, or placement of your child.
4. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
5. Have your child educated in facilities and receive services comparable to those provided non-disabled students.
6. Have your child receive special education and related services if she/he is found to be eligible under the Individuals with Disabilities Educating Act (PL 101-476) or Section 504 of the Rehabilitation Act.
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by a group of persons, including persons who know the student, the evaluation data, and placement options.
8. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the district.

9. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district.
10. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
11. Obtain copies of your child's educational records at a reasonable cost unless the fee would effectively deny you access to the records.
12. Receive a response from the school district to reasonable request for explanations and interpretations of your child's records.
13. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time, and advise you of the right to a hearing.
14. Request mediation or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You and the student may take part in the hearing and have an attorney represent you. Hearing requests must be made to the District 504 Coordinator.
15. File a local grievance.

**Section 504  
Notice of Section 504 Committee Meeting**

\_\_\_\_\_ District Level  
\_\_\_\_\_ Building Level  
\_\_\_\_\_ Annual Review

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

Dear \_\_\_\_\_

A Section 504 meeting has been scheduled to determine if your child, \_\_\_\_\_, is a student with a Section 504 disability and requires a Section 504 Accommodation Plan or, if your child already has a 504 plan, to review that plan. The meeting will be held as follows:

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

Place: \_\_\_\_\_

The following people will be included in the meeting:

- \_\_\_\_\_ Principal/Assistant Principal
- \_\_\_\_\_ School Counselor
- \_\_\_\_\_ Psychologist
- \_\_\_\_\_ General Education teacher
- \_\_\_\_\_ Other:

Please indicate if you are planning to attend by checking the appropriate box below and returning it to the school's main office as soon as possible.

\_\_\_\_\_ **I will attend** the committee meeting.

\_\_\_\_\_ **I request that arrangements be made for me to participate** in the committee meeting **by telephone conference**. I will be available during the scheduled meeting time at the following phone number \_\_\_\_\_.

\_\_\_\_\_ **I will not attend** the committee meeting. I understand the meeting can be held in my absence and that I have the opportunity to address the committee in writing. I also understand that I will be informed of the committee's recommendation by mail and that I may request another meeting if necessary

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

\_\_\_\_\_  
Date

**West Genesee Central School District**

**Section 504 Committee Consent for Evaluation**

Please complete, sign and return this form to the address below

Director of Staff Relations  
West Genesee District Office  
300 Sanderson Drive  
Camillus, NY 13031

RE: \_\_\_\_\_  
DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

----- fold here -----

I understand that my child has been referred to the Section 504 Committee to determine if my child has a disability that substantially limits one or more major life activities. I understand that I must give written consent to the district in order for my child to be evaluated.

I have received and understand the notice that my child has been referred to the Section 504 Committee. I have also received a copy of the Section 504 Procedural Safeguards Notice.

I hereby grant consent for evaluation by the Section 504 Committee:

\_\_\_\_\_  
Parent/Guardian  
(Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WEST GENESEE CENTRAL SCHOOL DISTRICT

**CONFIDENTIAL**

To: \_\_\_\_\_

From: \_\_\_\_\_

Re: 504 Plan for \_\_\_\_\_

Grade: \_\_\_\_\_

The student listed above has a 504 Plan. I am his/her School Counselor. The 504 Plan is available to you on Schooltool. Please read the 504 Access Form below and the 504 Plan on Schooltool. Please sign this form after you have read the 504 Plan for your student and return it to me in the Guidance Office. Feel free to contact me with any questions or concerns.

504 ACCESS FORM

In accordance with Section 504 of the Rehabilitation Act, each regular education teacher who is responsible for the implementation of a student's 504 Plan must access it on Schooltool and be knowledgeable of the accommodations for the student.

The School Counselor, who is the case manager for their students' with 504 Plans, will inform each regular education teacher as to their responsibility to implement the 504 Plan. This will include the regular education teacher's responsibility to provide test accommodations, program modifications or accommodations and any other services or supports the student may be eligible for in accordance with his or her 504 Plan.

I can access this student's 504 Plan through my class list with the Schooltool program. I have read this student's 504 Plan and I understand my responsibility to implement any accommodations for the classroom and/or tests. If I have questions about the 504 Plan I know that I may contact the student's School Counselor.

By signing this I acknowledge the above.

Signed: \_\_\_\_\_  
School Counselor

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

Signed: \_\_\_\_\_  
Regular Education Teacher

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

WEST GENESEE CENTRAL SCHOOL DISTRICT  
**SUPPORT STAFF MEDICAL ACCOMODATIONS**

**CONFIDENTIAL**

To: \_\_\_\_\_

From: \_\_\_\_\_

Building: \_\_\_\_\_

Re: 504 Plan for \_\_\_\_\_

Grade: \_\_\_\_\_

The student listed above has a 504 Plan and a Medical Plan (ECP and/or DMMP). I am his/her School Counselor/School Nurse. The Medical Plan is attached. Please read the Medical Access Form below and the attached Medical Plan. Please sign this form after you have read the Medical Plan for your student and return it to me in the Guidance Office/Nurse's Office. Feel free to contact me with any questions or concerns.

MEDICAL ACCESS FORM

In accordance with Section 504 of the Rehabilitation Act, each support staff member who is responsible for the implementation of a student's Medical Plan must read the attached plan and be knowledgeable of the accommodations for the student.

The School Counselor/Nurse, who is the medical manager for their students' with 504 Plans including Medical Emergency Care Plans, will inform each support staff member as to their responsibility to implement the Emergency Care Plan. This will include the support staff member's responsibility to provide emergency care and any other services or supports the student may be eligible for in accordance with his or her Medical Plan.

I have read this student's Medical Plan and I understand my responsibility to implement any accommodations in an emergency. If I have questions about the Medical Plan I know that I may contact the student's School Counselor or School Nurse.

By signing this I acknowledge the above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
School Counselor/Nurse

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Support Staff (Bus Driver, Food Service Staff, etc.)