

# A Guide for School Personnel and Parents

## Section 504

SOWEGA STEM  
Charter School

REVISED 2021

Natalie Zajac  
504 Coordinator

## TABLE OF CONTENTS

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Section 504 Procedures: page 1

Notice of Parent Rights: page 3

Parental Rights: Page 5

Parent Invitation: Page 6

Referral Packet: Page 7

Parental Consent for Evaluation: Page 12

Parental Consent to Obtain Information: Page 14

Teacher Input Form: Page 15

504 Eligibility Determination: Page 16

504 Plan: Page 20

Teacher Acknowledgement Letter: Page 21

**SOWEGA STEM Charter School**  
**Section 504 Procedures**

1. Section 504 of the Rehabilitation Act of 1973 ensures that students with disabilities have an equal opportunity to the same education that is offered to their average non-disabled peers.

2. A parent or teacher may request a 504 evaluation.

If a teacher has concerns, she/he should meet with the School 504 coordinator to discuss the disability and the Major Life Activity that is being impacted by the disability. For undiagnosed disabilities, interventions and progress monitoring data that indicate a problem must be in place and should be discussed.

If a parent requests a 504 plan, a meeting will be held with the School 504 coordinator to discuss parental rights and review the parent brochure. The School 504 coordinator will document the meeting as a parent conference and identify it as a 504 meeting.

In the parent meeting, documentation should always include that parental rights were discussed and a copy was given to the parents. A 504 disability determination meeting will be scheduled to include: teachers, 504 coordinator, and LEA representative. It may also include: parents, school counselor, school nurse, school psychologist, resource officer, outside agency, etc... Best practice is to always include the parent in the 504 team meeting. If the parent invites an attorney to the meeting without advanced notice to the school, the meeting should be rescheduled for a time when the school attorney can be present.

3. A written invitation to the 504 meeting should be sent/ provided to the parent for him/her to sign. The invitation should include the 504 team members who have been invited. A copy of the signed Invitation should be filed with the school 504 coordinator. If a meeting is scheduled with the parent over the phone, the parent may sign the invitation at the beginning of the meeting.
4. Medical documentation/diagnosis or a psychological evaluation should be obtained prior to holding a disability determination for 504 eligibility. Other information including teacher input, academic grades, documented interventions, etc. should also be considered. A parent report of impairment is not sufficient to verify the existence of a physical or mental impairment.
5. Disability Determinations shall be carried out by a 504 committee charged with that purpose. The 504 team shall obtain information from a variety of sources. No single evaluation report may be the sole determinant of eligibility for 504 accommodations. The team might determine that a psychological evaluation is needed to determine the student's needs. In such cases, parent permission is required. An LEA representative will attend the 504 meetings to discuss possible accommodations. Appropriate accommodations will be determined by the team.
6. If the team verifies the existence of a physical or mental impairment, there must be evidence that it substantially limits a major life activity. In order for the limitation to be considered as substantial, the limitation must be greater than the limitation of other non-disabled peers. After determination is made for 504 eligibility, the committee must then determine if a student requires a 504 plan and the 504 plan should be written and progress monitored.

7. Many students having academic and or behavioral difficulties requiring consideration of a 504 plan may have problems serious enough to warrant a referral for evaluation under IDEA. If the student is not eligible for evaluation or is evaluated and determined not to be eligible under IDEA, the student should be considered for a 504, and the process for determining eligibility for a Section 504 should be followed. If a student is tested and determined eligible for IDEA, but the parent refuses services, the student should be considered for a 504. However, the 504 accommodations may not be the same as those that would have been in the IEP and the 504 cannot offer specialized instruction.
8. If, after a 504 evaluation, a team decides that a student is not eligible for a 504 plan, the school may consider providing some accommodations under a pre-existing or new SST plan. Explain to the parent that the school is willing to continue to make these accommodations, but the student is not eligible for a 504. Also explain that the school is always willing to reconsider eligibility under 504.
9. If a student with a 504 receives ISS or OSS, it is the responsibility of the administrator assigning ISS/OSS to notify the ISS coordinator of the student's 504 plan and accommodations. 504 accommodations will be provided in ISS.
10. Remember, 504 students have the protection of a manifestation determination meeting prior to any OSS suspension past 10 cumulative OSS days.
11. A copy of the 504 must be maintained at the student's school. The school-level 504 coordinator ensures that each person responsible for implementing the plan has a copy of the plan prior to or the day when student enters the classroom.
12. An 504 plans may be reviewed annually. Before a team can cease providing 504 accommodations (close a 504) or change a student's placement, a redetermination by the 504 team must take place. During a re-determination, the team should reconsider original data to determine if it is still applicable as well as obtaining new' data.
13. Special Note: Eligibility for 504 is determined when a student 1) has a physical or mental impairment which substantially limits one or more major life activities, 2) has a record of such an impairment, 3) is regarded as having such an impairment.
14. All progress monitoring of a student's 504 plan will be presented to the 504 coordinator at a minimum of every 9 weeks.
15. Testing modifications related to the student's specific needs and listed on the 504 will be followed routinely in the classroom and on Statewide assessments. Therefore, a 504 should not be written to include a modification/accommodation only for state-wide assessment. No state wide accommodations should be added to the 504 plan within six weeks of state assessment unless there is sufficient evidence that clearly documents the need for such accommodation.
16. The school 504 contacts should maintain school database and responsibly for ensuring student coding in Infinite Campus when student is determined eligible for a 504 plan.

**Notice of Rights of Students and Parents Under Section 504**  
**SOWEGA STEM Charter School**

Section 504 of the Rehabilitation Act of 1973, commonly referred to as "Section 504," is a nondiscrimination statute enacted by the United States Congress. The purpose of Section 504 is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to non-disabled students.

For more information regarding Section 504, or if you have questions or need additional assistance, please contact Ms. Natalie Zajac: Section 504 Coordinator at the following address:

185 Pecan Street  
Shellman, Ga. 39886  
Phone: 229-679-5555  
[nataliezajac@sowegastemcharter.org](mailto:nataliezajac@sowegastemcharter.org)

The implementing regulations for Section 504 as set out in 34 CFR part 104 provide parents and/or students with the following rights:

1. Your child has the right to an appropriate education designed to meet his or her individual educational needs as adequately as the needs of non-disabled peers.
2. Your child has the right to free and appropriate educational (FAPE) services except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties who provide services not operated by or provided by the recipient are not relieved from an otherwise valid obligation to provide or pay for services provided to a disabled student.
3. Your child has a right to participate in an educational setting (academic and nonacademic) with non-disabled students to the maximum extent appropriate to his or her needs.
4. Your child has a right to facilities, services, and activities that are comparable to those provided for non-disabled students.
5. Your child has a right to an evaluation prior to a Section 504 determination of eligibility.
6. You have the right to not consent to the school system's request to evaluate your child.
7. You have the right to ensure that evaluation procedures, which may include testing, conform to the requirements of 34 CFR 104.35.
8. You have the right to ensure that the school system will consider information from a variety of sources as appropriate, which may include aptitude and achievement tests, grades, teacher recommendations and observations, physical conditions, social or cultural background, medical records, and parental recommendations.

9. You have the right to ensure that placement decisions are made by a group of persons, including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities.
10. If your child is eligible under Section 504, your child has a right to periodic reevaluations, including prior to any subsequent significant change of placement.
11. You have the right to notice prior to any actions by the school system regarding the identification, evaluation, or placement of your child.
12. You have the right to examine your child's educational records.
13. You have the right to an impartial hearing with respect to the school system's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney.
14. You have the right to receive a copy of this notice and a copy of the school system's impartial hearing procedures (Section 504 Procedural Safeguards) upon request.
15. If you disagree with the decision of the impartial hearing officer (school board members and other district employees are not considered impartial hearing officers), you have a right to a review of that decision according to the school system's impartial hearing procedure.
16. You have the right to, at any time, file a complaint with the United States Department of Education's Office for Civil Rights.

**SOWEGA STEM Charter  
Notice of Rights under Section 504  
1973 Rehabilitation Act**

**YOUR RIGHTS AS PARENTS REGARDING SECTION 504**

As a parent of a child who has been referred for consideration of eligibility for accommodations under Section 504, you and your child have certain rights which are protected by federal law. We want you to know about these rights.

- Section 504 of the 1973 Rehabilitation Act is a non-discrimination statute barring discrimination on the basis of disability.
- It is the procedure of the SOWEGA STEM Charter System not to discriminate on the basis of disability in its educational programs, activities or employment policies as required by the Act.
- The 1973 Rehabilitation Act requires the school system to locate, evaluate and determine if the student is a qualified individual requiring accommodation necessary to provide access to educational programs.
- Parents are entitled to have the opportunity to review relevant educational records under the Family Education Rights and Privacy Act (FERPA) and in the native language most easily understood by the parent.
- Parents or guardians disagreeing with the decisions reached by school personnel regarding necessary accommodations for access to educational programs may request a hearing before an impartial hearing officer by notifying the school system ADA/Section 504 Coordinator. The parent or guardian is entitled to participate in the hearing and to be represented by counsel.
- The designated SOWEGA STEM Charter System ADA/504 Coordinator is Natalie Zajac. Natalie can be reached at 185 Pecan Street, Shellman, Ga. 39886 or by calling 229-679-5555.

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

# Southwest Georgia S.T.E.M. Charter School

185 Pecan Street | P.O. Box 300  
Shellman, Georgia 39886  
Phone: 229-679-5555 / 229-345-3033  
Fax: 229-679-2018

Ginger Almon  
Superintendent/Principal

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

## 504 Parent Invitation

Dear Parent/Guardian:

This letter is to make you aware of the need to consider whether your child, due to a possible disability, is entitled to certain protections under Section 504 of the Rehabilitation Act of 1973 and/or of the need to review your child's educational program. We are planning a conference as follows:

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

Meeting Location: \_\_\_\_\_

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

Meeting Time: \_\_\_\_\_

The purpose of this conference will be:

\_\_\_\_\_ review/discuss present educational status/504 Plan

\_\_\_\_\_ discuss a referral for possible 504 eligibility

\_\_\_\_\_ discuss evaluation results/determine 504 eligibility

All persons involved with your child will be invited to this meeting. Please complete the reply form below and return it to the 504 Coordinator Natalie Zajac immediately. Should you have any questions or concerns, please do not hesitate to contact me at 229-679-5555, Ext 104.

Sincerely,

Natalie Zajac

Student's Name. \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ I will attend the Section 504 meeting

\_\_\_\_\_ I will not attend the Section 504 meeting

Please send a copy of the appropriate records after the meeting.

Southwest Georgia S.T.E.M. Charter School does not discriminate on the basis of race, color, religion, national origin, age, disability, or gender in its employment practices, student programs, and dealings with the public.





# SOWEGA STEM CHARTER

## Section 504 Referral Packet

### SECTION 1 – STUDENT INFORMATION

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

GTID \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

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

Name of Referring Source \_\_\_\_\_

**Note:** Complete sections 2-5 for all students. Only complete section 7 if behavior is an area of concern.

### SECTION 2 – AREA(S) OF CONCERN

**Only** select areas of concern that significantly impact the student's classroom performance.

- |   |  |
|---|--|
| <input type="checkbox"/> physical limitations         | <input type="checkbox"/> problem-solving skills          |
| <input type="checkbox"/> attention span               | <input type="checkbox"/> organizational skills           |
| <input type="checkbox"/> attendance                   | <input type="checkbox"/> self-control                    |
| <input type="checkbox"/> memory skills                | <input type="checkbox"/> easily confused                 |
| <input type="checkbox"/> activity level               | <input type="checkbox"/> gross motor skills/coordination |
| <input type="checkbox"/> ability to follow directions | <input type="checkbox"/> social/interpersonal skills     |
| <input type="checkbox"/> comprehension                | <input type="checkbox"/> fine motor skills               |
| <input type="checkbox"/> listening skills             | <input type="checkbox"/> passive/nonresponsive           |
| <input type="checkbox"/> communication skills         | <input type="checkbox"/> other _____                     |

Academic progress (provide general description)

Medical/Health (areas of concern) *Note: Vision and/or hearing concerns should be screened and resolved prior to continuing the Section 504 process and documented here.*



## **SOWEGA STEM CHARTER**

### **Section 504 Referral Packet**

**Behavior (provide general description)**

**Emotional/Social (provide general description)**

**Other (areas of concern)**

#### **SECTION 3 – ADDITIONAL CONCERNS**

**Include other information that may be helpful to understand concerns.**

#### **SECTION 4 – STUDENT'S STRENGTHS**



# SOWEGA STEM CHARTER

## Section 504 Referral Packet

### SECTION 5 – PREVIOUS SUPPORTS PROVIDED

**Differentiated Instruction:** How instructional content has been presented to provide a different avenue for the student to acquire content and/or ideas.

**Student Products:** Changing the assignment or project to adjust to student skill, readiness, or learning preference.

**Physical Environment:** Changes to the classroom arrangement and learning environment.

### SECTION 6: ATTACHMENTS

- A. If the student is having academic difficulties, please attach a student work sample, benchmark assessments, and/or progressing monitoring data reflecting specific concern (s).

☐ Work sample(s) attached ☐ N/A

- B. If there is a medical concern, please attach relevant information or history.

☐ Information attached ☐ N/A

- C. If there is a behavioral concern, please attach recent disciplinary action taken or other documentation. **In addition, please complete Section 7: Teacher Input for Addressing Problem Behaviors.**

☐ documentation attached ☐ N/A



# SOWEGA STEM CHARTER

## Section 504 Referral Packet

### SECTION 7 – BEHAVIOR CONCERNS (ONLY IF REFERRING STUDENT FOR BEHAVIOR CONCERNS)

A. Describe the behavior(s) of concern. Use concrete and measurable terms. (e.g. *Sam demonstrates aggressive behavior towards his peers at least three to four times daily. His aggression is characterized by such actions as pushing, inappropriate verbal language and grabbing materials from his peers*).

B. Provide a description of when the behavior(s) occur:

Day or days of the week

Time or times of the day

During certain types of activities or tasks

While in presence of certain people (individuals or groups)

While in specific environments

When fatigued, hungry, or sick



# SOWEGA STEM CHARTER

## Section 504 Referral Packet

C. Identify what the student gains or avoids by demonstrating the behavior(s) of concern.

Avoid tasks  
Avoid attention  
Unknown/uncertain

Avoid embarrassment  
Gain attention  
Nothing

Gain control  
Other \_\_\_\_\_

D. Provide a brief description of specific expectations for the student.

E. Provide a brief description of how the expectations have been communicated to the student.

F. Provide a brief description of the strategies and techniques that have been implemented to address the inappropriate behavior.

### SECTION 8 – PRE-PLACEMENT ACTIVITIES

A. Pre-placement interventions completed? ☐ Yes Date: \_\_\_\_\_ ☐ No

B. Pre-placement data reviewed and analyzed? ☐ Yes Date: \_\_\_\_\_ ☐ No

C. Explanation for response of 'No' to either question, if applicable:



# SOWEGA STEM Charter School

## Section 504 Parental Consent for Evaluation

\_\_\_\_\_  
(Date)

Dear Parent of \_\_\_\_\_  
(Child's Name)

Your child was referred by \_\_\_\_\_ and was recommended for evaluation by the Student Support Team. The referral indicates that your child may be eligible for supports and/or services under **Section 504 of the 1973 Rehabilitation Act**. We would like to begin the process of determining whether your child qualifies for Section 504 protections.

The next step in determining eligibility is an evaluation that may include (but is not limited to) a review and/or administration of the following:

- |                    |                      |                 |
|--------------------|----------------------|-----------------|
| ▪ Grades           | ▪ Discipline Records | ▪ Behavioral    |
| ▪ Parent Reports   | ▪ Medical Tests      | Assessment      |
| ▪ Teacher Reports  | ▪ Achievement Tests  | ▪ Psychological |
| ▪ Academic Records | ▪ Work Samples       | Evaluation      |

Upon completion of an evaluation, you will be invited to a meeting to discuss the evaluation results and possible eligibility for Section 504 supports and accommodations. No changes will be made in your child's educational program until we hold the meeting and you provide any additional consent. Providing this consent to evaluate does not allow the system to provide Section 504 supports or accommodations.

Please indicate your decision to have your child evaluated for Section 504 services below.

☐ **Yes**, I agree for my child \_\_\_\_\_ to be evaluated.

☐ **No**, I do not agree for the following reasons:

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SOWEGA STEM Charter School  
Section 504 Parental Consent for Evaluation

This form should be signed below and then returned to:

\_\_\_\_\_  
Name Title Phone Number

If we do not receive this form by \_\_\_\_\_, we will contact you about your  
decision. (Date)

\_\_\_\_\_  
Signature of Parent Date

**SECTION 504**  
**SOWEGA STEM CHARTER SCHOOL**  
185 Pecan Street  
Shellman, Georgia 39886  
PHONE # 229-679-5555

**AUTHORIZATION TO OBTAIN/RELEASE CONFIDENTIAL INFORMATION**

Student's Name: \_\_\_\_\_ School attending \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

I HEREBY REQUEST AND AUTHORIZE:

SOWEGA STEM Charter School  
185 Pecan Street  
PO BOX 300  
SHELLMAN, GEORGIA 39886

TO OBTAIN FROM OR RELEASE TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

THE FOLLOWING INFORMATION: \_\_\_\_\_

FOR THE PURPOSE OF: \_\_\_\_\_

**ALL INFORMATION I HEREBY AUTHORIZE TO BE OBTAINED FROM/BY THIS AGENCY WILL BE HELD STRICTLY CONFIDENTIAL AND CANNOT BE RELEASED AGAIN WITHOUT MY WRITTEN CONSENT.**

**\*\* Education records means the type of records covered under the definition of "education records" in 34 C.F.R. part 99 (the regulations implementing the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g (FERPA)). [34 C.F.R. & 300.611(b)]**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF Director, Natalie Zajac  
Section 504 Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
mailed/faxed - date



## Section 504 Teacher Input Form

<b>Student Name:</b>		<b>Subject:</b>	<b>Grade:</b>
<b>Teacher Name:</b>			<b>Due Date:</b>

*This student is being evaluated (re-evaluated) for eligibility for Section 504. The information you provide will be used as part of this process and will be shared with the parent.*

1. What is the student's current grade in your class or in each subject?
  
2. What is the student's attendance in your class?
  
3. Please check all the factors that may account for the student's current grade and write in numbers where applicable.
  - ☐ Missing assignments
  - ☐ Late assignments
  - ☐ Incomplete assignments
  - ☐ Illegible assignments
  - ☐ Failure to participate in class
  - ☐ Behavior
  - ☐ Other (Please describe.)
  
4. List the strengths this student displays in your classroom.
  
5. List the challenges this student displays in your classroom.
  
6. Have you made any informal accommodations or modifications for this student? Ex: Extending timelines, preferential seating, modified assignments, adjusting expectations, etc. (If yes, please list below and tell whether or not it was effective.)
  
7. Is modified testing consistently necessary for the student to be able to demonstrate knowledge?
  - ☐ No
  - ☐ Yes (If yes, explain in terms of type of modification required, subject matter, types of assignments)

8. Does the student exhibit frequent behaviors, such as drowsiness, impulsivity, inattentiveness, aggressiveness, or other behaviors directly associated with an identified physical or mental impairment, and do these behaviors significantly interfere with school performance?

☐ No

☐ Yes (If yes, explain in terms of time of day and frequency, duration-observation date)

9. Has the student experienced a decline in academic performance for which there is no known cause other than the diagnosed physical or mental impairment?

☐ No

☐ Yes (If yes, explain)

10. Does the student require specific health management protocols to manage the effects of a chronic or acute health or medical impairment?

☐ No

☐ Yes (If yes, explain)

11. Are there other indicators that this student's physical or mental impairment substantially limits his/her learning?

☐ No

☐ Yes (If yes, explain)

12. Have you been in contact with this parent/guardian during the current school year? How often and what has been your primary means of communication (e-mail, phone, conference)?

**Any additional information or comments?**



# SOWEGA STEM Charter School

## Section 504 Eligibility Determination

### SECTION 1 – STUDENT INFORMATION

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

GTID \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Meeting Date \_\_\_\_\_

### SECTION 2 – SECTION 504 ELIGIBILITY TEAM MEMBERS (SIGNATURES)

Parent \_\_\_\_\_

Administrator \_\_\_\_\_

Student \_\_\_\_\_

School Nurse \_\_\_\_\_

Teacher \_\_\_\_\_

School Psychologist/Guidance Counselor \_\_\_\_\_

Teacher \_\_\_\_\_

Other \_\_\_\_\_

### SECTION 3 – SUSPECTED/REPORTED IMPAIRMENT INFORMATION

A. Under Section 504, a student with a disability is defined as a person who: (1) has a physical or mental impairment that substantially limits a major life activity; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. **Please list the suspected/reported physical or mental impairment(s) below:**

\_\_\_\_\_  
Suspected/reported physical or mental impairment

\_\_\_\_\_  
Suspected/reported physical or mental impairment

B. The impairment(s) above limits at least one of the following major life activities:

☐ Caring for one's self

☐ Hearing

☐ Learning

☐ Performing manual tasks

☐ Speaking

☐ Other \_\_\_\_\_

☐ Walking

☐ Breathing

☐ Seeing

☐ Working

C. The suspected/reported impairment(s) is/are: \_\_\_\_\_

☐ episodic

☐ temporary

☐ permanent



## Section 504 Eligibility Determination

### SECTION 4 – EVALUATION INFORMATION

A. The following were reviewed/administered as part of the Section 504 eligibility process:

- |   |   |
|---|---|
| <input type="checkbox"/> Standardized test scores       | <input type="checkbox"/> Discipline records                   |
| <input type="checkbox"/> Psychological assessment       | <input type="checkbox"/> Student work samples                 |
| <input type="checkbox"/> Adaptive behavior assessment   | <input type="checkbox"/> Cognitive assessment                 |
| <input type="checkbox"/> Medical diagnosis/assessment   | <input type="checkbox"/> Teacher recommendations/observations |
| <input type="checkbox"/> Academic records/grades        | <input type="checkbox"/> Parent input                         |
| <input type="checkbox"/> Physical condition information | <input type="checkbox"/> Section 504 Pre-referral data        |
| <input type="checkbox"/> Social or cultural background  | <input type="checkbox"/> Other _____                          |

B. Provide a clear, concise description of results from assessments/data that were reviewed.



## Section 504 Eligibility Determination

**SECTION 5 – PLACEMENT DECISION**

In accordance with 34 C.F.R. §104.35(c) each member who participates in the placement decision must be knowledgeable about the student, the meaning of the evaluation data, and/or accommodation and placement options.

A. Enter each team member's name, and mark the applicable knowledge base.

Team Member	Student	Meaning of Evaluation Data	Accommodation and Placement Options
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Eligibility Determination

(1) Based on the above information, does the student have a physical and/or mental impairment? Select

(2) If yes, does the impairment substantially limit at least one major life activity? Select (Yes, No, or N/A)  
See State Rule 160-4-2-.32, Determining Substantial Limitations for definition/guidance.

IF THE ANSWER TO QUESTION (1) OR (2) IS 'NO', THEN THE STUDENT IS **NOT** ELIGIBLE FOR SECTION 504 SERVICES. THE ELIGIBILITY PROCESS IS HALTED. PARENT SIGNS BELOW.

"I have received a copy of Procedural Safeguards under Section 504."

Parent signature



## Section 504 Eligibility Determination

IF THE ANSWERS TO QUESTIONS (1) AND (2) ARE 'YES', THEN THE STUDENT IS ELIGIBLE FOR SECTION 504 SERVICES. PROCEED WITH DEVELOPMENT OF A 504 SUPPORT AND ACCOMMODATIONS PLAN FOR THE STUDENT. PARENT SIGNS BELOW.

"I have received Notice of Rights of Students and Parents under Section 504."

\_\_\_\_\_  
Parent signature

"I have received a copy of Procedural Safeguards under Section 504."

\_\_\_\_\_  
Parent signature

### SECTION 6 – SECTION 504 SUPPORT AND ACCOMMODATIONS PLAN MEETING

\_\_\_\_\_  
(Student Name) has been found eligible for support and

accommodations under Section 504 of the Rehabilitation Act of 1973. The team must now schedule a meeting to develop a Section 504 Support and Accommodations Plan for your child. The members who participated in determining eligibility may or may not become members of your child's 504 team.

Your point of contact is:

\_\_\_\_\_  
Name of LEA contact for this student's Section 504

\_\_\_\_\_  
LEA Contact number

\_\_\_\_\_  
LEA Contact email address



# SOWEGA STEM CHARTER

## Section 504 Plan

### SECTION 1 – STUDENT INFORMATION

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

GTID \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Today's Date \_\_\_\_\_

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

Section 504 Qualifying Disability \_\_\_\_\_

### SECTION 2 – SERVICES TO BE PROVIDED

- ☐ Occupational or physical therapy
- ☐ Speech/Language therapy
- ☐ Special transportation
- ☐ Adapted Physical Education
- ☐ Behavior management support
- ☐ Assistive Technology Devices
- ☐ Social/interpersonal skills support
- ☐ ADA access (e.g. elevator key)
- ☐ Nurse support
- ☐ Other \_\_\_\_\_

Person Responsible	Frequency

### SECTION 3 – INSTRUCTIONAL/CLASSROOM ACCOMMODATIONS AND SUPPORTS TO BE PROVIDED

- ☐ Preferential seating
- ☐ Extended time on tests and assignments
- ☐ Reduced homework or classwork
- ☐ Verbal, visual, or technology aids
- ☐ Modified textbooks or audio-video materials
- ☐ Adjusted class schedules or grading
- ☐ Audio/verbal testing
- ☐ Excused lateness, absence, or missed classwork
- ☐ Pre-approved nurse's office visits
- ☐ Memory aids (including graphic organizers)

**Explanation for selected services, accommodations and supports.**



# SOWEGA STEM CHARTER

## Section 504 Plan

### SECTION 4 – DISTRICT AND STATEWIDE ASSESSMENT ACCOMMODATIONS AND SUPPORTS TO BE PROVIDED

The student will participate in the following regular required assessments (Each state mandated test and subtest must be considered individually and documented below).

Accommodations used for assessment must be consistent with accommodations used for classroom instruction/testing and specified in the Section 504 Plan. Some accommodations used for instruction may not be allowed for statewide assessment. Refer to the GaDOE Student Assessment Handbook for the only allowable accommodations. Conditional accommodations are only allowable for students who meet eligibility criteria. All subtests must be considered individually.

Test	Subtest	Setting	Timing/Scheduling	Presentation	Response	None, Standard or Conditional

Explanation for selected assessment accommodations.





# SOWEGA STEM CHARTER

## Section 504 Plan

### SECTION 5 – PARENT CONCERNS & ADDITIONAL MEETING NOTES

### SECTION 6 – SECTION 504 COMMITTEE MEMBERS

In accordance with 34 C.F.R. §104.35(c), each member that participates on a Section 504 team must be knowledgeable about the student, the meaning of evaluation data, and/or accommodation and placement options.

Enter each team member's name and mark the applicable knowledge base.

Team Member	Student	Meaning of Evaluation Data	Accommodation and Placement Options
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person responsible for ensuring this Section 504 plan is implemented as documented:

Name

Title

Phone



SOWEGA STEM Charter School  
Section 504 Eligibility Determination

SECTION 4 – EVALUATION INFORMATION

A. The following were reviewed/administered as part of the Section 504 eligibility process:

- |   |   |
|---|---|
| <input type="checkbox"/> Standardized test scores       | <input type="checkbox"/> Discipline records                   |
| <input type="checkbox"/> Psychological assessment       | <input type="checkbox"/> Student work samples                 |
| <input type="checkbox"/> Adaptive behavior assessment   | <input type="checkbox"/> Cognitive assessment                 |
| <input type="checkbox"/> Medical diagnosis/assessment   | <input type="checkbox"/> Teacher recommendations/observations |
| <input type="checkbox"/> Academic records/grades        | <input type="checkbox"/> Parent input                         |
| <input type="checkbox"/> Physical condition information | <input type="checkbox"/> Section 504 Pre-referral data        |
| <input type="checkbox"/> Social or cultural background  | <input type="checkbox"/> Other _____                          |

B. Provide a clear, concise description of results from assessments/data that were reviewed.



**Southwest Georgia**

**S.T.E.M. Charter School**

185 Pecan Street | P.O. Box 300  
Fax: 229.679.2018 | Phone: 229.345.3033  
Ginger Almon: School Leader  
[galmon@sowegastemcharter.org](mailto:galmon@sowegastemcharter.org)

**Student Name** \_\_\_\_\_

**504 Caseload Manager : Natalie Zajac** \_\_\_\_\_

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

My signature is an acknowledgement that I have received, read, and understand the required accommodations, modifications, and (if applicable) the behavior intervention plan designated in the 504 plan for the student named above. I also understand that it is my responsibility to have specific accommodations for this student posted in my lesson plan book for substitute teachers and all paraprofessionals who work with this student in my classroom.

If I have questions, I will direct them to the 504 coordinator that manages the implementation of this student's 504 plan.

**Signature**

**Date**

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Southwest Georgia S.T.E.M. Charter School does not discriminate on the basis of race, color, religion, national origin, age, disability, or gender in its employment practices, student programs, and dealings with the public.