

**Section 504 Procedures**

**Referral for Evaluation**

**Parent Consent for Evaluation**

Notice of Referral & Consent for Evaluation

Notice of Procedural Safeguards

**Evaluation Process Preparation**

Teacher Input

Parental Authorization for Release of Information

Cover Letter to Physician (if applicable)

Physician's Statement (if applicable)

**Section 504 Meeting**

Parent Invitation

Information Review

504 Plan

**Grievance Procedure**

Grievance Procedure

Complaint Form

**Suspension and Expulsion Procedure**

Manifestation Determination Meeting Notice and Invitation

Manifestation Determination Review

**Termination of Service**

Termination of Service

**1. Section 504 Referral: the Building Coordinator, Parent, Student, Teacher, Counselor, Principal, or other interested individual can make Referral.**

- Received signed Section 504 Referral for Evaluation
- Date 504 Referral received by the School District:

**2. Parent Consent for Evaluation**

- Provide parent Section 504 Notice of Referral and Consent for Evaluation
- Provide parent Section 504 Notice of Procedural Safeguards
- Date parent consent received by the District,
- Date evaluation should be completed: *(30 school days from date consent received for initial evaluation.)*

**3. Evaluation Process**

- Identify Section 504 team members (individuals who are knowledgeable about the student, the meaning of evaluation data, and placement options).
- Determine needed evaluation data.

**Note:** Evaluation information should be obtained from a variety of sources.

- Forward Teacher Input form, to student's teacher, form must be returned to the TC within three (3) days and/or prior to meeting.
- Seek parent consent to obtain medical information, if appropriate, "Parental Authorization for Release of Information".
- If applicable, send the following forms to the physician: "Cover Letter to Physician", "Physician's Statement" and "Parental Authorization for Release of Information."

**Note:** A parent is not required to provide the School District with medical information or permission to contact the student's physician.

**4. Section 504 Meeting**

- Determine date, time, and location for meeting.
- Notify Section 504 team members of meeting date, time, and location
- Send "Parent Invitation" to parent / guardian
- Convene meeting
- Complete "Information Review" and determine eligibility/continued eligibility
- Complete Section 504 Plan
- Provide parent with Notice of Procedural Safeguards
- Provide parent with a copy of 504 Plan
- If parent is not present at meeting, send copy of paperwork, including Notice of Procedural Safeguards, to home address.

**5. Section 504 Plan Implementation**

- Notify persons with implementation responsibilities of the Plan's existence and their responsibilities under the Plan.
- Monitor the student's progress and the effectiveness of the Plan.
- Review the Plan at least annually and whenever the student's situation warrants review.

**6. Completed 504**

- Forward a complete copy of all 504 information, to the Special Education Office for filing and computer entry.
- Place a complete copy of the student's 504 in the student's CA60

**7. Termination of Service**

- When a 504 Plan is discontinued, complete Termination of Service form

Student's Name (last, first)

Date of Referral

School

Grade

Date of Birth

Female  Male

Parent (s) / Guardian (s)

Telephone Number

Is an Interpreter needed for parent/guardian?  Yes  No

**REASON FOR REFERRAL**

Staff Recommendation  Intervention Team  Parent  Other \_\_\_\_\_

There is reasonable cause to suspect that this student has a handicap that substantially limits one or more of the following major life activities:

- Learning  Social Emotional/Behavioral  Communication  
 Health  Vision  Hearing  
 Motor/Movement  Self-Help Skills  Other

Prior Referrals / Interventions:  Intervention Team (Attach copy of Referral, Action Plan & Data)

IEP (Attach copy of Referral, MET Summary and page 1 of IEP)

**PRESENTING CONCERN**

Describe the presenting concern:

Person Making Referral

Relationship to Child

**Principal**

**Date**

**Received by:**

**Date**

**Parent's / Guardian's Name**

**Date**

**Student's Name**

**Date of Birth**

**Current School**

**Grade**

Section 504 of the Rehabilitation Act of 1973 is a federal law, which prohibits discrimination against persons with disabilities. For a student to qualify for Section 504 protection, the student must: (1) have a mental or physical impairment (2) which substantially limits (3) one or more major life activities. Your child has been referred for an evaluation to determine eligibility under the provisions of Section 504. The referral for this evaluation was made due to the concerns described below:

The proposed evaluation may include review of student records, observations of the student in the classroom or other school areas, student interviews, parent interviews, requests for medical or other evaluation records, and the collection of classroom assessment data. These evaluation activities may be conducted by the classroom teacher, counselor, or relevant staff, such as the school nurse. Additional evaluation activities are listed below:

Evaluation Activity

Possible Personnel

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I understand that the evaluation will be conducted within 30 school days of receipt of parent consent and that a Section 504 meeting will be held to discuss the evaluation results, eligibility, and any educational program recommendations. I can revoke my consent at any time. I understand the reason(s) for the referral and the description of the evaluation process and have checked the box below:

- Permission is voluntarily given to conduct the evaluation process.
- Permission is denied.

**PARENT NOTIFICATION OF RIGHTS**

I have received a written copy of the Parent Notification of Rights under Section 504 of the Rehabilitation Act.

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

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

The purpose of this notice is to inform parent and student of the rights granted to them under Section 504. The federal regulations that implement Section 504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR). They include the following rights:

1. Have the district advise you of your rights under federal law;
2. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;
3. Receive notice with respect to identification, evaluation, or placement of your child;
4. Have your child evaluated by the district prior to determining eligibility under Section 504;
5. To be notified prior to any action (be it a proposal or refusal) regarding the identification, evaluation, or placement of your child;
6. Have evaluation, educational, and plan of services decisions made based upon a variety of information sources, and by persons who know the student, the evaluation data, and placement options;
7. Have periodic review of your child's educational need for Section 504 plan of services;
8. Have your child receive a free appropriate public education. This includes the right to be educated with nondisabled 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;
9. Have your child educated in facilities and receive services comparable to those provided nondisabled students;
10. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
11. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program and placement and obtain copies of 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 requests for explanations and interpretations of your child's records;
13. File a local grievance with the District 504 Coordinator;
14. Request 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 at your own expense. The impartial Hearing Officer will be selected by the district;
15. Hearing requests must be made to the District Section 504 Coordinator; *Cynthia Taylor at telephone number (734) 759-6016.*

Submit a complaint with the Office for Civil Rights.

**Office for Civil Rights**  
**Cleveland**  
**U.S. Department of Education**  
**600 Superior Avenue East**  
**Suite 750**  
**Cleveland, OH 44114**

Student's Name

Date of Birth

Grade

Current School

Teacher

Date

1. Do you have any concerns about this student?  No  Yes, if yes, please explain:

2. Academic concerns (please describe):

3. Behavioral concerns (please describe):

4. Other concerns (please describe):

5. Please list any accommodations, interventions, or strategies you have used to address the above concern(s) and indicate how the student responded to the intervention.

6. Would the student have earned this grade without the accommodations, interventions, or strategies you used to address the concern(s)?

Student's Name

Date of Birth

Current School

Grade

Information requested: (*Note – Information to be released must be checked prior to obtaining consent.*)

- |  |   |
|--|---|
| <input type="checkbox"/> Psychological evaluation              | <input type="checkbox"/> Demographic/social history           |
| <input type="checkbox"/> Speech-Language evaluation            | <input type="checkbox"/> Medical and developmental histories  |
| <input type="checkbox"/> Vision evaluation results             | <input type="checkbox"/> Medical diagnoses                    |
| <input type="checkbox"/> Hearing/audiological exam results     | <input type="checkbox"/> Discharge summary                    |
| <input type="checkbox"/> Occupational therapy evaluation       | <input type="checkbox"/> Individualized Education Program     |
| <input type="checkbox"/> Physical therapy evaluation           | <input type="checkbox"/> Individualized Family Service Plan   |
| <input type="checkbox"/> Special ed. evaluation report         | <input type="checkbox"/> Special education eligibility report |
| <input type="checkbox"/> Permission for special ed. evaluation | <input type="checkbox"/> Permission for special ed. services  |
| <input type="checkbox"/> Verbal communication                  |   |
| <input type="checkbox"/> Other                                 |   |

By my signature, I give consent for the information specified above to be released to Wyandotte School District from:

Name of District, agency, person etc.:

Address:

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Telephone Number:

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I understand that I may revoke this consent at any time and that my consent will automatically expire one year from the date that I sign this form. I understand that this information will only be disclosed to School District personnel who have a reason to access it for the purposes of record keeping and/or for determining this child's educational needs.

\_\_\_\_\_  
*Signature of Parent / Guardian / Child (if age of majority)*

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

\_\_\_\_\_  
*Printed Name of Parent / Guardian / Child (if age of majority)*

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

Physician's Name

Telephone Number

Address / City / State / Zip

Fax Telephone Number

**REGARDING:**

STUDENT NAME

The above-named student is currently being evaluated by the Wyandotte Public Schools for the purpose of determining the student's eligibility for services under Section 504 of the Rehabilitation Act of 1973. In order to be eligible under Section 504, the student must have a physical or mental impairment that substantially limits a major life activity.

Enclosed is an authorization for release of information to the School District signed by the student's parent/guardian. Please assist us with our evaluation by completing and returning the enclosed Physician's Statement no later than \_\_\_\_\_.

Please forward documents to:

Principal's Name

Building

Telephone Number

Address / City / Zip

E-mail & Fax

We appreciate your assistance in this evaluation process. Please contact me at telephone number \_\_\_\_\_ if you have any questions. Thank you in advance for your cooperation.

Sincerely,

Teacher Consultant

Enclosures

**Student's Name**

**Date of Birth**

**Current School**

**Grade**

**Physician's Section:** Please provide the following information to assist the School District in its Section 504 Evaluation. Attach supporting documentation if needed.

1. Does the student have a physical or mental impairment?  No  Yes, if yes, please explain:

2. Describe the student's current prognosis and the nature and extent of possible change in the student's condition?

3. What are the anticipated effects of the physical or mental impairment on the student's ability to access, participate in, or benefit from school/educational experience?

4. Does the student have any other special health/medical issues of which the School District should be aware which could affect the student in the school setting?

5. Is the student currently on any medication that the School District should be aware?  No  Yes, if yes, please explain:

6. Additional comments to assist in educational planning for student.

[Empty box for Physician's Signature]

[Empty box for Date]

**Physician's Signature**

**Date**



SECTION 504  
Parent Invitation

639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000

Date: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Dear Parent or Guardian:

You are invited to attend a meeting to determine or review your child's eligibility for services under Section 504 of the Rehabilitation Act of 1973. If it is determined that your child is or continues to be eligible, a Section 504 Plan will be developed (or reviewed and revised) at this meeting. The meeting information is as follows:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Meeting Location: \_\_\_\_\_ Date / Time: \_\_\_\_\_

The School District has invited the following individuals to attend the meeting:

Name	Position/Title

You are encouraged to attend this meeting and participate in the decision-making process. If the meeting date or time is not convenient for you, please contact me at your earliest convenience and we will attempt to make other arrangements.

Please feel free to contact me if you have any questions.

Sincerely,

Nichole Payne, Teacher Consultant

**PLEASE RETURN THIS PORTION OF THE FORM IN THE ENCLOSED ENVELOPE**

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

- I will attend the Section 504 meeting.
- I am not able to attend and request the meeting be rescheduled.

I am not able to attend, but request that the meeting be held without me and that the paperwork be sent to my home address.

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

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

<b>Wyandotte</b> PUBLIC SCHOOLS	<b>SECTION 504</b> <b>Information Review</b>
	<i>639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000</i>

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

_____	_____	_____	_____
<b>Student's Name</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Grade</b>

_____	_____
<b>Parent's / Guardian's Name</b>	<b>Phone</b>

_____
<b>Parent's Address</b>

IEP:  Yes  No      504 Plan:  Yes  No      EL:  Yes  No      Interpreter for Parent/s:

**Meeting Participants and Attendance**

Signatures of the following individuals indicate attendance at this meeting. Additional participant's names should be documented and attached.

_____ Building 504 Coordinator	_____ Parent / Guardian
_____ Teacher of Record	_____ Parent / Guardian
_____ Teacher of Record	_____ Student
_____ Other	_____ Other

Parent Input:

Staff Input:

Student Input:



1. Current Concern: A Section 504 eligible student exhibits a physical or mental impairment that substantially limits one or more major life activities.

a. The suspected physical or mental impairment is in the area of:

b. Perception of limitation in major life activity:

*Use this tool to review and make comment as to the extent to which the physical or mental impairment presents as a substantial limitation of major life activity. The rating may be based on information provided in interview, existing evaluation data or observation.*

**Standards for Defining a Substantial Limitation**

- **Normal Expectation:** Student participation and/or functioning is within normal expectation when compared to non-disabled peers.
- **Accessible Functioning:** Some limitation of participation or functioning but student is able to meet expectations of non-disabled peers with differentiation and/or typical accommodations.
- **Substantial Limitation:** The condition prevents the individual from participation in or functioning at expectation of non-disabled peers.

Major Life Activity Area	Comments
Learning	
Social/Emotional/Behavior	
Communication	
Health	
Vision	
Hearing	
Motor Movement	
Self-Help Skills	
Other	

Note: The use of mitigating measures, such as medications or assistive devices, does not lessen the impact of the disability on major life activities and does not exclude a student from Section 504 eligibility.



**SECTION 504**  
**Information Review cont...**  
*639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000*

c. Are the student's activities disrupted on a chronic or intermittent basis?

- Chronic interference of activity     Intermittent disruption of activity

Describe: \_\_\_\_\_

2. Other Exclusionary Considerations: Please identify other or additional factors that may distinguish presenting concerns.

- |   |  |
|---|--|
| <input type="checkbox"/> Second Language Learning             | <input type="checkbox"/> Substance Use / Abuse           |
| <input type="checkbox"/> Vision corrected with glasses        | <input type="checkbox"/> Hearing corrected with aides    |
| <input type="checkbox"/> Physical injury (less than 6 months) | <input type="checkbox"/> Social issues                   |
| <input type="checkbox"/> College entrance exam                | <input type="checkbox"/> Court-ordered school attendance |
| <input type="checkbox"/> Truancy                              |  |

3. Attendance: Identify number of days absent at each grade level:

K _____	3 <sup>rd</sup> _____	6 <sup>th</sup> _____	9 <sup>th</sup> _____	12 <sup>th</sup> _____
1 <sup>st</sup> _____	4 <sup>th</sup> _____	7 <sup>th</sup> _____	10 <sup>th</sup> _____	
2 <sup>nd</sup> _____	5 <sup>th</sup> _____	8 <sup>th</sup> _____	11 <sup>th</sup> _____	

Identify any absence patterns: \_\_\_\_\_

Grades repeated (indicate which grades) \_\_\_\_\_

Factors affecting school attendance \_\_\_\_\_

4. If data are available, list the past three years of academic achievement scores. Attach appropriate documentation. (Suggested data sources may include: Class A, DRA, MLPP, M Step, Aimsweb, NWEA, STAR, Other standardized tests.)

		State Assessment	District Assessment	Classroom Assessment
<b>Reading</b>	Test/Date			
	Test/Date			
	Test/Date			
<b>Math</b>	Test/Date			
	Test/Date			
	Test/Date			
<b>Writing</b>	Test/Date			

	Test/Date			
	Test/Date			

	<b>SECTION 504</b> <b>Information Review cont...</b>
	<i>639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000</i>

5. Describe concerns regarding student pattern of achievement.

6. List any individual evaluations that have been conducted:

Type of Evaluation/Evaluator	Date	Recommendations	Action Taken

7. Disciplinary actions for current year and last year:

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Current Year # Days In-School Suspension: \_\_\_\_\_ Last Year # Days In-School Suspension: \_\_\_\_\_

Comment: \_\_\_\_\_

Current Year # Days Out-of-School Suspension: \_\_\_\_\_ Last Year # Days Out-of-School Suspension: \_\_\_\_\_

Comment: \_\_\_\_\_

8. List student involvement with other agencies (state agencies, medical, counseling, courts):

Agency	Date	Service Summary

9. List any identified health factors which may contribute to student's school problems:

Condition	Diagnosed By	Date	Impact
none			

	<b>SECTION 504</b> <b>Information Review cont...</b>
	<i>639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000</i>

Current Medications	Dosage	Reason for Medication

10. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I, instructional modifications, 504 Plan, IEP):

Instructional / Behavioral Intervention	Date Begun / Ended	Outcome

11. Summary:

**Section 504 Consideration of Area(s) of Major Life Activities:**

The student is suspected of having a physical or mental impairment that may substantially limit one of more of the major life activities when compared to the average student.

YES       NO

**Recommendation of Section 504 Team:**

- The student should be evaluated for possible Section 504 eligibility.
- No further evaluation at this time.
- No additional evaluation needed. Develop Section 504 Plan.
- Review current Section 504 Plan.

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Building 504 Coordinator Signature

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Date

MEETING DATE: \_\_\_\_\_

PREVIOUS DATE: \_\_\_\_\_

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DOB

\_\_\_\_\_  
GENDER

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
PARENT/S

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
HOME ADDRESS

**MEETING PURPOSE**

- Initial    \*Annual Review     Redetermination     Manifestation Review

Date Section 504 Plan will begin: June

Anticipated duration of the Section 504 Plan before next review: \* 1 Year     Other,

**PARENT CONTACT**

The parent(s)/guardian(s) were contacted by the school to ensure that they would have an opportunity to attend this meeting, to explain the purpose of the meeting and the role of the participants.

**MEETING PARTICIPANTS IN ATTENDANCE**

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

\_\_\_\_\_  
Principal

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

\_\_\_\_\_  
Teacher of Record

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

Ann Marie Kelly (Counselor)  
Teacher of Record

student

District 504 Coordinator

Other

**Wyandotte**  
PUBLIC SCHOOLS

## SECTION 504 PLAN cont...

639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000

### ELIGIBILITY

Student meets Section 504 eligibility. \*YES  NO

### SECTION 504 PLAN MEETING SUMMARY

All information reference in this meeting must be documented and attached to this report.

1. Information Review summary (copy & paste from Information Review form)

### PARTICIPATION IN STATEWIDE ASSESSMENT

Accommodations(s) needed: \*YES  NO

List of Accommodations:

- small group setting
- audio version
- extended time
- 
- 
- 
-

**PLAN OF SUPPORTS AND SERVICES**

<b>Intervention</b>	<b>By Whom</b>	<b>Setting / Location</b>


\* Attach appropriate Health Plan, Behavior Intervention Plan, or other documents as appropriate.

<b>Wyandotte</b> PUBLIC SCHOOLS	<b>SECTION 504 PLAN cont...</b>  <i>639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000</i>
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**NOTICE FOR PROVISION OF SECTION 504 SERVICES**

The district will provide written notice to the parent when the district proposes to initiate or change the educational placement of the student or the provision of the Free Appropriate Public Education (FAPE) to the student; or when they refuse to initiate or change the educational placement of the student or provision of FAPE to the student.

You are receiving notice for: \_\_\_\_\_  
Student Name Student ID

**DISTRICT COMMITMENT TO SECTION 504 PLAN**

The school district intends to implement the Section 504 Plan as written and is authorized with the signature of the building principal.

\_\_\_\_\_  
 Building Principal Date

**DISTRICT NOTICE OF CHANGE IN PROGRAM**

You are receiving this notice because your student was found ineligible for Section 504 at the team meeting dated: \_\_\_\_\_

You are receiving this notice because we will be offering a change in placement. See the complete plan for the details of this change.

**PARENT NOTICE**

A complete copy of Section 504 Plan, together with the Parent Notification of Rights under Section 504 of the Rehabilitation Act, was provided to the parent(s) / guardian(s).

Method of delivery:

U.S. Mail to home address

Revised: 05-22-2017 (ams)

- Delivered personally to parent(s) / guardian(s)
- Other: \_\_\_\_\_

\_\_\_\_\_  
 Individual Completing Parent Notification Date

**PARENT CONSENT**

For student found eligible for Section 504 only.

- I give consent for the initial provision of the Section 504 plan.
- I refuse consent for the initial provision of the Section 504 plan.

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

	<p><b>SECTION 504</b>  <b>Accommodation Plan</b></p> <p><small>639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000</small></p>
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Hunter Dufault  
 Student's Name

09/24/2006  
 Date of Birth

Roosevelt High School  
 Current School

10th (2021-22 school year)  
 Grade

Kimberly Dufault  
 Parent's / Guardian's Name

(313) 978-5329  
 Phone

Reason for Meeting: **Annual Review**      Meeting Date: June 11, 2021 phone call

Dear Parent or Guardian:

As you are aware, your child has an active Section 504 Plan. 504 Plans are reviewed annually to determine if the Plan should be continued and/or revised. For example, often Plans need to be revised when a student changes from the elementary school level to the middle school level.

\*Your child's Section 504 Plan was reviewed on June 11, 2021 by your child's teachers and/or principal/counselor.

- Your child's Section 504 Plan does not need any changes at this time (see attached Section 504 Plan).
- Your child's Section 504 Plan **WAS** revised. Please review the changes on the attached copy. If you are in agreement with the changes, please sign the revised Section 504 Plan and return to me at school.

If you have any questions, please contact as follows:

Ann Marie Kelly	RHS	(734) 759-5021
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Staff Member's Name

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Building

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Telephone Number

Enclosures

CC: Parent  
Principal  
CA60 File

Wyandotte Public Schools has adopted the following Grievance Procedure for addressing complaints of discrimination under Section 504. A person is not required to use this procedure and may instead file a complaint directly with the U.S. Department of Education's Office for Civil Rights, 600 Superior Avenue East, Suite 750, Cleveland, OH 44114-2611:

**Step 1:**

A person who believes that he/she has been discriminated against by the Wyandotte Public Schools is encouraged, but is not required, to discuss the matter informally with the appropriate building principal, in the case of a student, or his/her immediate supervisor, in the case of an employee.

A. If the building principal or the immediate supervisor is the subject of the complaint, or the grievant is not a student or employee, the grievant may, instead, contact the Wyandotte Public Schools Section 504 Coordinator.

B. The person receiving the complaint shall verbally convey his/her findings to both the person who alleged the violation and the person who is the subject of the complaint within ten (10) business days.

**Step 2:**

If the informal Step 1 process does not resolve the matter, or if the grievant does not wish to use the informal procedures set forth in Step 1, a written complaint may be submitted to the Wyandotte Public Schools Section 504 Coordinator who will investigate the complaint.

A. If the Section 504 Coordinator is the subject of the complaint, the complaint should be submitted to the Superintendent of Schools who will appoint another administrator to conduct the investigation.

B. The complaint shall be signed by the grievant and include the:

- a. grievant name and contact information;
- b. facts of the incident or action complained about;
- c. date of the incident or action giving rise to the complaint;
- d. type of discrimination alleged to have occurred; and
- e. specific relief sought.
- f. Note: Witness names and other evidence as deemed appropriate by the grievant may also be submitted.

C. An investigation of the complaint will be conducted within ten (10) business days following the submission of the written complaint. The investigation shall include an interview of the parties and witnesses, a review of relevant evidence, and any other steps necessary to ensure a prompt and thorough investigation of the complaint.

D. A written disposition of the complaint shall be issued within ten (10) business days of completion of the investigation, unless a specific written extension of time is provided to the parties. Copies of the disposition will be given to both the grievant and the person who is the subject of the complaint.

**Step 3:**

If the grievant wishes to appeal the decision in Step 2, he/she may submit a signed, written appeal to the Superintendent of Schools within the (10) business days after receipt of the written disposition. The Superintendent or his/her designee shall respond to the complaint, in writing, within ten (10) business days of the date of the appeal. Copies of the response shall be provided to both the grievant and the person who is the subject of the complaint.

Wyandotte Public Schools provides assurance that it strictly prohibits any form of retaliation against persons who utilize this Grievance Procedure. Further, a grievant making a complaint is neither required to prosecute the matter nor confront the alleged discriminator or harasser when that would be inappropriate.

If you have questions regarding these procedures or want to file a complaint, please contact the Wyandotte Public Schools Section 504 Coordinator at:

Section 504 Coordinator  
Wyandotte Public Schools  
639 Oak Street  
Wyandotte, MI 48192  
734-759-6016

**SECTION 504  
Complaint**

639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000

**Student's Name**

**Date of Birth**

**Current School**

**Grade**

**Parent's / Guardian's Name**

**Phone**

**Address / City / Zip**

**E - Mail**

**Complaint Summary:**

1. Describe the alleged violations of Section 504. Please be specific and describe the specific incidents(s), as well as identify the individuals involved, dates/times/locations, etc. (Attach additional pages if needed)

2. Describe your proposed resolution to address the alleged problem(s)/violation(s).

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**Please submit this form to:**

Section 504 Coordinator  
Wyandotte Public Schools  
639 Oak Street  
Wyandotte, MI 48192  
Telephone # 734-759-6016

**A person who believes that he/she has been discriminated against by the Wyandotte Public Schools on the basis of disability may file a complaint through the District's grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 600 Superior Ave East, Suite 750, Cleveland, OH**

**44114. You may file a complaint with OCR at any time. Filing a complaint with the School District is not a prerequisite to filing with OCR.**

**Student's Name**

**Date of Birth**

**Current School**

**Grade**

**Parent's / Guardian's Name**

**Phone**

**Address / City / Zip**

**E - Mail**

Dear Parent/Guardian:

You are invited to attend a Section 504 manifestation determination meeting to review whether your child's misconduct was a manifestation of his/her disability.

The meeting information is as follows:

**Location**

**Date**

**Room Number**

**Time**

The School District has invited the following individuals to attend the meeting:

<b>Name</b>	<b>Position/Title</b>

You are encouraged to attend this meeting and participate in the decision-making process. If the meeting date or time is not convenient for you, please contact me at your earliest convenience and we will attempt to make other arrangements.

Please feel free to contact me if you have any questions.

Sincerely,

, Teacher Consultant

**PLEASE RETURN THIS PORTION OF THE FORM IN THE ENCLOSED ENVELOPE**

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

- I will attend the Section 504 Manifestation Determination meeting.
- I am not able to attend and request the meeting be rescheduled.
- I am not able to attend, but request that the meeting be held without me and that the paperwork be sent to my home address.

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

<input type="text"/>	<input type="text"/>
<b>Date of Manifestation Review</b>	<b>Date of Current 504</b>

<input type="text"/>	<input type="text"/>
<b>Student's Name</b>	<b>Date of Birth</b>

<input type="text"/>	<input type="text"/>
<b>Current School</b>	<b>Grade</b>

<input type="text"/>	<input type="text"/>
<b>Parent's / Guardian's Name</b>	<b>Phone</b>

<input type="text"/>	<input type="text"/>
<b>Address / City / Zip</b>	<b>E - Mail</b>

The meeting information is as follows:

<input type="text"/>	<input type="text"/>
<b>Location</b>	<b>Date</b>

<input type="text"/>	<input type="text"/>
<b>Room Number</b>	<b>Time</b>

The School District has invited the following individuals to attend the meeting:

Name	Position/Title

**Current Drug or Alcohol Use**

<p>1. Does the student currently engage in the illegal use of drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the student being disciplined for the possession or use of illegal drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to either question is yes, the student is not entitled to a manifestation determination review and the student may be disciplined to the same extent that such disciplinary action is taken against students without disabilities.</p>
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**Consideration for Review** – In carrying out a manifestation determination review, the 504 Team shall:

<p>1. Describe the behavior or incident that is subject to discipline.</p>   
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2. Review and summarize relevant information in student's file:

3. Review and summarize relevant information in student's Section 504 Plan.

4. Review and summarize relevant teacher observation of the student.

5. Review and summarize relevant information provided by the parent.

### Manifestation Determination

In relation to the behavior subject to discipline, see previous page:

1. Was the conduct in question caused by or did it have a direct and substantial relationship to the student's disability?  Yes  No
2. Was the conduct a direct result of the School District's failure to implement the Section 504 Plan?  Yes  No

**If the Section 504 team answers "Yes" to either of the questions above, then the behavior must be considered a manifestation of the student's disability.**

### Manifestation Hearing Conclusion

- Is not a manifestation of the student's disability and school personnel may apply relevant disciplinary procedures applicable to all students.
- Is a manifestation of the student's disability.

Section 504 Committee Chair Signature

Date

- I have been informed of and received a copy of my rights and procedural safeguards
- I agree with the determination  I disagree with the determination

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

\_\_\_\_\_  
Date

<h1 style="margin: 0;">Wyandotte</h1> <p style="margin: 0; font-weight: bold; letter-spacing: 0.5em;">PUBLIC SCHOOLS</p>	<h2 style="margin: 0;">504 TERMINATION OF SERVICE</h2> <p style="margin: 0; font-size: small;">639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000</p>
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Date: \_\_\_\_\_

The Wyandotte Public Schools must maintain an accurate record of all students with a disability in Wyandotte Schools. When a student stops receiving a special education service, the primary caseload provider should fill out this form and turn it in to the special education office. Copies of this form must be maintained in the student's special education file and CA-60.

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

Name & Title of Individual completing 504 Termination: \_\_\_\_\_

### Reason for Termination of 504 PLAN

- Found ineligible
- IEP implemented
- Service removed
- Graduated\*
- Dropped out\*
- Left District
- Other : \_\_\_\_\_

### Vocational Experiences Prior to Termination

- General education
- General education with accommodations/modifications
- Special education vocational education
- Individualized vocational education
- Other : \_\_\_\_\_

#### Prior to termination, had the student been referred by the schools to other agencies?(Check any that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No special services needed | <input type="checkbox"/> Vocational placement for         | <input type="checkbox"/> Interpreter services       |
| <input type="checkbox"/> Adult Transition services  | post-school employment                                    | <input type="checkbox"/> Reader services            |
| <input type="checkbox"/> Rehabilitation services    | <input type="checkbox"/> Vocational training services     | <input type="checkbox"/> Assistive technology needs |
| <input type="checkbox"/> Community Mental Health    | <input type="checkbox"/> Transitional employment services | <input type="checkbox"/> Residential Services       |

Family Independence Agency  Specialized transportation

Other services (comment)

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

**Copies distributed to:**

Pupil Accounting

CA-60