

(Date)

(School site Principal's Name)

(School Name)

(Address)

RE: (Student's Name and Grade)

(D.O.B.)

Dear (Principal's Name)

I am the parent of (Student's Name), who is in Mr/Ms (Teacher's Name's) class. (Student's Name) has been experiencing school problems for some time now. We have been working with the teacher(s) to modify (his/her) regular education program but (we have not seen any improvement or the problems have been getting worse). Because of the above mentioned issues my child is not getting the FAPE (free appropriate public education). Therefore, I wish to request an assessment of my child for appropriate educational services and interventions according to the provisions of Section 504 of the Rehabilitation Act.

I look forward to working with you as soon as possible to develop an assessment plan to begin the evaluation process. I request copies of the assessment results one week prior to the meeting.

Thank you for your assistance. I can be reached by phone at (Area Code and Phone Number).

The best time to reach me is (times/days).

Sincerely,

(Sign Your Name)

(Print Your Name)

(Address)

(Telephone Number)

504 Plan Guideline

2012

- ### When a parent request a 504 Plan
- The request must be in writing and submitted to building principal
 - The request must include the specific reasons that the parent believes the student is a Protected Handicapped Student and must identify the disability
 - The request should list the related aids, services, and accommodations that the parent believes the student needs in order to access FAPE

- The parents should include available relevant medical records (should be recent)- if they do not have these then the district will get a release signed

- ### Once request is received:
- District should issue a Permission to Evaluate/Re-Evaluate and obtain parent's signature
 - District has 25 days to respond to this request

- ### Next step:
- 504 Committee (usually made up of principal, teacher, nurse, guidance counselor and any other relevant input provider) will meet and review information (use guiding questions to assist in this process)
 - 504 Committee will determine the need for any additional information or proceed with what currently have
 - 504 Committee will complete 504 Eligibility Form

- It is best practice to schedule a meeting with parent to review findings
- The district must notify parents in writing of eligibility and enclose procedural safe guard notice
- If student is eligible then the 504 Committee along with parents will develop a 504 plan

Guiding Questions for Development of 504 Plan

Data sources to look at:

1. Nursing/health logs

- Does the student miss class regularly due to illness which is indicated by frequent trips to nurse?
- Does student miss class frequently due to having to report to nurse for daily medication administration?
- Does student have a high frequency of injuries due to disability (a student with poor mobility might go to nurse due to frequent falls)
- Does a student have restrictions or health care plan?
- Is student prohibited from participating in extra-curricular activities or sports programs due to disability?

2. Guidance Logs

- Are frequent trips to guidance department due to anxiety/depression/behavior that student is missing class time?
- Is there frequent use of guidance personal to de-escalate student

3. Behavior Logs

- Do behavior incident logs indicate that student has difficulty with peer interactions?
- Do behavior incident logs indicate that student misses class time due to behavior which can be caused by the indicated disability?
- Student late/tardy to class/school frequently due to disability
- Is student prohibited from participating in extra-curricular activities or sport programs due to behavior/
- Does student have any meltdowns that could be caused by frustration or disability?

4. Teacher Input

- Does student participate in classroom discussion or activities without incidents?
- Does student attend class regularly?
- Is student on time to class?
- Is student making progress? (should be reflected in grades, 4sight data, AIMSweb data, PSSA data, etc)
- Can student access all resources and materials in the same manner as students who do not have disabilities?

5. Adaptive Skills

- Can student access all resources and materials in the same manner as students who do not have disabilities? (climb stairs, feed self, walk between classes, use restroom without assistance, write, communicate wants/needs, etc.)?

6. Attendance

- Does student miss a lot of school due to doctor appointments or disability?

Procedural Safeguards- Chapter 15 Protected Handicapped Students (Those with 504 Agreement Plans)

As part of the protections available to parents if we cannot agree as to what related aids, services, or accommodations should or should no longer be provided to your child, the procedural safeguard system in the state of Pennsylvania may be used to resolve the dispute. Following are some details of the avenues available to use.

- **Parental request for assistance**
Parents may file a written request for assistance with the Department of Education if the school district is not providing the related aids, services, and accommodations specified in the service agreement and/or the school district has failed to comply with the regulations in Chapter 15 of the State Board. The Department of Education will investigate and respond to requests for assistance and, unless exceptional circumstances exist, will, within 60 calendar days of receipt of the request, send to the parents and school district written response to the request. Written requests should be addressed to: Pennsylvania Department of Education, Bureau of Special Education, 333 Market Street, Harrisburg, PA 17126. Phone: 717-783-6913.
- **Informal Conference**
Parents may file a written request with the school district for an informal conference with respect to the identification or evaluation of a student, or the student's need for related aid, service, or accommodation. Within 10 school days of receipt of the request, the school district shall convene an informal conference. At the conference, every effort shall be made to reach an amicable agreement.
- **Formal due process hearing**
Parents may file a written request with the school district for an impartial due process hearing. The hearing shall be held before an impartial hearing officer.

Following are some details about the due process hearing:

- The hearing shall be held in the local school district at a place reasonably convenient to the parents.
- At the request of the parents, the hearing may be held in the evening.
- The hearing shall be an oral, personal hearing and shall be open to the public unless the parents request a closed hearing.
- If the hearing is open, the decision issued in the case, and only the decision, shall be available to the public.
- If the hearing is closed, the decision shall be treated as a record of the student and may not be available to the public.
- The decision of the hearing officer shall include findings of fact, a discussion and conclusions of law. The decision shall be based solely upon the substantial evidence presented at the hearing. The hearing officer shall have the authority to order that additional evidence be presented.
- A written transcript of the hearing shall, upon request, be made and provided to parents at no cost.
- Parents may be represented by any person, including legal counsel.

To: Dr. Lynda Weller

From: Todd and Kori Greene

Date: 11-17-14

RE: 504 Plan for Sam Greene

Dr. Weller,

After much discussion with, Sam's, pediatrician and resistance on our part, we have decided that a 504 plan would benefit, Sam, in his High School career.

Sam was diagnosed with ADD in fourth grade. We have tried organizational skills, positive and negative reinforcement, repetition, and many more skills at home for him to learn to cope with his attention .

We started, Sam, on medication a few years ago. It has been effective and we have noticed a positive change in his middle school academics, still with constant reminders to organize.

The first quarter in High School, Sam, struggled. His organizational skills or lack of, has taken an effect on his academics. I've received emails from 2 of his teachers. He needs constant reminders of where things are located and to turn in assignments. A teacher this year made a comment that he is "retarded" because he couldn't remember where something was located in class. If it is frustrating the teachers, just imagine how it is frustrating my son and our household.

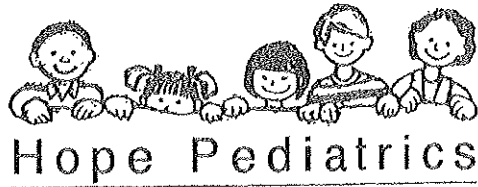
After discussing these frustrations with his doctor, she is recommending that he gets a 504 plan. He needs help with organizing his work, remembering to bring homework home, and time management. We already are getting him tutored for math, but that won't solve his problem of forgetting to bring things home.

We would like to meet with you and devise a plan to help ,Sam, succeed in school with organization skills with all of his teachers help. Hopefully, then he will not feel "retarded" and his teachers will be more patient with his needs.

Please let me know if you want his pediatrician to attend the meeting. She and her staff members are more than willing to come and talk with Sam's teachers.

Thank you,

Todd and Kori Greene



Seneca Professional Building
3512 State Route 257
Seneca, PA 16346
www.hopepediatrics.com

Glenn G. Hamm, MD
Jennifer M. Bishop, DO
Linda G. Caballero-Goehring, MD

Ellen C. Smith, MD
Carl E. Meyer, DO
Melanie C. Best, CRNP

October 27, 2014

Ref: Samuel K Greene
506 W. 3Rd St.
Oil City, PA 16301
Date of Birth: 04/13/00

To whom it may concern:

Samuel Greene is a patient of Hope Pediatrics and has been diagnosed with ADHD for sometime. Samuel continues to have problems with academics. At this point, the interventions we have tried are not helping. According to section 504 of the American with Disabilities Act, Samuel is entitled to a Free Appropriate Public Education and would benefit from a 504 plan in order to gain and pass on through the years.

I am happy to work with you in this endeavor for the benefit of Samuel. I am sure that the teachers and team involved will be respectful to Samuel and his family and confidential regarding his diagnosis.

Thanks for your attention to this matter.

Sincerely,

Linda G. Caballero-Goehring MD

Linda G.
Caballero-Goehring, MD
Electronically signed by agent of provider: Lori Ray on 10/29/2014 at 1:47 pm
HOPE PEDIATRICS PC

Section 504/Chapter 15
Permission to Evaluate/Re-Evaluate As A
Protected Handicapped Student

Student Name SAM GREENE D.O.B 4-13-2000
School OCHS Address 506 W. THIRX ST Zip Code 16301
Parent(s) Name TODD/KORI GREENE Phone Number 676-3221

Dear TODD + KORI GREENE,

The Oil City School District is requesting:

- Your permission to evaluate your child to determine eligibility for Section 504/Chapter 15 services.
- Your permission to re-evaluate your child to reassess his/her eligibility for Section 504/Chapter 15 services.
- Additional information or medical records. A Release of Information form is attached.

The basis for the belief that your child may be a protected handicapped student is:

The evaluation procedures and/or assessments will include:

1. REVIEW OF ASSESSMENT DATA + GRADES
2. TEACHER INPUT
3. REVIEW OF MEDICAL DATA
4. REVIEW OF DISCIPLINE + ATTENDANCE

This evaluation will be provided at no cost to you.

Based upon the information provided, a recommendation will be made as to whether your child is eligible for Section 504/Chapter 15 services or is no longer eligible for Section 504/Chapter 15 services. Parents have the right to review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to these evaluations. If you have questions or concerns, please contact me.

Sincerely,
Lynda G. Weiler
Principal
School Phone Number 676-2771

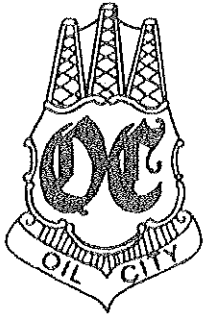
Directions: Please check one of the options, sign this form, and return a copy to: _____

I give permission to proceed as proposed. I have received a copy of my Rights and Procedural Safeguards related to Chapter 15 services and accommodations.

I do not give permission to proceed with the evaluation at this time. My reason for disapproval is:

Please contact me to discuss my concerns.

Kari Greene Parent's Signature 677-3029 Daytime Phone 11-11-14 Date



Oil City Area School District

825 Grandview Road, Box 929, Oil City, PA 16301

Phone 814-676-1867 Fax 814-676-2211

Dr. Joseph L. Carrico
Superintendent

Patrick J. Gavin
Assistant Superintendent

Susan L. Fisher, CPA
Business Manager

Shirley D. McLaughlin
Board Secretary

CONSENT FOR RELEASE OF RECORDS

RECORDS REQUEST

10-28-14
Date

I give permission to Hope Pediatrics to release any psychiatric/psychological/educational/medical records on SAM GREENE (d.o.b.: 4-13-2000) to the Oil City Area School District. Also, I give permission to the above named to talk with the OCHS ADMINISTRATION regarding my child's educational needs.

Reason for Request: Input for educational evaluation to be compiled by the Oil City Area School District Chapter 15 - 504 Coordinator.

Information Requested: Any and all medical reports, case notes, psychological/psychiatric evaluation(s), treatment plans, and/or discharge summaries compiled on student to clarify his/her needs (medication, adaptations/modifications, etc.) as they pertain to his/her educational program.

The following signature indicates the Parent's/Guardian's permission of the release of records. This release will expire within 90 days from the date in which the parent/child signs.

Sam Greene
Patient's Signature

11-17-14
Date

Keri Greene
Parent's Signature

11-17-14
Date

Eunice Cornell
Witness

11-17-14
Date