



# **Section 504 Toolkit for Educators, Administrators, Families, and School Staff**

January 2024

## **Acknowledgements**

This is an update of the Wayne RESA 2011, Section 504 Rehabilitation Act of 1973 Toolkit for Schools. This toolkit was revised in partnership with Michigan Department of Education (MDE), Michigan Department of Health and Human Services (MDHHS), Wayne RESA and other education and health colleagues across Michigan. The committee worked from August 2021 to December 2022 with a commitment to providing schools with the information and tools to ensure the appropriate protections for students with disabilities under Section 504. The Wayne RESA Editing Team finalized this toolkit in January 2024.

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## **Notes About Using this Section 504 Toolkit**

This toolkit is meant to serve as a practical guide for referring, evaluating, planning, and implementing Section 504. It is not intended to imply new state law or supplant any federal or state laws, regulations, or requirements. Nothing in this toolkit should be seen as having the force of law. This toolkit should not be cited as law or as imposing any additional requirements or obligations outside the requirements of existing law. Systems, schools, and parents/guardians are not required to adhere to this toolkit, but only to the requirements of

U.S. Department of Education and the guidance issued by the United States Department of Education Office for Civil Rights, and the rules of the State of Michigan and the State Board of Education (U.S. Department of Education, 2020).

Throughout this document, the term “school district” includes all schools receiving Federal funding, including schools within Local Education Agencies (LEAs) and Public School Academies (PSAs).

## Table of Contents

Section 504 Toolkit for Educators, Administrators, Families, and School Staff.....	1
Acknowledgements .....	2
Committee Members .....	2
Wayne RESA Editing Team.....	2
Notes About Using this Section 504 Toolkit .....	2
Table of Contents .....	4
SECTION 1: INTRODUCTION.....	7
Section 504 of the 1973 Rehabilitation Act .....	7
SECTION 2: IMPORTANT CONCEPTS AND DEFINITIONS .....	9
504 Plan vs Individual Education Plan (IEP) .....	9
Child Find.....	9
Free Appropriate Public Education (FAPE).....	9
Individual with a Disability .....	9
Major Life Activities/Functions.....	9
Michigan Department of Education (MDE) .....	10
Mitigating Measures .....	10
Multi-Tiered System of Supports (MTSS).....	10
Office for Civil Rights (OCR).....	10
Office of Special Education and Rehabilitative Services (OSERS) .....	10
Parent/Guardian Consent .....	11
Parent/Guardian Rights .....	11
Policy of Non-Discrimination.....	11
Positive Behavioral Interventions and Supports (PBIS).....	11
Physical or Mental Impairment.....	12
Substantially Limits .....	12
SECTION 3: SECTION 504 PROCESS.....	13
Responding to the Referral .....	13
Evaluating the Student.....	14

Eligibility Determination.....	15
Creating the Section 504 Plan .....	16
Eligibility Considerations .....	16
Review of Section 504 Plan .....	17
Reevaluation.....	17
SECTION 504 FLOWCHART .....	18
Types of Plans Related to the 504 Process.....	18
SECTION 4: DISCIPLINE CONSIDERATIONS FOR STUDENTS WITH A SECTION 504.....	20
Manifestation Determination .....	20
Seclusion and Restraint.....	21
Due Process.....	22
Complaints/Grievances .....	22
Office for Civil Rights.....	23
Impartial Due Process Hearing.....	23
SECTION 5: ROLES AND RESPONSIBILITIES .....	25
Local School Board .....	25
School District Leadership.....	25
All School District Employees.....	25
Section 504 Coordinator .....	25
Section 504 Team.....	26
Teachers .....	26
School Nurse (SN), School Social Worker (SSW), & Related Service Provider Responsibilities	26
Parent/Guardian.....	27
Student.....	27
SECTION 6: SECTION 504 ACCOMODATIONS .....	28
General Accommodations.....	28
Testing and Assessment Accommodations.....	29
General Modifications.....	29
Behavior Modifications .....	30
Support Strategies.....	30

SECTION 7: SECTION 504 SAMPLE FORMS .....	33
SECTION 8: TIPS FOR CREATING EFFECTIVE PLANS .....	34
Ten Tips for the Classroom Teacher .....	34
Externalizing Behaviors .....	34
Internalizing Behaviors .....	34
Attention Deficit Hyperactivity.....	36
Management of ADHD .....	36
Stop the Homework Turnstile .....	37
Check In/Check Out.....	37
School Refusal Behavior .....	38
Management of School Refusal Behavior .....	38
Tips for Classroom Management of School Refusal Behavior .....	38
Completing Schoolwork/Homework .....	39
SECTION 9: ADDITIONAL RESOURCES.....	41
Sample School Behavior Plans .....	41
Medical Management Plans, Forms, and Resources .....	41
Behavioral Health Plans and Resources .....	41
Example List of Service Providers.....	42
Appendix A .....	43
Appendix B.....	46
References .....	61

## **SECTION 1: INTRODUCTION**

Before getting into the nuances of Section 504, we must consider that Section 504 is under the purview of the Office for Civil Rights (OCR) in the US Department of Education. “OCR’s mission is to ensure equal access to education and to promote educational excellence through vigorous enforcement of civil rights in our nation’s schools” (U.S. Department of Education, Office for Civil Rights, 2021). One of the main responsibilities of OCR is to investigate alleged discrimination and to secure the equal protection of civil rights for protected classes of people including the disabled. The enforcement of Section 504 extends to any program or activity that receives federal financial assistance from the U.S. Department of Education. Essentially, civil rights laws protect the right of those with disabilities (U.S. Department of Education, Office for Civil Rights, 2020).

“When OCR becomes involved in a case, it usually stems from the complaint process.” Upon receipt of a complaint, OCR reviews the complaint and decides whether or not to conduct an investigation. The investigation may entail records review or in-person interviews, or both. After the investigation, OCR issues a letter to the parties. If discrimination is found, a letter of corrective action will outline the measures that need to be taken to remedy the situation. Proof of compliance is submitted to OCR by a certain date so the matter can be concluded” (Sepiol, 2015).

Things to note about an OCR investigation include: 1) the investigation can be a long process, and 2) OCR is not limited to the original complaint issue involving the disabled. The OCR also addresses other protected classes including race, national origin, religion, sex, and age (Sepiol, 2015). If the investigation finds other discriminatory practices of other protected classes, the investigation can be widened to encompass other areas of discrimination.

As noted earlier, this toolkit is meant to serve as a practical guide for ensuring appropriate protections for students with disabilities under Section 504, and by extension, help schools avoid an OCR complaint.

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

“Section 504 of the 1973 Rehabilitation Act was the first disability civil rights law to be enacted in the United States. It prohibits discrimination against people with disabilities in programs that receive federal financial assistance. Section 504 works together with the ADA and IDEA to protect children and adults with disabilities from exclusion, and unequal treatment in schools, jobs and the community” (Section 504 of the Rehabilitation Act of 1973 - Disability Rights Education & Defense Fund, 2015).

Section 504 is a federal law which prohibits discrimination against persons with disabilities. The law provides:

“No otherwise qualified individual with a disability shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial *assistance*”. This includes elementary and secondary public schools, charter schools, and state-operated schools, public school districts, State education agencies, private schools, and juvenile justice residential facilities...”

Section 504 is based on the principle that students with disabilities shall not be denied access to educational facilities, programs, and opportunities based on their disability.

In June 2022, the United States Department of Education Office For Civil Rights created *“Supporting Students With Disabilities and Avoiding The Discriminatory Use of Student Discipline Under Section 504 of the Rehabilitation Act of 1973”* which describes the responsibility of schools to ensure nondiscrimination against students with disabilities when enforcing student discipline, a responsibility that extends to the conduct of everyone with whom the school has a contractual or other arrangement, such as school district, police officers, or school resource officers.

Section 504 requires that the school district provide a Free Appropriate Public Education (FAPE) to each eligible student who has a physical or mental impairment that substantially limits a major life activity. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services that are designed to meet the student’s individual educational needs as adequately as the needs of non-disabled students, and in accordance with Section 504 requirements pertaining to educational setting, evaluation, placement, and procedural safeguards. The FAPE obligation extends to all students described in this paragraph, regardless of the nature or severity of their disability.

Every school district should have a plan/policy to develop and implement Section 504 plans as required by law. School district personnel should become familiar with the legal guidance and regulations of Section 504 (U. S. Department of Education, Office for Civil Rights, 2022).



## SECTION 2: IMPORTANT CONCEPTS AND DEFINITIONS

**504 Plan vs Individual Education Plan (IEP):** A 504 Plan is different from an IEP. The main difference is that a 504 Plan accommodates a student's regular education program in a regular classroom setting. A 504 Plan is monitored by the 504 Coordinator and other staff members, including classroom teachers. A student with an IEP, as part of the Individuals with Disabilities Education Act (IDEA), receives specially designed instruction through special education programs and/or services, in a special or regular educational setting depending on the student's need (Individuals with Disabilities Education Act, 2004). IEP programs are delivered and monitored by classroom teachers and additional school support staff. Depending on the student's needs, they may be eligible for a Section 504 Plan and an IEP.

**Child Find:** The Individuals with Disabilities Education Act includes the Child Find mandate. Child Find requires all school districts to identify, locate, and evaluate all children with disabilities, regardless of the severity of their disabilities. This obligation to identify all children who may need special education or Section 504 services exists even if the school is not providing special education services to the child. School districts are encouraged to utilize a comprehensive range of communication channels, including electronic and printed resources such as newsletters, publications, and websites, to fulfill their commitment to engage with both the school community and the broader public.

**Free Appropriate Public Education (FAPE):** A free appropriate public education is the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of disabled persons as adequately as the needs of non-disabled persons (Free Appropriate Public Education (FAPE), 2020).

**Individual with a Disability:** Is a person who:

1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities,
2. Has a record of such impairment, or
3. Is regarded as having such an impairment.

**Major Life Activities/Functions:** A major life activity includes but is not limited to functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Major life activities also include standing, lifting, bending, reading, concentrating, thinking, and communicating. The term also includes the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions (ADA National Network, 2023).

**Michigan Department of Education (MDE):** “Every learner in Michigan’s public schools will have an inspiring, engaging, and caring learning environment that fosters creative and critical thinkers who believe in their ability to positively influence Michigan and the world beyond” (Michigan Department of Education, 2019).

**Mitigating Measures:** The Americans with Disabilities Act Amendments Act (ADAAA) of 2008, effective January 2009, states the determination of whether an impairment substantially limits a major life activity is required to be made without regard to the effects of mitigating measures, such as: medication, medical supplies, equipment, or appliances; low-vision devices (which do not include ordinary eyeglasses or contact lenses); prosthetics, including limbs and devices; hearing aids and cochlear implants or other implantable hearing devices; oxygen therapy equipment and supplies; use of assistive technology; reasonable accommodations or auxiliary aids or services; learned behavioral or adaptive neurological modifications.

“OCR has determined that health plans and emergency plans are mitigating measures. When a student with a health plan or emergency plan is evaluated for the existence of a Section 504 disability, the positive or ‘ameliorative effects’ of the health plan cannot be considered in determining whether the student is substantially limited... and, therefore, disabled” (U.S. Department of Health and Human Services, Office for Civil Rights, 2006).

**Multi-Tiered System of Supports (MTSS):** The Michigan Department of Education (MDE) defines Multi-Tiered System of Support (MTSS) as a comprehensive framework comprised of a collection of research-based strategies designed to meet the individual needs and assets of the whole child.

**Office for Civil Rights (OCR):** “The mission of the Office for Civil Rights is to ensure equal access to education and to promote educational excellence throughout the nation through vigorous enforcement of civil rights (Office for Civil Rights, 2020).

**Office of Special Education and Rehabilitative Services (OSERS):** The OSERS understands the many challenges still facing individuals with disabilities and their families. Therefore, OSERS is committed to improving results and outcomes for people with disabilities of all ages. OSERS supports programs that serve millions of children, youth and adults with disabilities and is dedicated to improving results for infants, toddlers, children, and youth with disabilities ages birth through 26 by providing leadership and financial support to assist states and local school districts (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2019).

**Parent/Guardian Consent:** Section 504 requires informed parent/guardian consent for initial evaluations. If a parent/guardian refuses consent for an initial evaluation and a recipient school district suspects a student has a disability, the IDEA and Section 504 provide that school districts may use due process hearing procedures to seek to override the parent/guardian denial of consent (Office of Civil Rights, 2020).

**Parent/Guardian Rights:** Section 504 guarantees certain rights to students with disabilities. The intent of these procedural protections is to keep the parent/guardian fully informed concerning educational decisions about their child, and to inform the parent/guardian of their rights if they disagree with any of these decisions. At age 18, these rights transfer to the student. A meeting notice should be used every time you plan to meet for purposes of Section 504 evaluation, plan development, or change in programs.

**Policy of Non-Discrimination:** It is the responsibility of the local school district and Board of Education to adopt a policy of non-discrimination such that no otherwise qualified student with a disability shall be excluded from participation in, denied the benefits of, or be subjected to discrimination solely based on their disability in any program or activity conducted by the school district.

It is the responsibility of the local school district and Board of Education to identify, evaluate and provide a free appropriate public education to each qualified student with a disability within its jurisdiction regardless of the nature or severity of the disability.

A grievance procedure must be established for addressing complaints of discrimination based on disability. A description of this procedure and other relevant information may be obtained by contacting the school district's Section 504 Coordinator or the office of the Superintendent. The school district may appoint a designee to serve as the district 504 Coordinator. The building level administrator is ultimately responsible for the implementation of plans by the appropriate staff who work with the student.

**Positive Behavioral Interventions and Supports (PBIS):** PBIS is an evidence-based three-tiered framework to improve and integrate all the data, systems, and practices affecting student outcomes every day. PBIS creates schools where all students succeed (Center on PBIS, 2019). In Michigan, school-wide PBIS is a proactive, team-based framework for creating and sustaining safe and effective schools. The focus of PBIS is to prevent problem behavior, develop pro-social skills, and use data-based problem solving for addressing existing behavior concerns. School-wide PBIS will help schools educate all students with the use of research-based, school-

wide, classroom, and individualized interventions (Michigan Department of Education, Office of Special Education, 2022).

**Physical or Mental Impairment:** Section 504 regulations define “physical or mental impairment” as (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito/urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities (U.S. Department of Education, 2023).

**Substantially Limits:** A student who has a physical or mental impairment may be found to have a disability under Section 504. This determination is made on a case-by-case basis. If a student has an impairment that is episodic or in remission, the school district must consider whether the impairment, *when active*, would substantially limit a major life activity. If so, then the student meets the definition of a student with a disability.

## SECTION 3: SECTION 504 PROCESS

Section 504 regulations along with the Office for Civil Rights (OCR) provide direction on the process needed to ensure compliance by school districts.

The Section 504 Process consists of four steps: (1) Referral; (2) Evaluation; (3) Determination of Eligibility; and (4) the Section 504 Plan. For eligible students with a plan, the school district must also conduct regular reviews of the plan, reviews to support changes in a program and/or transitions across grade levels, and re-determination evaluations.

### Referral

A student who, because of a suspected mental and/or physical impairment, is believed to need accommodations or educational services under Section 504, may be formally referred by a parent/guardian, teacher, other certified school employee(s), or the adult-aged student themselves.

The referral process involves proper documentation of:

- Presenting concerns
- Notification of Parental Rights and Procedural Safeguards
- Parent/Guardian consent

If, at any time, a teacher, counselor, administrator, or other professional staff member suspects that the student's difficulties are attributable to a disability, the student should be referred for an evaluation. If a parent/guardian at any time requests an evaluation, the school district must either honor that request or notify the parent/guardian of their due process rights. The parent/guardian is to be provided with copies of the Section 504 Referral and Parent Consent for Section 504 Evaluation forms and given the opportunity for clarification of terms, timelines, and procedural safeguards.

The submission of a referral for an evaluation does not equate to automatic eligibility under Section 504. Evaluation requests and referral submissions must be in accordance with the procedures of the school district.

### Responding to the Referral

In accordance with 34 CFR §300.503, the district must provide notice to the parent/guardian within 10 days of receiving the referral addressing whether the school district will conduct an evaluation. When the school district proposes to conduct an evaluation, the school district **must** request parent/guardian consent to evaluate the student (Michigan Department of Education, 2023).

School districts can determine their own timelines, but best practice is to refer to the IDEA timelines. The MDE Office of Special Education (2022) recommends 10 school days counted from the date the school district receives the request.

The Section 504 Coordinator should identify team members and the team should decide on the needed evaluation data for each student on a case-by-case basis.

## **Evaluating the Student**

Upon receipt of signed parent/guardian consent for an evaluation, School Districts can determine their own timelines, but best practice is to refer to the IDEA timelines. The MDE Office of Special Education (2022) recommends 30 school days counted from the date the school district receives signed consent for an evaluation.

A determination of Section 504 eligibility (i.e., a physical or mental impairment that substantially limits a major life activity within the school environment) must be based on a multi-source evaluation. Team members should be knowledgeable about the student (e.g., challenges, lacking subskills, root cause of concerns) from the evaluation data. The evaluation procedures to be followed may, but need not, include all of those which are followed in evaluating students under the Individuals with Disabilities Education Act (IDEA). The nature and extent of the information needed to make a Section 504 eligibility decision is determined on a case-by-case basis by a group of persons knowledgeable about the student and the meaning of evaluation data.

The evaluation process should begin with a thorough review of the student's educational records. Evaluation standards require that assessments are (1) used for the purposes they were developed; (2) administered by qualified personnel; (3) tailored to assess the specific area of concern and not to provide a global ability score; and (4) selected and administered to ensure the test accurately reflects the student's abilities rather than reflecting the impairment.

The following sources of information may be considered as appropriate evaluation methods:

- Observations of the student.
- Standardized tests or other assessments by school staff.
- Parent/guardian, student, teacher interviews.
- Behavior rating scales or other checklists.
- Pertinent medical information.
- Information provided by the parent/guardian.

If a student is suspected of having a physical impairment and the school district does not already have a current diagnosis documented by a Healthcare Provider, input from a Healthcare Provider may be sought as part of the evaluation process. **Please note that a diagnosis of a**

**physical or mental impairment does not, in and of itself, determine eligibility under Section 504.** As mentioned above, there must also be separate findings that the impairment substantially limits a major life activity.

**Medical evaluations or diagnoses are NOT required under Section 504.** The school district may **NOT** require the parent/guardian to provide medical information or evaluation. If the evaluation team determines that a medical evaluation is necessary, the school district must pay for it (U.S. Department of Education, Office for Civil Rights, 2016). Additional considerations are offered to assist school districts in making appropriate eligibility determinations.

### **Eligibility Determination**

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.** All three criteria must be met before the student is eligible for Section 504 protection [34 CFR 104.3(j)].

The eligibility determination should be based on 504 requirements and made by a group of people knowledgeable about the student, the meaning of the evaluation data, and placement options. **The school should form a team to conduct the evaluation, determine eligibility, and develop a plan for the eligible student.** The team determines if the definition of a disability is met.

**Substantial Limitation:** the physical or mental impairment must also be found to “substantially limit” a major life activity or bodily function. Section 504 does not currently provide an operational definition of “substantial limitation.” Instead, the U.S. Department of Education (USDOE) has concluded that each Local Education Agency (LEA) should make its own determination of what the phrase “substantial limitation” means.

**Major Life Activities:** Section 504’s definition of disability requires a team to look at the impact of the physical or mental impairment on one or more major life activities. The list of major life activities includes, but is not limited to, the following:

- Caring for oneself
- Breathing
- Walking
- Learning
- Seeing
- Working
- Hearing
- Performing manual tasks
- Speaking
- Reading
- Eating
- Concentrating
- Standing
- Thinking
- Lifting
- Sleeping

**Mitigating Measures:** Except for ordinary eyeglasses or contact lenses, the effects of mitigating measures (e.g., medications, prosthetics, hearing aids, etc.) **may not** be considered when assessing whether a student has an impairment that substantially limits a major life activity. To the extent feasible, only the impact the impairment has on a major life activity without mitigating measures may be considered when determining whether the disability substantially limits a major life activity.

**Episodic or In Remission Disabilities:** An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. A *temporary* injury or illness of a duration of less than six months is not regarded as an impairment that substantially limits a major life activity.

### **Creating the Section 504 Plan**

If a student is found to be eligible, a Section 504 Plan will be developed. The building-level Section 504 Team, which can include the parent/guardian, will be responsible for determining the special accommodations and services that are needed to ensure that the student receives a free appropriate public education (FAPE). The 504 Plan will specify how services will be provided and by whom (U.S. Department of Education Office for Civil Rights, 2022).

The Section 504 Plan shall be signed by the Building Administrator or designee. Prior to implementation, a copy of the 504 Plan shall be provided to the parent/guardian(s), which indicates the school district's intent to implement the plan. The parent/guardian must always be provided with a copy of the Notification of Parental Rights. The plan should be clear and unambiguous to prevent misunderstandings regarding implementation.

When a Section 504 Plan is developed for a student, only school personnel with implementation responsibilities shall be informed of the existence and details of the plan. Staff should receive the appropriate training for implementing the plan. Training should include best practices such as the use of a documentation log when accommodations are provided. Staff should be informed on the contents of the plan when the plan is created, revised, and at points of transition, including transfers between buildings, or changes in schedule, staff, or program.

### **Eligibility Considerations**

**No Automatic Eligibility:** A diagnosis of a chronic health condition does not automatically mean a student will be determined eligible to receive services under Section 504. Each student with a chronic health condition is unique in their disease process, developmental and intellectual abilities, and levels of assistance required for health condition management. The chronic health condition must cause a substantial limitation on the individual student's ability to learn or on another major life activity (U.S. Department of Education Office for Civil Rights, 2020).



If team evaluation and determination of eligibility results in the development of a Section 504 Plan, ensure that language instructing staff to follow the current Behavior Intervention Plan (BIP), Medication Administration Authorization (MAA), Medical Management Plan (MMP), and/or Emergency Care Plan (ECP)/Emergency Action Plan (EAP) is included in the 504 Plan. Additionally, necessary training of Designated School Personnel (DSP) and other assigned staff to fully implement the BIP, MAA, MMP, and/or ECP/EAP should be clearly described in the 504 Plan (i.e., type and frequency of training and trainer credentials, minimally).

**Access NOT Advantage:** The primary focus of Section 504 is equal access for students with disabilities. It is not designed to improve grades, raise test scores, or reduce homework responsibilities. If a student is only seeking test accommodations, it is likely the student does not need a Section 504 Plan.

**Prevent Over Identification:** There are other factors that can adversely affect student learning, such as socioeconomic status, educational disadvantage, poor early instruction, difficult family situation, gang involvement, truancy, limited English proficiency, etc. Investing in Section 504 training for staff will help to avoid the violation of identifying a student as having a disability when learning difficulties, access challenges, etc. may stem from other factors.

**Prevent Misconceptions Leading to Violations:** It is a misconception that general education accommodations supplant the need for Section 504 eligibility or services. Another misconception is that a student must fail in all classes to be eligible. It is important to recognize that a student who continues to struggle, with intervention, may indeed have a substantial limitation.

### **Review of Section 504 Plan**

Team members review the plan to ensure that it provides access. How often to review the plan as a team depends on the needs of each student (e.g., monthly, quarterly, semesterly, yearly [as needed]). The Section 504 Coordinator or other designated person will meet with the parent/guardian at least annually to determine whether the Section 504 Plan continues to be appropriate or whether any changes are thought to be necessary. A Section 504 team meeting will be convened at **any time necessary** to review the changes in student needs or other appropriate concerns. Updated 504 plans are provided to the personnel expected to implement them. The parent/guardian is provided with a copy of the revised plan and a notice of their rights under Section 504.

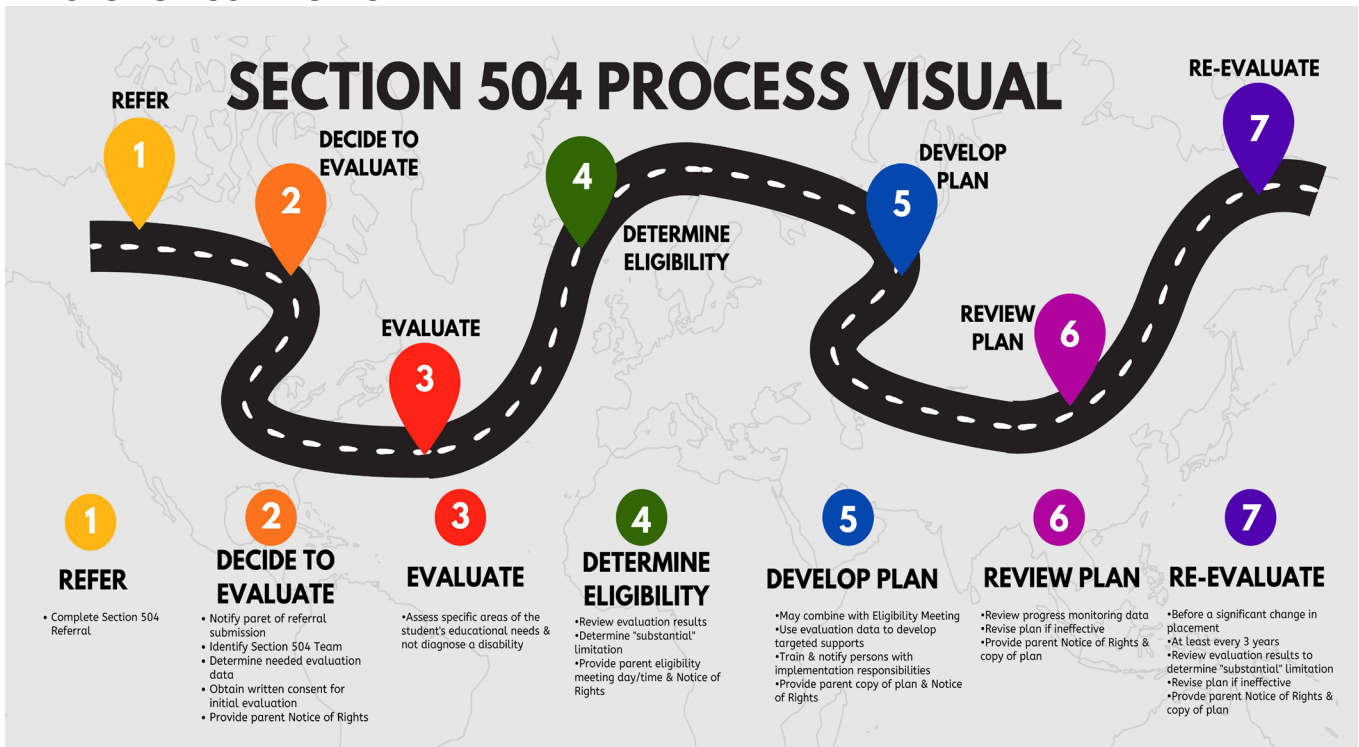
### **Reevaluation**

School districts must reevaluate the student periodically (minimally every 3 years) and before a significant change in placement or services to ensure supports are appropriate and based on

recent data. The Section 504 team revises the plan as needed. Parents provided a copy of the revised plan and a notice of their rights under Section 504.

A school district shall not require outside evaluations or examinations as a condition of eligibility or plan continuance. Medical evaluations are NOT required under Section 504. The school district may NOT require the parent/guardian(s) to provide medical information or evaluation. If the evaluation team determines that a medical evaluation is necessary, the district must pay for it *Letter to Veir, 20 IDELR 864* (U. S. Department of Education Office for Civil Rights, 2016).

## SECTION 504 FLOWCHART



**ADAPTED FROM:** Arkansas Department of Education, Division of Elementary and Secondary Education, 2022 (See Appendix A for full-page version).

### Types of Plans Related to the 504 Process:

**Section 504 Plan:** A Section 504 plan is written for qualified students who meet the definition of an individual with a disability under Section 504. The individualized plan describes the related aids and services designed to meet the student's individual educational needs as adequately as the needs of students without disabilities are met. The Section 504 plan may also describe individual accommodations that support the student to have equal opportunity to participate in

athletics and extracurricular activities, and to be free from bullying and harassment based on their disability (U.S. Department of Education Office for Civil Rights, 2016).

**Functional Behaviors Assessment (FBA):** FBA is based on the science of behavior. An FBA is a process to collect and study data to better understand what may be prompting the behavior which occurs and to understand the function of the behavior. FBAs are also addressed in the Individuals with Disabilities Education Act (IDEA). Parents of a child with an individualized education program (IEP) can request an FBA when their child's behavior(s) interferes with learning or when there is a placement change due to disciplinary reasons. The result of the FBA may aid teachers, parents, and providers in using strategies and supports to reduce or replace the behavior with more appropriate behavior (Michigan Department of Education Office of Special Education, 2022).

**Behavior Intervention Plan (BIP):** A BIP is a written improvement plan created for a student based on the outcome of the functional behavior assessment (FBA). The FBA should identify what is maintaining or causing a challenging behavior, and the BIP specifies the actions to take to improve or replace the behavior (Michigan Department of Education Office of Special Education, 2023).

**Medication Administration Authorization (MAA) Form:** An MAA allows for identified medication to legally be on school property and administered to an individual student according to their healthcare prescriber instructions. All MAAs must include the healthcare prescriber's signature and written parent/guardian permission.

**Medical Management Plans (MMP):** An MMP (i.e., Medical Orders) provides healthcare provider instructions on how to safely and legally accommodate an individual student's specific health needs in the school setting. All MMPs must include the healthcare prescriber's signature and written parent/guardian permission.

**Emergency Care/Action Plan (ECP/EAP):** The ECP/EAP contains instructions on how to recognize and respond to potential emergencies related to the individual student's specific health condition. ECP/EAPs are commonly embedded in the MMP. All ECP/EAPs must include the healthcare prescriber's signature and written parent/guardian permission.

**Nursing Individual Health Plan (IHP):** The IHP is the equivalent of the nursing care plan in the school setting. The IHP is developed by the school nurse, used by the school nurse, based on the nursing process, utilizes nursing language, documents standards of school nursing practice, and is driven by outcomes. It is a document that guides the delivery of student-specific nursing care (National Association of School Nurses, 2020). The IHP remains a separate document.

## SECTION 4: DISCIPLINE CONSIDERATIONS FOR STUDENTS WITH A SECTION 504 PLAN

### Manifestation Determination

Students who are eligible under Section 504 have certain additional protections when charged with a violation of the Code of Student Conduct which may result in a suspension or expulsion. However, Section 504 does not forbid a school from responding to emergency conditions or taking nondiscriminatory actions to provide a safe environment for students and staff (U.S. Department of Education Office for Civil Rights, 2022).

Similar to suspension or expulsion of a student with a disability under the IDEA, it is necessary to conduct a [manifestation determination review](#) (Michigan Department of Education Office of Special Education, 2020), which is a formal procedure where parents/guardians and knowledgeable school staff review information about the child's behavior and determine if it was an expression of that student's disability for a Section 504 disabled student when:

- The suspension or expulsion will be for more than ten (10) consecutive school days. As is true under IDEA, a suspension/expulsion of more than ten (10) consecutive days constitutes a significant change in placement and requires the school district to determine if the cause of the behavior is the disability identified in the student's Section 504 Plan.
- A series of suspensions that total more than ten (10) school days in a school year may create a pattern of exclusion. If cumulative suspensions or expulsions for a student on a Section 504 Plan total more than ten (10) school days in a school year, it must be determined if a significant placement change has occurred. This decision is made on a case-by-case basis. If a group of short suspensions creates a pattern of exclusion, then this constitutes a change in placement and the school district must conduct a manifestation determination meeting before further suspensions or expulsions occur. The [U.S. Department of Education Office of Civil Rights](#) has identified some of the key factors in determining the existence of a pattern of exclusion. These include the length of each suspension, the proximity of one suspension to another, the similar or dissimilar nature of the behavior, and the total amount of time the student is excluded from school (U.S. Department of Education Office for Civil Rights, 2022).

Section 504 allows a student to be disciplined, without going through the manifestation determination review process, when the student is charged with and found to be currently engaging in the illegal use or sale of drugs or alcohol on school property. (Michigan Department of Education, Office of Civil Rights, Code of Conduct, 2019). Michigan Law requires a student to be removed if they are in possession of a weapon, commit arson, physically assault another

student, school employee, or volunteer, make a bomb threat, or other kind of threat. Exclusions can last no longer than 180 days (Michigan Department of Education, 2014). A student who has been expelled for weapons, arson, criminal sexual conduct, or physical assault against an employee or volunteer is expelled from all Michigan public schools unless the school district operates or participates in an alternative education program appropriate for the mandatory expelled student and, at the school district's discretion, admits the student to that program or strict discipline academy (Michigan Department of Education, 2020). The manifestation determination process will determine if the violation was due to the student's disability. The review must also consider the appropriateness of the student's plan of supports and services under Section 504. Appropriate actions should include consideration for a referral for IDEA evaluation when the manifestation determines the behavior is likely related to the disability. In situations where the student committed an infraction leading to state mandated removal from school, the review process must consider the obligations to provide FAPE under IDEA.

In situations which the manifestation determination process determines the behavior is **NOT** related to the disability, the student is to be given the same treatment or sanctions as the non-disabled students, consistent with [Implementing Alternatives to Suspension and Expulsion](#) (Michigan Department of Education, 2020). The provisions of FAPE do not apply during the period of discipline or removal from school. The student may apply for reinstatement following the same policy as non-disabled peers according to the [Individuals with Disabilities Education Act \(IDEA\) Discipline Rules](#) (Michigan Department of Education, Office of Special Education, 2019).

### **Seclusion and Restraint**

Throughout this section, "seclusion and restraint" includes emergency seclusion and emergency physical restraint. The use of seclusion and restraint is statutorily prohibited in Michigan's public schools, subject to a narrow exception for emergency seclusion and emergency physical restraint. Further, schools document any use of seclusion or restraint, including the use of emergency seclusion and emergency physical restraint. Also, "if a pupil exhibits a pattern of behavior that poses a substantial risk of creating an emergency situation in the future that could result in the use of emergency seclusion, school personnel should develop a written emergency intervention plan to protect the health, safety and dignity of the pupil" (MDE Policy for the Emergency Use of Seclusion and Restraint, 2017).

The [Seclusion and Restraint form](#) schools use to document each incident of seclusion or restraint must include the information shown in the model form which must be completed immediately after each incident by one of the involved staff members (Alternatives to Suspensions and Expulsions Toolkit, 2020). Wayne RESA provides access to MDE documentation

for seclusion and restraint as well as a template for the emergency intervention plan under the Tier 3 section of the [Wayne RESA PBIS website](#).

### **Due Process**

“Under Section 504, if a parent/guardian believes that their child has not received or is not receiving FAPE, does not have equal access to other services provided by the school, or did not receive or is not receiving appropriate compensatory services, they may seek a hearing under the school’s Section 504 due process procedures or file a complaint with OCR” (Michigan Alliance for Families, 2023).

Recipient school districts are required to establish and implement procedural safeguards that include notice, an opportunity for the parent/guardian to review relevant records, an impartial hearing with opportunity for participation by the student's parent/guardian, representation by counsel and a review procedure (U.S. Department of Education, Office of Civil Rights, 2023).

### **Complaints/Grievances**

A person who believes that they have been discriminated against by the school district based on their disability may pursue a grievance/complaint with the [Section 504 Grievance/Complaint Form](#). (Mediation may be presented as an option to resolve any issues.)

Grievance and Impartial Due Process Procedures must include procedural safeguards including notification to the parent/guardian. A parent/guardian may request an impartial due process hearing at any time and should be provided with notice of this right. While the school district must also offer a process for addressing complaints and grievances, the parent/guardian should not be delayed or denied in their exercise of due process.

The complaint or grievance process is outlined below:

#### **School Building**

The grievance process starts with a meeting at the building level to review concerns and consider possible immediate solutions. The meeting should occur in a reasonable timeframe. The building administrator or designee should meet with parents/guardians to discuss concerns and attempt to resolve the issues. Suggested meeting participants may include the parent(s)/guardian(s), staff involved with the student’s Section 504 Plan, and the building administrator. The meeting outcomes should be summarized and shared with the parent(s)/guardian(s) and school district Section 504 Coordinator.

### **School District**

If the issue does not reach satisfactory resolution, parent(s)/guardian(s) should file a written grievance with the school district 504 Coordinator. The school district 504 Coordinator will investigate the concern and prepare a written summary of findings and recommendations. Upon parent/guardian and district review of recommendations, the parent/guardian and district, by mutual agreement may enter a facilitation meeting to reconcile any concerns that cannot be resolved through the recommended course of action. If the issue does not reach a satisfactory resolution, the parent/guardian may request an impartial due process hearing through the district 504 Coordinator or the Office of the Superintendent. An impartial hearing officer will be appointed by the school district. The impartial hearing officer will conduct an evaluation and make written recommendations.

### **Office for Civil Rights**

If the due process hearing does not resolve the issue, the parent/guardian may file a complaint with the OCR.

Office for Civil Rights Cleveland Regional Office  
U.S. Dept of Education  
615 W Superior Avenue, Suite 885 Cleveland,  
Ohio 44113  
(216)787-3150

### **Impartial Due Process Hearing**

Parent(s)/guardian(s) who disagree with the identification, evaluation, placement, or provision of a free appropriate public education for a student with a disability have the right to request an impartial due process hearing. Request for a Section 504 due process hearing must be made to the school district Section 504 Coordinator or building administrator if no one is assigned to that position. Upon receipt of such a request, the necessary arrangements will be made by the school district including the selection of a hearing officer. A hearing may not be conducted by a person who is an employee of the school district, or by a person having a personal or professional interest which would conflict with their objectivity in the hearing. For assistance in identifying an appropriate hearing officer, the school district may begin by contacting legal counsel.

Any party to a hearing has the right to:

- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the needs of children with disabilities.
- Present evidence and confront, cross-examine, and compel the attendance of witnesses.
- Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five days before the hearing.

- Request that the hearing officer bar as evidence any evaluation or recommendation completed but not disclosed to the other party at least five business days prior to the hearing.
- Obtain a written or electronic verbatim record of the hearing or obtain alternate forms of the verbatim record to be provided in the parent/guardian's native language.
- Obtain written or electronic findings of fact and decisions.

The school district will adhere to the following time frames in the event of a request for a due process hearing:

- A hearing will be scheduled not less than fifteen (15), nor more than thirty (30), calendar days following receipt of a written request from the parent/guardian.
- The Hearing Officer will, not later than thirty (30) calendar days after the hearing, do the following:
  - Reach a final decision regarding the matter.
  - Send a written copy of the decision to each party.
- In the absence of an appeal, the decision of the Hearing Officer will be implemented by the school district within fifteen (15) calendar days of the school district's receipt of the decision (Michigan Department of Education, Office of Special Education, 2022).



## **SECTION 5: ROLES AND RESPONSIBILITIES**

### **Local School Board**

- Adopt a Section 504 policy and procedure that includes a Grievance Procedure.
- Review data-based annual report of Section 504 and the ADA compliance.

### **School District Leadership**

- Establish guiding documents, procedural safeguards, and nondiscriminatory evaluation and placement processes.
- Designate and train employee that is responsible for ensuring compliance with Section 504 regulations (if maintains fifteen [15] or more employees).
- Provide an annual non-discrimination notice that provides the name and telephone number of the Section 504 Coordinator.
- Provide complaint procedures for parents/guardians, students, and employees.
- Ensure resources necessary for individualized services and support.
- Train staff enabling them to perform services and make appropriate accommodations.
- Convey the requirement that educators/staff implement Section 504 Plans and that not doing so may constitute non-compliance with School District expectations.
- Provide for a process whereby Section 504 records are efficiently transferred within the School District and outside the School District (in and out of state).

### **All School District Employees**

- Understand the requirements and intent of Section 504 regulations and the need to provide a “free appropriate public education” (FAPE).
- Identify and locate all children with suspected disabilities.
- Submit referrals for Section 504 as appropriate.
- Ensure that students with disabilities are educated with non-disabled students to the maximum extent appropriate.
- Ensure that students with disabilities have an equal opportunity to participate in nonacademic and extracurricular services and activities.

### **Section 504 Coordinator**

- Become knowledgeable and current in the requirements of Section 504.
- Review school district Board of Education Policy on Section 504.
- Develop awareness materials and trainings for school staff and families.
- Identify building-level Section 504 Coordinator(s) as appropriate.
- Support Section 504 process and make available meeting space and time.
- Send parent/guardian communication concerning Section 504 (e.g., notice of identification, notice of Parent/Guardian Rights, meeting date, copy of plan).

- Identify Section 504 Team members and schedule meetings.
- Ensure that Section 504 Plan accommodations are disseminated to appropriate staff.
- Request Section 504 Team meeting to review plan if no longer appropriate.
- Monitor the reduction of architectural barriers for individuals with disabilities.
- Conduct self-reviews and monitor Section 504 procedures and practices – including the amount of time from when a referral is submitted to when the team meets to conduct an evaluation.
- Maintain records/data and prepare and share annual reports on compliance with the School District leadership team and local school board.
- Implement grievance procedures for submitted Section 504 complaints.

### **Section 504 Team**

- Use knowledge about the student to make decisions.
- Understand the meaning of the reviewed evaluation data.
- Consider the student’s access as compared to their peers.
- Be familiar with placement options.

### **Teachers**

- Provide input (observed strengths and weaknesses) for team meetings/plan development.
- Request Section 504 Team meeting to review plan if no longer appropriate.
- Develop a process ensuring consistent implementation of Section 504 Plans.

### **School Nurse (SN), School Social Worker (SSW), & Related Service Provider Responsibilities**

- Review student school health records (e.g., visits/interactions with SN and/or SSW, absences for health reasons, parent, and teacher concerns).
- Conduct assessments/evaluations.
- Interpret the student’s health status; explain the major life activity affected, health limitation of the student, and anticipated duration of limitation.
- Provide input for Section 504 Team meetings.
- Recommend health-related accommodations and supports.
- Consider [Standards of Care Guidelines](#) (SN).
- SN may need to obtain medical reports and medical orders (MAA, MMP, and/or ECP/EAP).
- SN may need to develop IHP.
- SSW may need to develop BIP.
- Recommend language to include in Section 504 Plan instructing staff to follow current MAA, MMP, ECP/EAP, and/or BIP.

- Provide training to Designated School Personnel (DSP) and other assigned staff to fully implement the MAA, MMP, ECP/EAP, and/or BIP.
- Provide services.

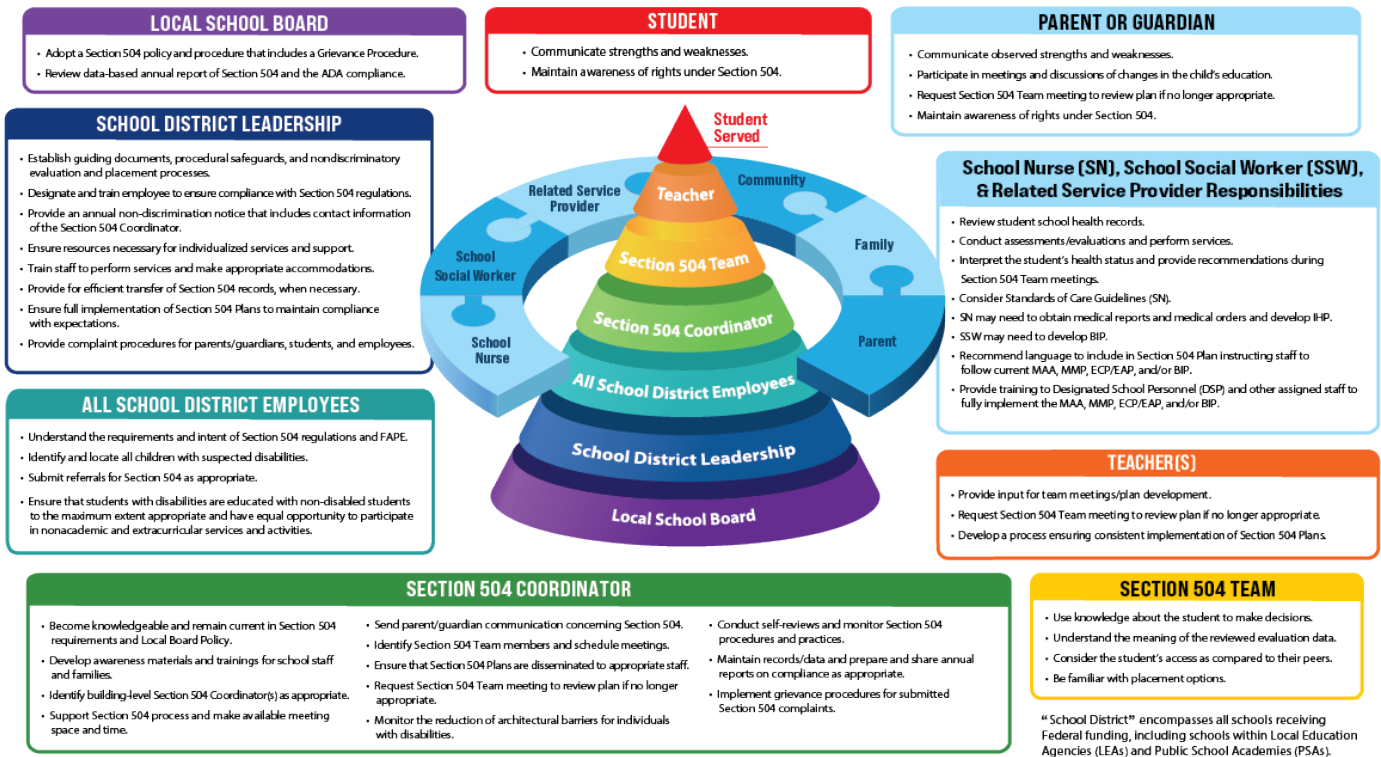
### Parent/Guardian

- Communicate observed strengths and weaknesses.
- Participate in meetings and discussions of changes in the child’s education (e.g., location of services).
- Request Section 504 Team meeting to review plan if no longer appropriate.
- Maintain awareness of rights under Section 504.

### Student

- Communicate strengths and weaknesses.
- Maintain awareness of rights under Section 504.

## SECTION 504 ROLES & RESPONSIBILITIES



Wayne RESA: 33500 Van Born Road • Wayne, MI 48184 • (734) 334-1300 • (734) 334-1620 Fax: www.resa.net  
 Board of Education: James S. Beil • Mary E. Blackmon • Danielle Funderburg • Lynda S. Jackson • James Petrie Daveda J. Colbert, Ph.D., Superintendent  
 Wayne RESA is an equal opportunity employer.

Based on a diagram created by the Arkansas Department of Education:  
<https://dese.ade.arkansas.gov>

(See Appendix A for full-page version.)

## SECTION 6: SECTION 504 ACCOMODATIONS

This list is **not** meant to be comprehensive, and all accommodations must be determined by evaluation data and the 504 team on a case-by-case basis.

### General Accommodations:

- Large print textbooks
- Textbooks for at-home use
- Additional time for assignments
- A locker with adapted lock
- Review of directions
- Review sessions
- Use of mnemonics
- Have student restate information
- Provision of notes or outlines
- Concrete examples
- Adaptive writing utensils
- Support auditory presentations with visuals
- Use of a study carrel
- Assistance in maintaining uncluttered space
- Weekly home-school check-ins
- Communication tools (notebook, daily log, phone calls or email messages)
- Peer or scribe note-taking
- Space for movement or breaks
- Study sheets and teacher outlines
- Extra visual and verbal cues/prompts
- Lab/math sheets with highlighted instructions
- Graph paper to assist in organizing or lining up math problems
- Use of recording device for lectures
- Use of computers and calculators
- Books on tape
- Graphic organizers
- Quiet corner or room to calm down and relax when anxious
- Preferential seating
- Alteration of the classroom arrangement
- Reduction of distractions
- Answers to be dictated
- Hands-on activities
- Use of manipulatives
- No penalty for spelling errors or sloppy handwriting
- Follow a routine/schedule
- Alternate quiet and active time
- Teach time management skills
- Rest breaks
- Verbal and visual cues regarding directions and staying on task
- Agenda book and checklists
- Daily check-in with case manager or special education teacher
- Adjusted assignment timelines
- Visual daily schedule
- Varied reinforcement procedures
- Immediate feedback
- Work-in-progress check
- Personalized example

## **Testing and Assessment Accommodations:**

- Answers to be dictated
- Frequent rest breaks
- Additional time
- Oral testing
- Untimed tests
- Choice of test format (multiple-choice, essay, true-false)
- Alternate ways to evaluate (projects or oral presentations instead of written tests)
- Accept short answers
- Open-book or open-note tests
- Read test and directions to student
- Provide study guides prior to tests
- Highlight key directions
- Test in alternative site
- Use of calculator or word processor
- Extra credit option
- Pace long-term projects
- Preview test procedures
- Simplified test wording; rephrased test questions and/or directions

Please Note: The College Board considers accommodations provided in a Section 504 Plan when determining state-wide assessment accommodations.

## **General Modifications:**

- Allow outlining, instead of writing for an essay or major project
- Use of alternative books or materials on the topic being studied
- Computerized spell-check support
- Word bank of choices for answers to test questions
- Provision of calculator and/or number line for math tests
- Film or video supplements in place of reading text
- Reworded questions in simpler language
- Projects instead of written reports
- Highlighting important words or phrases in reading assignments
- Modified workload or length of assignments/tests
- Modified time demands
- Pass/no pass option
  
- Modified grades based on IEP

## Behavior Modifications:

- Breaks between tasks or scheduled breaks
- Cue expected behavior
- Daily feedback to student
- Have contingency plans
- Use de-escalating strategies
- Use positive reinforcement
- Use proximity/touch control
- Use peer supports and mentoring
- Adult modeling of expected behavior
- Have parent sign homework
- Have parent sign behavior chart
- Set and post class rules
- Chart progress and maintain data
- Check-in, Check-out

## Support Strategies

Strategies used to provide support to students may include [Multi-Tiered System Supports](#) (MTSS), [Positive Behavior Intervention Strategies](#) (PBIS), and [Wayne RESA PBIS](#).

**Assistive technology:** Assistive technology tools, which can range from simple tools like post-it notes and reader software to more sophisticated equipment, can create increased educational access for students with Section 504 Plans. As part of developing an appropriate plan for the student, the team may consider the need for and benefits of assistive technology tools. Remember that the student's response, the skills of the individuals using the technology, and their attitudes about technology tools can positively or negatively impact the effectiveness of the plan. To support effective plan implementation, be sure that students, teachers, and others as appropriate are trained in the proper use of the selected assistive technology tools.

[Alt+Shift](#) is a state sponsored initiative that provides resources that include information, training, and a lending library. Alt+Shift partners with ISDs throughout Michigan. Each partnership is a collaborative effort to shift mindsets and beliefs, and implement and sustain evidence-based practices.

Teams may also become familiar with the [SETTS Framework](#) which promotes collaborative decision-making regarding a student's need for assistive technology. SETTS is an acronym for

evaluating the student, environment, tasks, and tools. There are a variety of articles and tools available to help develop an appropriate plan.

[The National Center on Accessible Instructional Materials](#) (NIMAS) is another resource for learning about assistive technology for the classroom.

**Service Animals in Michigan:** Under Michigan law and the federal Americans with Disabilities Act (ADA), people with disabilities may bring their service animals to all "public accommodations," such as hotels, restaurants, stores, museums, and more. These laws also require those who operate transportation services to allow service animals (Michigan Department of Civil Rights, 2023).

Effective March 2011, the U.S. Department of Justice requires public entities, including schools, to modify policies, practices, or procedures to permit a qualified individual with a disability to use a service animal on public premises. The individual with a disability shall be allowed to be accompanied by a service animal in all areas of a public entity's facilities where members of the public; participants in services, programs, or activities; or invitees (as relevant) are allowed to go. The definition of a service animal is limited to dogs and miniature horses. The provisions of this requirement are not extended to other species of animal.

A dog is a service animal if the following criteria are met:

- The dog was individually trained,
- To do work or perform tasks,
- For the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.

The language regarding the miniature horse as a service animal follows:

"A public entity shall make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability."

Schools may consider four factors when determining their ability to make reasonable modifications in policies, practices, or procedures to permit the use of the service animal. The four factors include:

- Type, size, and weight
- Whether the handler has sufficient control
- Whether housebroken
- Legitimate safety requirements

To establish the reasonableness of the use of the service animal, the school may ask if the animal is required of the disability and what tasks the animal has been trained to perform. The school may NOT ask about the use of the service animal in obvious contexts, for example, a visually impaired person using a trained leader dog. The school may NOT ask about the nature or extent of the person's disability and may NOT require documentation or certification of the animal's training.

Listed below are the types of tasks that may be performed by a service animal:

- Assist persons with blindness/visually impairment to navigate
- Alert persons with deafness/hearing impairment to presence of people or sounds
- Pull a wheelchair
- Provide seizure assistance
- Alert to presence of allergens
- Retrieve items (medicine, telephone)
- Provide physical support, balance, and stability to persons with mobility disabilities
- Prevent or interrupt impulsive or destructive behavior of persons with psychiatric and neurological disabilities
- Alert students/staff when student has a low blood sugar

A public entity may ask an individual with a disability to remove a service animal from the premises if:

- The animal is out of control *and* the animal's handler does not take effective action to control it; OR
- The animal is not housebroken; OR
- The animal's presence fundamentally alters the nature of the program, service, or activity.

Under Section 504, the school is NOT responsible for the care or supervision of the service animal. If a school properly excludes a service animal or miniature horse, the individual with a disability must be given the opportunity to participate in the service, program, or activity without having the service animal on the premises. The school may also ask for payment for damages incurred by the service animal.

Emotional support animals are not recognized by the Americans with Disabilities Act (ADA), nor Michigan's service animal law. These animals may have therapeutic benefits, but they don't meet the requirement of being individually trained to perform specific tasks for their handlers. Under the ADA and Michigan law, owners of public accommodations are not required to allow emotional support animals, only service animals. These laws also don't apply to pets.



## SECTION 7: SECTION 504 SAMPLE FORMS

Form Name	Form Description
Referral for Evaluation	Referral for 504 evaluation. This form includes the reason for referral and the presenting concern.
Parent /Guardian Consent for Section 504 Evaluation	Parent/Guardian signed consent to evaluate for Section 504.
Notice of Procedural Rights and Safeguards	This mandated notice is to inform the parent/guardian/student the rights granted to them under Section 504.
Prior Written Notice	A legal right that guarantees schools will tell parents in writing before making any major changes involving a student with a disability. This form provides that written notice to parents/guardians.
Parent/Guardian Authorization for Release of Information	Parent/Guardian signed consent for release of records.
Request for Physician Statement	Introductory letter to a physician requesting information on a student. Includes form for Physician to complete.
General Ed Teacher Input Form	General Ed Teacher(s) completes this form to give input into the determination of eligibility.
Evaluation Summary	Summary of data gathered for 504 team consideration of Eligibility.
Eligibility Determination	Section 504 team completes to indicate eligibility.
Parent Notice - Eligibility Determination	Form letter with introduction to the attached Eligibility Report and/or Plan.
Meeting Invitation	Invitation to clarify the purpose of the meeting and the participants.
Section 504 Plan	The official 504 plan detailing accommodations with checkboxes for initial, annual review, and re-evaluation.
Manifestation Determination Review	This review form is used to document whether or not an alleged misconduct of the pupil was caused by, or a direct manifestation of, the pupil's disability.
Grievance Form	This is a form used to document a grievance with the 504 process.
Procedures Checklist	A checklist of all procedures with a date and initials next to each item.
Communication Log	Document all communication with the parent or student regarding Section 504 eligibility.

Access to these sample forms is provided during Wayne RESA's Section 504 training workshop or by contacting Arlo McMillian (mcmilla@resa.net), Administrative Assistant, Safe & Healthy Schools. Additionally, electronic versions of these forms will be available in the MISTAR-Q Program Forms module at a later date.

## SECTION 8: TIPS FOR CREATING EFFECTIVE PLANS

There are many students who are eligible for Section 504 Plans due to a variety of conditions that involve special behavior management considerations. The Section 504 Plan may need to include procedures and strategies that will support the student to appropriately follow classroom routines and participate in instruction. Positive behavior support methods are helpful in the development of school-wide and classroom-wide strategies to teach students how to behave in school. The student with a Section 504 Plan may be a candidate for a functional behavior assessment and simple behavior intervention plan (BIP) as part of the intervention. Both [Positive Behavior Support Tools](#) and [Wayne RESAs PBIS website](#) offer a variety of tools to support parents, students, and school staff. The [Wayne RESA Guidelines for Behavior Intervention, 2020](#) is an additional resource.

### Ten Tips for the Classroom Teacher

1. Inform pupils of what is expected of them
2. Establish a positive learning climate
3. Provide a meaningful learning experience
4. Avoid threats
5. Demonstrate fairness
6. Build and exhibit self-confidence
7. Recognize positive student attributes
8. Time the recognition of student attributes
9. Use positive modeling
10. Structure the curriculum and classroom environment

In general, student behaviors can be categorized as Externalizing or Internalizing.

### Externalizing Behaviors

Externalizing behaviors are directed at other persons or things and can be disruptive to classroom learning processes. Students with externalizing behaviors are often described as disruptive, overly active, temperamental, impulsive, and aggressive.

### Internalizing Behaviors

Internalizing behaviors are characterized as thoughts and actions that inhibit the student's ability to engage in learning. Internalizing behaviors may include perseveration, social withdrawal, daydreaming, anxious thoughts, or lack of concentration.

Research has found the following interventions can be effective in reducing externalizing and internalizing behaviors:

- **Teaching children and youth how to identify and manage their emotions.** Many skills-training programs that teach at-risk children and youth emotion regulation skills (such as thinking before acting or breathing deeply) were successful at reducing externalizing behavior.
- **Family therapy:** Nearly all family therapy programs or programs that included a family therapy component had positive impacts on reducing at least one externalizing behavior in children and in adolescents.
- **Wraparound supports:** “The team-based wraparound process is recommended for students with intensive and comprehensive needs to ensure that the efforts of families, teachers, other caregivers and service providers are linked through one consistently implemented and carefully monitored plan.” Lucille Eber
- **Developing or adapting programs to be sensitive to the culture of the target population:** Culturally adapted programs typically engage participants in culturally relevant and linguistically appropriate ways, and train facilitators to be aware of their own culture and sensitive to the culture of participants.
- **Teaching skills related to effective communication, discipline, monitoring, supervision, and limit-setting:** A slight majority of parent training programs produced positive impacts on at least one externalizing behavior.
- **Teaching interpersonal and social problem-solving skills to children and youth:** Examples of social skills include communicating well, having positive interactions with peers, resolving conflicts, and cooperating with others. Examples of social problem-solving skills include identifying a problem, coming up with solutions to the problem, evaluating these solutions, and deciding what to do.
- **Functional Behavior Assessment:** Begin to define the behaviors and conditions in which the behaviors occur. The assessment may also be helpful in identifying the positive reinforcers, peers, and strategies that will be critical to the plan. FBAs (Functional Behavior Assessment) are recommended for any severe, persistent behavioral issues (internalizing or externalizing).
  - Provide a clear description of the problem behavior
  - Identify the events, times, and situations that predict both the occurrence and nonoccurrence of problem behavior
  - Events immediately following problem behaviors are identified
  - Develop one or more educated guesses (hypotheses) about the function maintaining problem behavior

- Direct observation data identifying and confirming the function of the problem behavior is completed
- **Individualized Multi-component Behavior Intervention Plans:** Information gathered from a functional behavioral assessment helps the team develop and implement behavior intervention and support plans that are positive, proactive, educative, and functional. These plans may include:
  - Proactive strategies for changing the environment, so triggering events are removed;
  - Teaching new skills that replace problem behaviors;
  - Eliminating or minimizing natural reinforcement for problem behavior; and
  - Maximizing clear reinforcement for appropriate behavior.
- **Training Social Interaction:** Plans that combine interaction with peers, training in self-regulation, and positive reinforcement have been found to be effective in improving social interactions and engagement.

## **Attention Deficit Hyperactivity Disorder (ADHD)**

(ADHD) is one of the most common childhood disorders and may continue through adolescence and adulthood. It is a developmental disorder primarily characterized by inattentive and hyperactive behaviors with symptoms occurring before the age of seven years. The hallmark symptoms of ADHD are inattention, hyperactivity, and impulsivity.

### **Management of ADHD**

Current treatments focus on reducing the symptoms and improving the individual's functioning. Treatments may include medication, various types of psychotherapy, education or training, or a combination. A one-size-fits-all approach does not apply for all children with ADHD. What works for one child may not work for another. Medications may have different side effects. It is not clear whether medications can help children learn more or improve their academic skills. Most professionals recommend a combination of approaches. See Tier 2 PBIS Plan on the [Wayne RESA PBIS](#) website or the [ADHD School Behavior Plan](#).

### ***Tips for Classroom Management of ADHD***

- Make important information memorable – use colors, highlighter, bold print
- Teach the student to use organizational tools, like calendars, planners, or binders
- Chunk activities into smaller units
- Check for student understanding of instruction
- Repeat, review, and revise instructions to the student

- Allow movement in your classroom
- Monitor or check student completion
- Use positive behavioral support strategies
- Make rules simple and clear

## Stop the Homework Turnstile

The completion of schoolwork is a tremendous challenge for the student and major frustration to the teacher and the parent/guardian(s). For many students with ADHD, the management of homework is a turnstile of challenges. Schools and parent/guardian(s) orate methods of communicating with one another about missing work, assignments to be completed, and tactics for helping the student focus to get the work done. Here are some suggestions for dealing with homework:

- **Time:** Set a reasonable amount of time for homework and manageable volume of homework for the child. Rule of thumb is 10 minutes for each grade. That means a 1<sup>st</sup> grader should have no more than 10 minutes of homework while it is reasonable to ask a 7<sup>th</sup> grader to have 70 minutes of study at home.
- **Independent Work:** A student is not able to complete work at home if the student is not able to follow instructions. Homework should be clearly understood by the student. The work should be brief enough and of a difficulty for the student to work independently with little prompting or re-teaching by the parent. The student with ADHD may not have attended to all instructions and may not remember what to do when they go home. They may need additional review or supports, such as pre-filled notes, web-based resources, or technology tools.
- **Organizational Tools:** Set up simple organizational tools for the student, the family, and yourself. Check-in sheets, planners, assignment logs can help everyone stay on track. Use electronic posting of assignments and study sheets so they can be retrieved at home and school.
- **Homework Is Not Incomplete Classwork:** Do not use homework to make up for work not completed in school unless you are using homework in this way for all your students. Think about how you will accommodate and structure the student's assignments so classwork is completed in school and homework (the same homework as non-disabled students) can be completed at home.

## Check In/Check Out

Check in/Check out is a method of providing students with the structure and feedback they need to be more successful in school. Please visit the [Wayne RESA PBIS website for CICO guidelines under Tier 2](#). Simple Behavior Plans are also helpful in specifying the expectations and consequences for the student and teachers.

## **School Refusal Behavior**

School refusal behavior is a general term that refers to attempts to miss school. Approximately 2% - 5% of students miss school because of anxiety. School refusal behavior often results from a complex mix of factors, including mental health problems, medical problems, family issues, identity issues, school difficulties, transitions, or stressful life events. The most common age for school refusal is early adolescence. The focus of this information will be for school refusal behaviors related to mental health and the school setting. Remember, Section 504 is not appropriate for immediate concerns or for behaviors that are not related to a disability (e.g., truancy). A Section 504 evaluation may be considered for conditions lasting or expected to persist for at least six months.

### **Warning Signs of School Refusal Behavior**

- Frequent absences
- Frequent tardiness
- Absences on significant days (e.g., days of tests)
- Pattern of absences on first day back after weekends or vacations
- Frequent requests to go to the nurse's office
- Frequent requests to call home or go home during the day

### **Management of School Refusal Behavior**

The Section 504 team will need to work closely with the parent, student, teacher, and treating medical staff to develop an appropriate [School Refusal Behavior Plan](#) that will best address the symptoms of the student to engage the student in school. This will be a team effort on the part of the school and family.

For mild school refusal and simple separation anxiety, forced school attendance may be the most appropriate intervention. The most common approach to addressing school refusal behavior is to use gradual re-entry. The behaviors or steps necessary to approach and enter the school are practiced with the supports of positive reinforcement and supportive adults. For example, the student may arrive at school but not go inside on day one, enter the school and visit the front office on day two, identify a comfortable class and stay in that class on day three, and so forth.

Students with severe anxiety or a complex of symptoms may benefit from the mitigating measures of medications or counseling. Your Section 504 Plan should clearly identify how the school will support the student to attend school and participate in learning activities.

### **Tips for Classroom Management of School Refusal Behavior**

- Refer to [School Refusal Behavior Plan](#)

- Reward students for school attendance
- Create a welcoming, engaging environment that helps students feel connected to their classmates and to the teacher
- Avoid using criticism or sarcasm with your students
- Watch for signs of avoidance of classroom activities that involve public performance
- Provide scaffolds to students to support them with participating in classroom activities
- Support the student to pay attention and complete assignments with cues, prompts, and reminders
- Show sensitivity to students with performance anxiety. For example, reduce the need to give speeches or provide an alternate test-taking environment
- Use relaxation techniques in the classroom. For example, help the student(s) to use deep breathing, to close their eyes and picture something they like, to listen to music, to get a drink of water, etc.
- Provide a safe place where students can go when feeling stressed or overwhelmed
- Allow for progressive reentry to your classroom
- Recognize that the school refusal behaviors are connected to on-going conditions of anxiety and/or depression
- Consider a simple positive behavior plan to support student participation and task completion

### **Completing Schoolwork/Homework**

The completion of schoolwork is a tremendous challenge for the student and major frustration to the teacher and parent(s)/guardian(s). What should a teacher do when students are missing school and falling behind with their schoolwork? Is it reasonable to just send the schoolwork home? How much time should a student be given to catch up? Would it be fair to the student or class to simply excuse assignments? There are no simple answers to these questions because the decisions need to be made on a student-by-student basis.

- **Start with your school policies:** Develop policies beginning with expectations for how much time students have to make up work and the number of days a student must attend school to be promoted to the next grade level. Your policies should include some criteria for students who are missing school for medical or disability-related absences. Make sure your policies do not discriminate against the individual and are fairly implemented. Begin by asking what you would do with non-disabled students.
- **The Same Is Not Equal:** Think about what it means to access the curriculum. Assignments are methods we use for students to practice skills and gain new knowledge. When students miss school assignments due to absences from school, what activities would support the student to gain access to the skills and information they

missed while they were out of school? In some cases, the student can catch up with individualized tutoring or extra study time. Other students may benefit from modified assignments that expose them to missed content. Integrate missed terms into a current project and provide scaffolds for the student to have the exposures they need to the content. The Section 504 Plan should address such considerations that create the supports, modifications, and access to the instructional program for the student.

- **Independent Work:** A student is not able to complete work at home or catch up independently if the student is not able to follow instructions. Homework should be clearly understood by the student. The work should be brief enough and of a difficulty for the student to work independently with little prompting or re-teaching by the parent. Anxiety and depression may interfere with the student's ability to concentrate. The student may have not attended to all instructions and may not remember what to do when they go home. They may need additional review or supports, such as pre-filled notes, web-based resources, or technology tools.
- **Organizational Tools:** Set up simple organizational tools for the student, the family, and yourself. Check-in sheets, planners, assignment logs can help everyone stay on track. Use electronic posting of assignments and study sheets so they can be retrieved at home and school.
- **Homework Is Not Incomplete Classwork:** Do not use homework to make up for work not completed in school unless you are using homework in this way for all your students. Think about how you will accommodate and structure the student's assignments so classwork is completed in school and homework (the same homework as non-disabled students) can be completed at.



## SECTION 9: ADDITIONAL RESOURCES

### Sample School Behavior Plans

- [Home/School Behavior Plan](#)
- [School Behavior Plan](#)
- [School Refusal Behavior Plan](#)

### Medical Management Plans, Forms, and Resources

- [Adrenal Insufficiency](#)
- [Allergy Plan FARE](#)
- [Asthma Action Plan for Home and School](#)
- [Celiac Disease Foundation – Back to School & 504 Plan Guide](#)
- [Diabetes Mellitus](#)
- [Generic Medical Management Plan](#)
- [Potential 504 School Accommodations for a Student with Sickle Cell](#)
- [Hydrocephalus/Shunt Plan](#)
- [Medication Administration Authorization Form](#)
- [Medication Administration Authorization for Self-Administration/Self-Possession](#)
- [Seizure Action Plan](#)
- [Special Dietary Issues](#)
- [Spina Bifida Fact Sheet for Educators](#)

### Behavioral Health Plans and Resources

- [ADHD Plan – CDC Helping Children Succeed in School CDC](#)
  - [Teacher Resources and Strategies XQ website](#)
  - [Teaching Students With ADHD](#)
- [Anxiety](#)
  - [Separation Anxiety and School Refusal Behavior and Mood disorders](#)
  - [Social Anxiety/Performance Anxiety](#)
  - [Generalized Anxiety Disorder](#)
- [Bipolar Mood Disorder NIH](#)
  - [Bipolar Disorder and School Bipolar lives](#)
- [Adolescent Depression](#)
  - [504 Accommodation for Depression](#)
- [Eating Disorders](#)
- [Positive, Proactive Approaches to Supporting Children with Disabilities: A Guide for Stakeholders](#)

- [\*Mental Health Worksheets, Activities & Books for Adults and Students\*](#)
- [\*11 Social Skills Worksheet for Seamless Social Interactions\*](#)
- [\*Suicide Ideation\*](#)

**Example List of Service Providers:**

- Personal Care Aide/Paraprofessional
- Professional Counselor
- Psychologist
- School Nurse
- Social Worker

# Appendix A

Section 504 Process Visual

Section 504 Roles and Responsibilities

# SECTION 504 PROCESS VISUAL



**1**  
**REFER**

- Complete Section 504 Referral

**2**  
**DECIDE TO EVALUATE**

- Notify parent of referral submission
- Identify Section 504 Team
- Determine needed evaluation data
- Obtain written consent for initial evaluation
- Provide parent Notice of Rights

**3**  
**EVALUATE**

- Assess specific areas of the student's educational needs & not diagnose a disability

**4**  
**DETERMINE ELIGIBILITY**

- Review evaluation results
- Determine "substantial" limitation
- Provide parent eligibility meeting day/time & Notice of Rights

**5**  
**DEVELOP PLAN**

- May combine with Eligibility Meeting
- Use evaluation data to develop targeted supports
- Train & notify persons with implementation responsibilities
- Provide parent copy of plan & Notice of Rights

**6**  
**REVIEW PLAN**

- Review progress monitoring data
- Revise plan if ineffective
- Provide parent Notice of Rights & copy of plan

**7**  
**RE-EVALUATE**

- Before a significant change in placement
- At least every 3 years
- Review evaluation results to determine "substantial" limitation
- Revise plan if ineffective
- Provide parent Notice of Rights & copy of plan

# SECTION 504 ROLES & RESPONSIBILITIES

## LOCAL SCHOOL BOARD

- Adopt a Section 504 policy and procedure that includes a Grievance Procedure.
- Review data-based annual report of Section 504 and the ADA compliance.

## STUDENT

- Communicate strengths and weaknesses.
- Maintain awareness of rights under Section 504.

## PARENT OR GUARDIAN

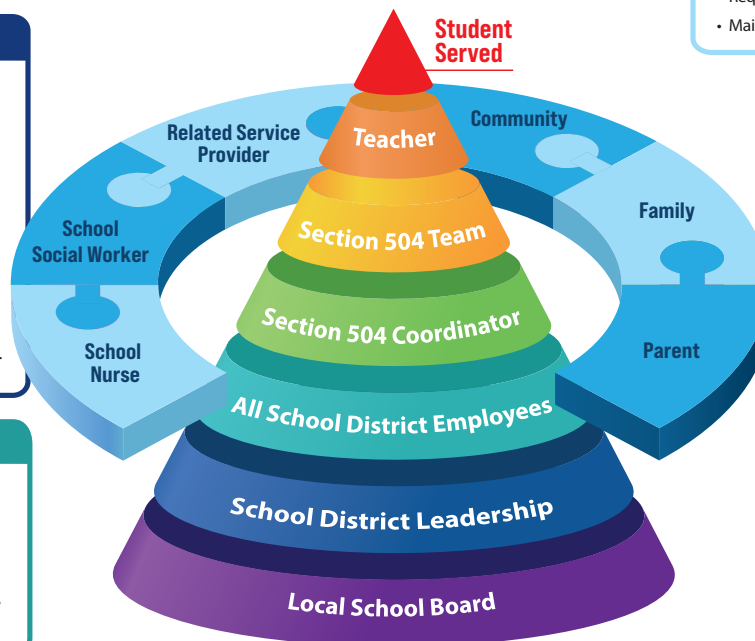
- Communicate observed strengths and weaknesses.
- Participate in meetings and discussions of changes in the child's education.
- Request Section 504 Team meeting to review plan if no longer appropriate.
- Maintain awareness of rights under Section 504.

## SCHOOL DISTRICT LEADERSHIP

- Establish guiding documents, procedural safeguards, and nondiscriminatory evaluation and placement processes.
- Designate and train employee to ensure compliance with Section 504 regulations.
- Provide an annual non-discrimination notice that includes contact information of the Section 504 Coordinator.
- Ensure resources necessary for individualized services and support.
- Train staff to perform services and make appropriate accommodations.
- Provide for efficient transfer of Section 504 records, when necessary.
- Ensure full implementation of Section 504 Plans to maintain compliance with expectations.
- Provide complaint procedures for parents/guardians, students, and employees.

## ALL SCHOOL DISTRICT EMPLOYEES

- Understand the requirements and intent of Section 504 regulations and FAPE.
- Identify and locate all children with suspected disabilities.
- Submit referrals for Section 504 as appropriate.
- Ensure that students with disabilities are educated with non-disabled students to the maximum extent appropriate and have equal opportunity to participate in nonacademic and extracurricular services and activities.



## School Nurse (SN), School Social Worker (SSW), & Related Service Provider Responsibilities

- Review student school health records.
- Conduct assessments/evaluations and perform services.
- Interpret the student's health status and provide recommendations during Section 504 Team meetings.
- Consider Standards of Care Guidelines (SN).
- SN may need to obtain medical reports and medical orders and develop IHP.
- SSW may need to develop BIP.
- Recommend language to include in Section 504 Plan instructing staff to follow current MAA, MMP, ECP/EAP, and/or BIP.
- Provide training to Designated School Personnel (DSP) and other assigned staff to fully implement the MAA, MMP, ECP/EAP, and/or BIP.

## TEACHER(S)

- Provide input for team meetings/plan development.
- Request Section 504 Team meeting to review plan if no longer appropriate.
- Develop a process ensuring consistent implementation of Section 504 Plans.

## SECTION 504 COORDINATOR

- Become knowledgeable and remain current in Section 504 requirements and Local Board Policy.
- Develop awareness materials and trainings for school staff and families.
- Identify building-level Section 504 Coordinator(s) as appropriate.
- Support Section 504 process and make available meeting space and time.
- Send parent/guardian communication concerning Section 504.
- Identify Section 504 Team members and schedule meetings.
- Ensure that Section 504 Plans are disseminated to appropriate staff.
- Request Section 504 Team meeting to review plan if no longer appropriate.
- Monitor the reduction of architectural barriers for individuals with disabilities.
- Conduct self-reviews and monitor Section 504 procedures and practices.
- Maintain records/data and prepare and share annual reports on compliance as appropriate.
- Implement grievance procedures for submitted Section 504 complaints.

## SECTION 504 TEAM

- Use knowledge about the student to make decisions.
- Understand the meaning of the reviewed evaluation data.
- Consider the student's access as compared to their peers.
- Be familiar with placement options.

“School District” encompasses all schools receiving Federal funding, including schools within Local Education Agencies (LEAs) and Public School Academies (PSAs).

## **Appendix B**

Asthma Action Plan for Home & School

FARE – Food Allergy & Anaphylaxis Emergency Care Plan

Generic Medical Management Plan

Home/School Behavior Plan

Hydrocephalus Shunt Individualized Care Plan

Medication Administration Authorization for Self-Administration/Self-

Possession Medication Administration Authorization


Seizure Action Plan (SAP)

School Behavior Plan

School Refusal Behavior Plan

# Asthma Action Plan for Home & School

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Asthma Severity:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  
 He/she has had many or severe asthma attacks/exacerbations


 **Green Zone** Have the child take these medicines every day, even when the child feels well.

Always use a spacer with inhalers as directed.

Controller Medicine(s): \_\_\_\_\_  
\_\_\_\_\_

Controller Medicine(s) Given in School: \_\_\_\_\_

Exercise Medicine: Albuterol/Levalbuterol \_\_\_\_\_ puffs 15 minutes before activity as needed

 **Yellow Zone** Begin the sick treatment plan if the child has a cough, wheeze, shortness of breath, or tight chest. Have the child take all of these medicines when sick.

Rescue Medicine: Albuterol/Levalbuterol \_\_\_\_\_ puffs every 4 hours as needed


Controller Medicine(s):

Continue Green Zone medicines: \_\_\_\_\_

Add: \_\_\_\_\_  
\_\_\_\_\_

Change: \_\_\_\_\_

If the child is in the yellow zone more than 24 hours or is getting worse, follow red zone and call the doctor right away!

 **Red Zone** If breathing is hard and fast, ribs sticking out, trouble walking, talking, or sleeping.  
**Get Help Now**

Take rescue medicine(s) now

Rescue Medicine: Albuterol/Levalbuterol \_\_\_\_\_ puffs every \_\_\_\_\_

Take: \_\_\_\_\_  
\_\_\_\_\_

If the child is not better right away, call 911  
Please call the doctor any time the child is in the red zone.

## Asthma Triggers: (List)

**School Staff:** Follow the Yellow and Red Zone plans for rescue medicines according to asthma symptoms. Unless otherwise noted, the only controllers to be administered in school are those listed as "given in school" in the green zone.

- Both the asthma provider and the parent feel that the child may carry and self-administer their inhalers
- School nurse agrees with student self-administering the inhalers

Asthma Provider Printed Name and Contact Information:

Asthma Provider Signature:

Date:

Parent/Guardian: I give written authorization for the medications listed in the action plan to be administered in school by the nurse or other school members as appropriate. I consent to communication between the prescribing health care provider/clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medication.

Parent/guardian signature:

School Nurse Reviewed:

Date:

Date:

Please send a signed copy back to the provider listed above.

**PLACE  
PICTURE  
HERE**

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

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  **Yes (higher risk for a severe reaction)**  **No**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

Extremely reactive to the following allergens: \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

OR A  
COMBINATION  
of symptoms  
from different  
body areas.



- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

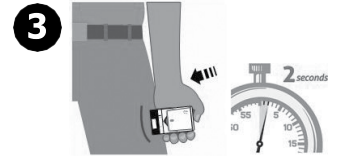
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_



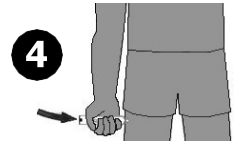
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



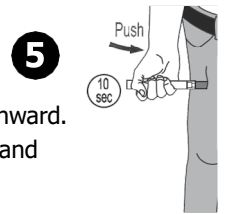
## HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



## HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_



MEDICAL MANAGEMENT PLAN

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONDITION: \_\_\_\_\_

SYMPTOMS AND CONSEQUENCES: \_\_\_\_\_

MEDICAL MANAGEMENT ACTIONS:

IF THIS:	PERFORM THIS ACTION:

EMERGENCY PROCEDURES: \_\_\_\_\_

GENERAL SAFETY RECOMMENDATIONS AND RESTRICTIONS

CLASSROOM: \_\_\_\_\_

CAFETERIA: \_\_\_\_\_

PLAYGROUND/GYM: \_\_\_\_\_

FIELDTRIPS: \_\_\_\_\_

TRANSPORTATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

HEALTHCARE PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HEALTHCARE PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TO BE COMPLETED BY PARENT/GUARDIAN:

I, (parent/ guardian), \_\_\_\_\_ request that my child, \_\_\_\_\_, receive the above described medical management at school according to standard school policy, and for the ordering healthcare provider staff and school staff to share information as needed to assist my child with their identified health care needs.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Home/School Behavior Plan**

The school and Parent/Guardian(s) agree to support each other, work together, and create consistent expectations for a successful plan.

Positive behaviors to be increased:

Behaviors to be decreased:

The school agrees to:

Parent/Guardian(s) agree to:

When will this plan be explained to the student?

Next meeting date to review progress:

Signature of school staff:

Signature of student:

Signature of Parent/Guardian(s)/guardians:

School Year \_\_\_\_\_

Hydrocephalus Shunt  
Individualized Care Plan

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Condition: \_\_\_\_\_

Location of Shunt:      LEFT                    RIGHT

Current Medications: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

PE/ Activity Guidelines: \_\_\_\_\_

EMERGENCY INTERVENTION PLAN

MILD SYMPTOMS	IMMEDIATE RESPONSE
Headache, decreased activity, personality changes, decreased school performance, confusion or memory problems, elevation in temperature, lapses in attention, changes in vision	Contact Parent See physician right away

Additional Information: \_\_\_\_\_

MODERATE SYMPTOMS	IMMEDIATE RESPONSE
Vomiting, sleepier than usual, more irritable than usual, headache behind the eyes that does not go away, lethargy	Contact Parent See physician right away If symptoms are bordering on severe or if there is any doubt, <b>CALL 911</b>

Additional Information: \_\_\_\_\_

SEVERE SYMPTOMS	IMMEDIATE RESPONSE
Difficult to wake up, pain or headache down neck, pupils react to light may be sluggish, constant vomiting.	<b>CALL 911</b>

Additional Information: \_\_\_\_\_

CRITICAL SYMPTOMS	IMMEDIATE RESPONSE
Unresponsive, dilated pupils, irregular breathing, changes in blood pressure or heart rate	<b>CALL 911</b>

Additional Information: \_\_\_\_\_

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

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

**School District Telephone Number:**

**School District Fax Number:**

**MEDICATION ADMINISTRATION AUTHORIZATION FOR SELF-ADMINISTRATION/ SELF-POSSESSION**

Michigan State Law requires that students self-administering medications must have written orders from the physician/licensed prescriber and written authorization from the parent/guardian.

PLEASE NOTE - "Medication" refers to any prescription, over-the-counter (OTC), homeopathic, herbal, vitamin, or mineral preparation.

Parents are urged to give medication at home and on a schedule outside of school hours, if possible. If it is necessary that medication be provided during school hours, these regulations must be followed:

- Medications must be prescribed in writing by a physician or other licensed prescriber and must be renewed at least annually.
- All medication must be brought to school in the original pharmacy or OTC container labeled with the name of the student, medication, strength, dosage, route and time(s) to be given.
- Medications and related equipment/supplies, as ordered, must be provided to the school by parent/guardian as needed.
- Any misuse of medication by a student that violates school policies, including sharing medication for any reason, will result in revocation of self-possession privileges and may result in a referral to law enforcement officials.

**In order for students to receive school-based services they must have current documentation of a medically based condition.**

Self-administration means that the student can administer the medication in a manner directed by the physician without additional direction or supervision by school staff. Self-possession means that under the direction of the physician, the student may carry medication on his/her person to allow for immediate and self-determined administration. When applicable, only a one-day supply of medication should be carried. Families are encouraged to provide spare medication properly labeled in its original container to the school, in case the student runs out or forgets the medication. The building administrator may discontinue the student's self-possession privilege upon advanced notice to the parent/guardian. **The student must carry a copy of this form at school.**

**STUDENT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN:**

Medication Name	Dosage	Route	Time & Frequency

Form of medication:  Tablet/capsule  Liquid  Inhaler  Injection  Nebulizer  Other \_\_\_\_\_

Special instructions/storage requirements: \_\_\_\_\_

Signs/Symptoms for which medication is being prescribed: \_\_\_\_\_

Restrictions and/or important Side effects: \_\_\_\_\_

Order Start Date: \_\_\_\_\_ Order End Date: \_\_\_\_\_

*(If no end date is indicated, medication orders will expire at the end of the current school year).*

Student is capable of and authorized to:  self-administer the above medication  self-possess the above medication

**NOTE:** To participate in Medicaid School Services Program, a valid prescription MUST be signed and dated by a physician or other licensed prescriber and include the prescriber's name, address, telephone number, and NPI number.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_

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

**TO BE COMPLETED BY THE PARENT/GUARDIAN:**

I hereby authorize trained school staff to administer the identified medication, ordered by the licensed prescriber, to the child above. I will not hold the Board of Education or its personnel responsible for complications related to the medication pursuant to P.A. 451 of 1976-S1178. When necessary, staff may contact the licensed prescriber regarding administration of the medication. I understand that I am responsible for transporting the medication to the child's school.

Student is capable of and authorized to:  self-administer the above medication  self-possess the above medication

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

**TO BE COMPLETED BY THE STUDENT:**

I am knowledgeable regarding the dose, desired effects, side effects, administration, etc. of the medication. I understand if I do not comply with this agreement that the medication will be confiscated and returned to my parent/guardian, and the privilege(s) of self-administration/ self-possession denied.

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

**Please return completed form to:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School District Telephone Number:**  
**School District Fax Number:**

**MEDICATION ADMINISTRATION AUTHORIZATION**

Michigan Law requires written orders from the treating physician/licensed prescriber and written authorization from the parent/guardian in order for school staff to administer medications to students in the school setting.

“Medication” refers to any prescription, over-the-counter (OTC), homeopathic, herbal, vitamin, or mineral preparation.

Parents are urged to give medication at home on a schedule outside of school hours, if possible. If it is necessary for medication be provided during school hours, these regulations must be followed:

- Medications must be prescribed in writing by the treating physician/licensed prescriber and must be renewed at least annually, generally at the start of each school year **and** any time medication needs change.
- Medication must be brought to school in the original pharmacy or OTC container labeled with the student’s name and medication name, strength, dosage, route of administration, and time(s) to be given.
- The parent/guardian is expected to deliver medication and related equipment/supplies, as ordered, to the school as needed. Students are not permitted to deliver medication to school.

**In order for students to receive school-based services they must have current documentation of a medically based condition.**

**STUDENT’S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN:**

Medication Name	Dosage	Route	Time & Frequency

Form of medication: Tablet/capsule Liquid Inhaler Injection Nebulizer Other \_\_\_\_\_

Special instructions/storage requirements: \_\_\_\_\_

Signs/Symptoms for which medication is being prescribed: \_\_\_\_\_

Restrictions and/or important side effects: \_\_\_\_\_

Order Start Date: \_\_\_\_\_ Order End Date: \_\_\_\_\_

*(If no end date is indicated, medication orders will expire at the end of the current school year).*

**PLEASE NOTE:**

To participate in Medicaid School Services Program, a valid prescription MUST be signed and dated by a physician or other licensed prescriber and include the prescriber’s name, address, telephone number, and NPI number. *Stamped signatures are **not** valid for school-based services.*

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

Printed Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN:**

I hereby authorize trained school staff to administer the identified medication, ordered by the licensed prescriber, to the child named above. I will not hold the Board of Education or its personnel responsible for complications related to the medication pursuant to P.A. 451 of 1976-S1178. When necessary, staff may contact the licensed prescriber regarding administration of the medication. I understand that I am responsible for transporting the medication to the child’s school.

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

**Please return completed form to:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

# SEIZURE ACTION PLAN (SAP)



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

**Protocol for seizure during school (check all that apply)**

<input type="checkbox"/> First aid – <b>Stay. Safe. Side.</b>	<input type="checkbox"/> Contact school nurse at _____
<input type="checkbox"/> Give rescue therapy according to SAP	<input type="checkbox"/> Call 911 for transport to _____
<input type="checkbox"/> Notify parent/emergency contact	<input type="checkbox"/> Other _____

### First aid for any seizure

- D **STAY** calm, keep calm, **begin timing seizure**
- D Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- D **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- D **STAY** until recovered from seizure
- D Swipe magnet for VNS
- D Write down what happens \_\_\_\_\_
- D Other \_\_\_\_\_

### When to call 911

- D Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- D Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- D Difficulty breathing after seizure
- D Serious injury occurs or suspected, seizure in water

### When to call your provider first

- D Change in seizure type, number or pattern
- D Person does not return to usual behavior (i.e., confused for a long period)
- D First time seizure that stops on its' own
- D Other medical problems or pregnancy need to be checked

### When **rescue therapy** may be needed:

#### WHEN AND WHAT TO DO

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

## Care after seizure

What type of help is needed? (describe) \_\_\_\_\_

When is student able to resume usual activity? \_\_\_\_\_

## Special instructions

First Responders: \_\_\_\_\_

Emergency Department: \_\_\_\_\_

## Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

## Other information

Triggers: \_\_\_\_\_

Important Medical History \_\_\_\_\_

Allergies \_\_\_\_\_

Epilepsy Surgery (type, date, side effects) \_\_\_\_\_

Device:  VNS  RNS  DBS Date Implanted \_\_\_\_\_

Diet Therapy  Ketogenic  Low Glycemic  Modified Atkins  Other (describe) \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## Health care contacts

Epilepsy Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

My signature \_\_\_\_\_ Date \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_



**School Behavior Plan**

**Student Information:**

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

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

Teacher: \_\_\_\_\_

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

Principal or Asst. Principal:  
\_\_\_\_\_

Secondary Student Schedule Attached:  
Yes No

**Parent information:**

Parent(s):  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Email:  
Primary Parent: \_\_\_\_\_  
\_\_\_\_\_

Alternative Parent: \_\_\_\_\_  
\_\_\_\_\_

Healthcare Provider:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

Medication consent needed: Yes No

Medication consent attached: Yes No

**Current Medications**

Medication	Dosage	Time

**Academic Related Supports**

Activity	Supports Necessary/Required
Attention	

<b>Waiting/Taking Turns</b>	
<b>Memory</b>	
<b>Organization</b>	
<b>Completing Tasks</b>	
<b>Activity Level</b>	

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**Parent/Guardian Signature** **Date**

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**Healthcare Provider's Signature** **Date**

---

**Principal's Signature** **Date**

**School Refusal Behavior Plan**

**Student Information:**

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

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

Teacher: \_\_\_\_\_

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

Principal or Asst. Principal:  
\_\_\_\_\_

Secondary Student Schedule Attached:  
Yes No

**Parent information:**

Parent(s):  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Email:

Primary Parent: \_\_\_\_\_  
\_\_\_\_\_

Alternative Parent: \_\_\_\_\_  
\_\_\_\_\_

Healthcare Provider:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

Medication consent needed: Yes No

Medication consent attached: Yes No

**Current Medications**

Medication	Dosage	Time

**Plan for School Re-entry**

Describe the plan.

<b>Steps</b>	<b>Time/Length of Time</b>	<b>Support to Student</b>	<b>Reinforcement/ Feedback</b>
<b>Classroom Plan</b>			
<b>Relaxation/Anxiety Management</b>			
<b>Completing Tasks</b>			
<b>Participation in Activities</b>			
<b>Feedback/Reinforcement</b>			

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**Parent/Guardian Signature** **Date**

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**Healthcare Provider's Signature** **Date**

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**Principal's Signature** **Date**

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