

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

SECTION 504 OPERATING GUIDELINES



Revised October, 2012

Approved by the Hitchcock ISD Board of Trustees:
October 16, 2012

TABLE OF CONTENTS

NONDISCRIMINATION NOTICE.....	3
ACRONYMS COMMONLY USED.....	4
SECTION I: CORE TEAM/CHILD STUDY TEAM/CHILD SUPPORT TEAM.....	6
Core Team/Child Study Team/Child Support Team Procedures.....	7
SECTION II: INTRODUCTION TO SECTION 504: REHABILITATION ACT OF 1973.....	8
Section 504 Comparison with IDEA.....	9
IDEA Students.....	9
Section 504 Students.....	9
What Constitutes Discrimination under Section 504?.....	10
SECTION III: DISTICT GUIDELINES AND REQUIREMENTS.....	11
Purpose of Section 504.....	12
Free Appropriate Public Education.....	12
Eligibility.....	13
Definition of Impairment.....	13
Severity of Impairment.....	14
Educational Setting.....	15
Referrals.....	15
Section 504 Coordinator.....	15
Section 504 Committee.....	15
Evaluation.....	16
Notice to Parents.....	16
Section 504 Identification Process Outline.....	16
Child Find.....	17
Annual Review.....	17
Discipline.....	17
Procedural Safeguards.....	18
Student or Parent Complaints.....	18
Review Process.....	18
Office of Civil Rights Complaints.....	19
SECTION IV: SECTION 504 IDENTIFICATION PROCESS.....	20
Step 1: Identification and Intervention.....	21
Step 2: Initiate Referral and EAC Meeting.....	21
Step 3: Section 504 Committee Meeting.....	22
Determining Eligibility.....	22
Developing an Accommodation Plan.....	22
Parent Permission.....	22
Educational Services.....	22
Annual Review.....	22
SECTION V: ADMINISTRATIVE PROCEDURES AND FORMS.....	23
Administrative Procedures.....	24
Required Forms and Timeline.....	25
Other Forms.....	48

NON-DISCRIMINATION NOTICE

Hitchcock I.S.D. does not discriminate on the basis of race, religion, color, national origin, sex or disability in providing educational services, activities, and programs, including vocational programs in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

The following District staff members have been designated to coordinate compliance with these requirements:

Title IX Coordinator, for concerns regarding sex discrimination: Craig Smith, Athletic Director, 6625 FM 2004, Hitchcock, TX 77563.

Section 504 Coordinator, for concerns regarding disability discrimination: Carla Massa, Assistant Superintendent of Curriculum and Instruction, 8117 Highway 6, Hitchcock, TX 77563.

IDEA-B concerns regarding special education: Susan Bowles, Director of Special Education, 8117 Highway 6, Hitchcock, TX 77563.

Included below is a list of acronyms used in the legal arena concerning students with disabilities and may be referred to throughout this handbook.

ACRONYMS COMMONLY USED

ADA	Americans with Disabilities Act
ADAAA	ADA Amendments Act of 2008
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AEP	Alternative Educational Placement
AIDS	Acquired Immune Deficiency Syndrome
ARC	AIDS-related complex
CBA	Curriculum Based Assessment
BIP	Behavioral Intervention Plan
CFR	Code of Federal Regulations
DOE	Department of Education
EAC	Educational Alternatives Committee
FAPE	Free Appropriate Public Education
FBA	Functional Behavioral Assessment
FERPA	Family Educational Rights and Privacy Act
HIV	Human Immunodeficiency Virus
HISD	Hitchcock Independent School District
HMP	Health Maintenance Plan
IDEA	Individuals with Disabilities Education Act
IAP	Individualized Accommodation Plan

IEE	Independent educational evaluation
IEP	Individualized Education Program/Plan
IHO	Independent hearing officer
IHP	Individual Health Plan
ISS	In-School Suspension
ITP	Individualized transition plan
LEA	Local education agency
LRE	Least Restrictive Environment
MDR	Manifestation Determination
MDT	Multi-Discipline Team
NCLB	No Child Left Behind Act
OCR	Office of Civil Rights
OHI	Other health impairment
OSEP	Office of Special Education Programs
OSPI	Office of Superintendent of Public Instruction
RCW	Revised Code of Washington
RtI	Response to Intervention
SEA	State Education Agency
SLD	Specific learning disability
USC	United States Code
WAC	Washington Administrative Code

SECTION I

CORE TEAM/ CHILD STUDY TEAM/ CHILD SUPPORT TEAM

CORE TEAM/CHILD STUDY TEAM/CHILD SUPPORT TEAM PROCEDURES

A Core Team/Child Study Team/Child Support Team should be called whenever a student is having significant difficulties in making sufficient academic and/or behavioral progress.

Prior to referring any student to the Core Team/Child Study Team/Child Support Team, response to intervention (Rtl) must be implemented by the student's teachers, administrator, counselor and/or nurse for a minimum of 4 weeks.

If Rtl strategies are ineffective, the student's counselor shall convene the Core Team/Child Study Team/Child Support Team meeting. If possible, the team will consist of the counselor, 504 coordinator, the student's teachers and a campus administrator. Parents may be invited to attend, if appropriate.

Information that the Core Team/Child Study Team/Child Support Team shall consider includes (but is not limited to) information from classroom teacher, educational records, results of Rtl strategies, health maintenance plan, and information from outside sources. After reviewing all data, the Core Team/Child Study Team/Child Support Team shall make one of the following recommendations:

1. Continue the Rtl plan and/or health maintenance plan.
2. Revise the Rtl plan and/or health maintenance plan.
3. Determine that the student should remain in the general education program without intervention.
4. Refer the student to the following programs or services:
 - A) Section 504
 - B) Counseling
 - C) Dyslexia
 - D) ESL/LPAC Committee
 - E) *Remedial program, basic class or other compensatory program (ex. Title I).

* This step must be considered before referral to special education.

Referrals to Section 504 services shall be done in accordance with the provisions of this handbook. Referrals to any of the other programs shall be done in coordination with the student's counselor and campus administrator.

SECTION II
INTRODUCTION
TO
SECTION 504

INTRODUCTION TO SECTION 504 OF THE REHABILITATION ACT OF 1973

SECTION 504 COMPARISON WITH IDEA

In traditional American public schools, regular education students make up a majority of the school's population. Section 504 and IDEA students make up a smaller part of that population. The goal behind Section 504 or Special Education services is to provide additional resources to any student who fits the categories below. A cardinal principle of both Section 504 and IDEA eligibility is that students qualify because of a disability.

IDEA STUDENTS

Students qualify for IDEA services under one or more of the following disabling conditions. An Individualized Educational Program/Plan (IEP) is created by an IEP team for each student who has one or more of the following conditions. Students qualifying for IDEA services are federally and state funded.

The thirteen Texas categories are:

Speech Impaired	Deaf
Emotionally Disturbed	Hearing Impaired
Orthopedically Impaired	Visually Impaired
Other Health Impaired	Deaf/Blindness
Intellectual Disability	Autistic
Mental Retardation	Traumatic Brain Injury
Multiple Disabilities	

SECTION 504 Students

Any child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment, and may be based upon academic and nonacademic issues is eligible for protection under 504. The ADAAA lowered the standard of "substantial" when determining eligibility. The LEA should not require extensive documentation or analysis to determine that a child with diabetes, epilepsy, bipolar disorder, or autism has a disability under Section 504 (as per OCR). Students qualifying for Section 504 services are not funded through federal allotments. To qualify under Section 504 for any disabling condition, a substantial limitation to one or more major life activities must be shown (as compared to the "average American") and it must be measured with mitigating measures (i.e., medication, prosthesis, etc.).

NOTE: A STUDENT WHO QUALIFIES AS 504 IS **NOT EXEMPT** FROM TAKS/STAAR/EOC. ALSO, ACCOMMODATIONS TO TESTING ARE LIMITED TO THOSE ACCOMMODATIONS LISTED IN THE TESTING INSTRUCTIONAL MANUAL. THEREFORE, REMEDIAL STRATEGIES AND ACCOMMODATIONS SHOULD BE CAREFULLY DESIGNED TO FACILITATE THE STUDENT'S ABILITY TO COMPLETE STATE MANDATED GUIDELINES FOR HIGH SCHOOL GRADUATION.

WHAT CONSTITUTES DISCRIMINATION UNDER SECTION 504?

Section 504 of the Rehabilitation Act of 1973 is a directive to all entities receiving federal funds issued by Congress to end discrimination on the basis of disability in all aspects of operations. You should be aware that discrimination occurs when a recipient of federal funds:

- (1) excludes a student with a disability from participating in, or denies the student benefits from, an aid, benefit or service that is afforded non-disabled students.
- (2) fails to afford the student with a disability an opportunity to participate in, or benefit from, the aid, benefit or service that is equal to that afforded others.
- (3) fails to provide aids, benefits or services to a student with a disability that are as effective as those provided to a non-disabled student.
- (4) provides different or separate aids, benefits or services to a student with a disability than are provided to non-disabled students where such action is not necessary to provide effective aids, benefits or services.
- (5) aids or perpetuates discrimination against students with disabilities by providing significant assistance to an agency, organization or person that discriminates on the basis of disability.
- (6) denies a student with a disability the opportunity to participate as a member of a planning or advisory board because of his or her disabling condition.
- (7) otherwise limits a student with a disability the enjoyment of any right, privilege, advantage or opportunity enjoyed by others receiving an aid, benefit or service.
- (8) in determining the site or location of a facility, makes selections that effectively exclude students with disabilities, denies them benefits, or otherwise subjects them to discrimination.

SECTION III

DISTRICT GUIDELINES

AND REQUIREMENTS

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

DISTRICT GUIDELINES AND REQUIREMENTS FOR DISABLED STUDENTS UNDER SECTION 504, REHABILITATION ACT OF 1973

PURPOSE OF SECTION 504

Section 504 of the Rehabilitation Act of 1973 is a broad based civil rights law administered by the Office of Civil Rights, which protects the rights of persons with disabilities. The purpose of the Act and these procedures is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to nondisabled students. Section 504 provides that: "No otherwise qualified individual with handicaps in the United States...shall solely by reason of his handicap, 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..." [29 U.S.C. 794]

For general information, visit <http://www.ed.gov/oer/504faq.html>

FREE APPROPRIATE PUBLIC EDUCATION

The Section 504 regulation requires a recipient operating federally funded special education programs to provide a "free appropriate public education (FAPE) to each qualified person with a disabling condition who is in the recipient's jurisdiction, regardless of the nature or severity of the person's disability."

An appropriate education will include:

1. Nondiscriminatory evaluation and placement procedures established to guard against misclassification or inappropriate placement of students, and a periodic re-evaluation of students who have been provided special education and related services;
2. Educational services designed to meet the individual educational needs of disabled students as adequately as the needs of nondisabled students are met;
3. The education of each disabled student with nondisabled students, to the maximum extent appropriate to the needs of the student with an impairment; and who have been provided special education and related services;
4. Educational services designed to meet the individual educational needs of disabled students as adequately as the needs of nondisabled students are met;
5. The education of each disabled student with nondisabled students, to the maximum extent appropriate to the needs of the student with a handicap; and
6. Establishment of due process procedures that enable parents and guardians to review evaluation and placement decisions and that provide for an impartial hearing with opportunity for participation by parents and representation by counsel, and a review procedure. (U.S. Department of Education: Office for Civil Rights, April 1988)

ELIGIBILITY

A disabled student under Section 504 is a student who has a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, learning, eating, sleeping, standing, lifting, concentrating, thinking and communication. (A substantial limitation on learning may be demonstrated by an educational need.) Section 504 may also protect parents who have a disabling condition.

The procedures in this handbook are applicable only to Section 504. A student may be eligible for programs and services under Section 504, but may not be eligible for special education. Therefore, a student approved for the 504 program will be considered a non-special education student and will be educated in regular education. A disabled student may qualify if he or she is between the ages of 3 and 21, inclusive.

Parents and/or students seeking services under IDEA (special education) are referred to the district's Special Education Department. The designated contact is the Special Education Director, (409) 316-6546.

DEFINITION OF IMPAIRMENT

The legal definition contained in Section 504 does not set forth a list of specific diseases and conditions that constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of such a list. However, the term includes such diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; attention deficit disorder (ADD); attention deficit hyperactivity disorder (ADHD); acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) positive.

The criteria used to qualify a student as an individual with disabilities under the regulation is:

A person is considered disabled under Section 504 if she/he has a physical or mental impairment, which substantially limits one or more major life activities. A physical or mental impairment does not constitute a disability for purposes of this part of the definition unless its severity is such that it results in a substantial limitation of one or more life activities.

SEVERITY OF IMPAIRMENT

These questions are considered to determine severity of impairment:

1. Does the child have a physical or mental impairment?
2. Does the impairment affect a major life activity? (hearing, seeing, walking, learning, speaking, breathing, working, caring for oneself, and performing manual tasks are major life activities defined).
3. Does the impairment **substantially** limit the child as compared to average peers nationwide?

The first factor in determining substantial limitation is the “average peer principle.” Compare the person with average peers, not a subset of similar peers, to determine whether he/she is substantially limited in a major life activity. If the person can perform or achieve the activity as well as common peers, he/she does not have a disability. Use the average student in the general population as the frame of reference for purposes of comparison (i.e., 50th percentile is average. Substantial limitation is considered to be in the 25th percentile or lower as determined in case law.)

“When a child with a disability is being educated in the regular classrooms of a public school system, the achievement of passing marks and advancement from grade to grade will be one important factor in determining educational benefit”. *Hendrick Hudson, District Bd. of Education, v. Rowley*, 458 U.S. 176,207 fn. 28 (1982). As a result, where the child is already passing his classes (without accommodations) he is likely receiving educational benefit and in no need of Section 504 or IDEA services. “By definition, a person who is succeeding in regular education does not have a disability which substantially limits the ability to learn...A student who is already succeeding in regular education would not need special education to obtain this level of benefit and thus, would not meet the standards established for LD eligibility.”

The second factor used to determine substantial limitation by a 504 evaluation committee is to consider the impairment with and without mitigating measures. Mitigating measures are part of internal systems (of the student), which affect the degree of limitation. For example, parental assistance is an external system or unmitigated measure. An act performed by another for an individual with an impairment is is not a mitigating measure. "Mitigating measures" are devices, or mechanisms that a student uses to correct for, overcome, or reduce the effects of that student's mental or physical impairment. Examples include corrective eyeglasses, tinted overlays, or medications. A person who experiences no substantial limitation in any major life activity when using a mitigating measure does not meet the definition of a person with an impairment and would not be entitled to FAPE under Section 504. (Bartlett v NY State Board of Law Examiners, 21 NDLR 160 (SDNY 2001)

The ADAAG lowered the standard of “substantial” when determining eligibility. The LEA should not require extensive documentation or analysis to determine that a child with diabetes, epilepsy, bipolar disorder, or autism has a disability under Section 504 (as per OCR).

EDUCATIONAL SETTING

To the extent possible, a disabled student shall be placed in the regular educational environment unless the district demonstrates that education in the regular environment with the use of RtI strategies, supplemental aids and services cannot be achieved satisfactorily. In providing or arranging for nonacademic and extracurricular services and activities, the District shall ensure that disabled students participate with nondisabled students to the maximum extent appropriate to the needs of the disabled student.

REFERRALS

Students may self-refer, or be referred by parents, teachers, counselors, administrators, or any other District employee for evaluation to determine if he/she has a substantial impairment of a major life activity and may be in need of an accommodations plan.

If a student has been assessed for special education, but does not qualify for special education in accordance with IDEA, the student may be referred to a campus Educational Alternative Committee (EAC) for consideration of other District programs and services that may be appropriate for the student. *Just being diagnosed with a condition does not automatically qualify a student for services. Accommodations will not be served until data has been obtained and evaluated.* Students who meet the eligibility requirements for Section 504 only, shall receive accommodations through regular education programs on the same basis as nondisabled students.

SECTION 504 COORDINATOR

The District designates the following employee to coordinate its efforts to comply with Section 504 of the Rehabilitation Act of 1973 as amended: Assistant Superintendent, 8117 Highway 6, Hitchcock, Texas 77563 (409) 316-6550.

SECTION 504 COMMITTEE

The campus Section 504 Committee shall be composed of at least two persons, including persons knowledgeable about:

1. the student in the educational setting;
2. the meaning of the evaluation data; and
3. accommodations.

EVALUATION

It is the intent of HISD to ensure that students who are disabled within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, evaluated and provided with appropriate educational services. Students may be considered disabled under this act even though they are not eligible for services pursuant to the Individuals with Disabilities Education Act (IDEA).

Evaluation data must include, physical or medical reports, including a DSM IV diagnosis made by a qualified professional or a physician's diagnosis. Additional data may include effect of response to intervention strategies, formal and informal test instruments, aptitude and achievement tests, teacher recommendations, assessments for dyslexia, adaptive behavior information, student grades, progress reports, parent observations, anecdotal reports, and test scores. Evaluations shall be tailored to assess the major life activity that is affected.

NOTICE TO PARENTS

The Section 504 Campus Coordinator shall notify parents and obtain written permission prior to any individual evaluation conducted to determine if their child is disabled or to determine what educational service should be provided to the student. Parents shall also be given written notice of the District's refusal to evaluate a student or to provide specific aids and services the parents have requested or if the student does not qualify for services.

SECTION 504 IDENTIFICATION PROCESS OUTLINE

RtI Form completed or Student Health Maintenance Plan (HMP) completed.

(Teacher/Nurse or nurse's aide completes and gives to counselor.)

Referral to Child Study Team (if RtI strategies or health plans ineffective). EAC meeting called; decision made:

- ⊖ Refer to Section 504 Committee

OR

- ⊖ Student does not meet eligibility requirements ◇STOP PROCESS

504 Committee meeting called to determine eligibility:

- ⊖ Eligible for 504 services

- ⊖ Student does not meet eligibility requirements ◇STOP PROCESS

Develop 504 Accommodation Plan.

Gain parent permission to implement plan.

Monitor implementation of plan and progress of student.

Conduct annual review of evaluation measures, continued eligibility, and the appropriateness of accommodations.

CHILD FIND

The District will identify and locate all Section 504 qualified disabled students in the district's geographic area who are not receiving a public education.

ANNUAL REVIEW

Eligible 504 students shall have their eligibility, evaluation measures and accommodation plan reviewed annually.

DISCIPLINE

Campuses are required to notify parents on the same day as the decision to impose a long-term removal (more than ten days) for a Section 504 student. For Section 504 students served, districts must conduct a manifestation determination (M-D) when considering off-campus suspension with a combination of DAEP placement for ten or more consecutive school days. (In-school-suspension is not considered "out of placement" if 504 accommodations are provided). Hearing officers' interpretations of an "out of placement" pattern for Section 504 students has been to regard 15-25 cumulative days of off-campus suspension or DAEP as "out of placement". (See "M-D checklist for Section 504 Students" form in "Other Forms".)

During the M-D, the 504 committee will determine if the impairment is related (linked) to the behavior. The 504 team will review:

- evaluation and diagnostic results, including such results or other relevant information supplied by parents;
- observations of the student, including disciplinary records, and
- the student's accommodation plan.

If the 504 team determines the student's accommodation plan is appropriate, and the student's impairment did not impair his ability to control the behavior (which is subject to disciplinary action), the student may be disciplined in the same manner as a student without a disability.

If the 504 team determines the behavior was related to the disability, the team may consider alternative disciplinary consequences. A behavior intervention plan will be developed.

*An exception is that if a 504 student is suspended for drug use, an M-D is not required. In fact, he/she automatically loses 504 eligibility. Eligibility for Section 504 can be reconsidered when the student provides evidence that he/she is no longer using drugs.

PROCEDURAL SAFEGUARDS

The District has established procedural safeguards for students and parents with concerns about District actions regarding the identification, evaluation, or educational placement of a student with a disability. Those safeguards include:

- 1) Notice of their rights, including the right to a hearing concerning the identification, evaluation or educational placement of persons with impairments under Section 504;
- 2) Written permission from parents to implement Section 504 Accommodation Plan;
- 3) An opportunity for the student's parent or guardian to examine relevant records; and
- 4) An impartial hearing with the opportunity for participation by the student's parents or guardian and representation by counsel and a review procedure. (Appeals of hearing officer decisions are to state or federal court.) (FB Local)

Parent or student complaints alleging discriminations against a student in a district program or activity in violation of a Title IX and/or Section 504 provision shall be heard through the procedure set out in FNG (Local).

Parents shall be given written notice of their due process right to an impartial hearing if they have a concern or complaint about the district's actions regarding the identification, evaluation, or educational placement of a disabled student. The impartial hearing shall be conducted by a person who is knowledgeable about the issues involved in Section 504 and who is not employed by the district or related to a member of the Board of Trustees in a degree that would be prohibited under the Nepotism Statute. The impartial hearing officer is not required to be an attorney.

Upon request of a properly qualified individual, access to a student's education record shall be granted within a reasonable period of time, not to exceed 45 days. The district shall respond to reasonable requests for explanations and interpretations of the records [FL (Legal)]. The cumulative record shall be made available to the parent. Records may be reviewed during regular school hours upon written request to the record custodian. The record custodian or designee shall be present to explain the record and to answer questions. The confidential nature of the student's records shall be maintained at all times, and the records shall be restricted to use only in the superintendent's, principal's, or counselor's office, or other restricted area designated by the record custodian. The original copy of the record or any document contained in the cumulative record shall not be removed from the school [FL (Local)].

STUDENT OR PARENT COMPLAINTS

Student or parent complaints, with respect to actions regarding the identification, evaluation, or educational placement of a student who is not eligible for special education, shall be handled in accordance with the procedures in FB (Legal) and FB (Local).

REVIEW PROCESS

Appeals of hearing officers' decisions are referred to state or federal court.

OFFICE OF CIVIL RIGHTS COMPLAINTS

Parents or guardians who allege that the school district has violated the provisions of Section 504 may file a complaint with the Office of Civil Rights. The address and telephone number of the Regional Office which covers Texas is:

Office of Civil Rights, Region IV
1200 Main Tower Building, Room 1935
Dallas, TX 75202
(214) 767-3959

SECTION IV

SECTION 504

IDENTIFICATION PROCESS

SECTION 504 IDENTIFICATION PROCESS

The following Section 504 identification process will be followed at all Hitchcock ISD schools:

STEP1: IDENTIFICATION AND INTERVENTION

A student, parent, teacher, counselor, or administrator believes they are observing a student's substantially limited performance in one or more of the major life activities (seeing, hearing, walking, learning, speaking, breathing, working, caring for oneself, and performing manual tasks) that is believed to be caused by a mental or physical impairment.

Prior to initiating a referral, and following use of Rtl strategies, one of two things must occur:

classroom teacher(s) complete(s) a Response to Intervention Plan;

OR

the campus nurse (or nurse's aide) reviews specific health-related concerns regarding the student's instruction (Student Health Maintenance Plan - HMP)

STEP2: INITIAL REFERRAL AND CHILD STUDY TEAM MEETING

If intervention is effective ◇ **STOP PROCESS**

If intervention is ineffective, the Rtl Plan or the Student Health Maintenance Plan will be returned to the counselor, with a request to initiate a referral for the student. The counselor will convene the Child Study Team (CST). Prior to the committee meeting, the counselor will complete the "Information from Educational Records" form and disseminate the "Information from Classroom Teacher" forms. The CST will review the Rtl Plan or the Student Health Maintenance Plan. When necessary, consultations will be made with other teachers, parents/guardians, peers, professionals, and/or the student.

Decisions to be made by CST Committee:

- a. What is the suspected impairment?
- b. What is the major life activity substantially limited by the suspected impairment? (seeing, hearing, walking, learning, speaking, breathing, working, caring for oneself, and performing manual tasks, etc...)
- c. What mitigating measures are utilized?
- d. Does this student **appear** to have a disability under Section 504? **If yes:**

Provide the parents/guardians with a copy of their Section 504 rights. Obtain further information, if needed. Send "Parent Information Request" form to parents. Also, obtain written consent for a mutual exchange of information from parents/guardians, as appropriate.

Info: Provide committee results to the source of the referral, with accompanying recommendations for intervention strategies. If the parent initiated the 504 referral, provide written notice to parents that student does not qualify for Section 504 services. Refer to other committees, if necessary.

STEP3:SECTION 504 COMMITTEE MEETINGS

Determining Eligibility

A Section 504 Committee will be convened to determine eligibility of a student who has been referred for the **appearance** of a disability. The Committee will review the information discussed at the EAC, utilizing the district's eligibility form.

Developing an Accommodation Plan

If eligibility under Section 504 has been determined, the next step is to develop a student accommodation plan. Student accommodations will be developed to specifically compensate for the student's identified limitations due to the impairment.

Parent Permission

Provide parents with a copy of the student's accommodation plan. Obtain parent's/guardian's written permission to initiate the plan with the "Parent Notice/Permission for 504 Services" form. The "Section 504 Notice of Identification" form will be completed and placed in student's cumulative file. If permission is not granted, the plan will not be implemented.

Educational Services

The educational services are implemented as outlined in the student's accommodation plan. The campus Section 504 Coordinator or designee will monitor the implementation of the plan and the progress of the student.

Annual Review

The Section 504 Committee will review annually each student's accommodation plan. Three issues to be addressed at the review are: (1) the need for additional evaluation information, (2) the continued eligibility as a student with a disability under Section 504, considering educational need, and (3) the contents and appropriateness of the Accommodations Plan. The committee can review a student's Section 504 accommodation plan without the parents present. Notice to the parents is required only if a change is made.

SECTION V

ADMINISTRATIVE PROCEDURES AND FORMS

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

ADMINISTRATIVE PROCEDURES **Section 504 of the Rehabilitation Act of 1973**

(Procedures for identifying and assisting a student who is not making satisfactory progress or has a unique need)

<p style="text-align: center;">Response to Intervention Strategies OR Student Health Maintenance Plan Development</p>
--

Step1: Identification and Intervention

- 1) Teacher or parent identifies a student as having significant difficulties in maintaining pace of class and making sufficient academic and/or behavioral progress. Teacher, parent, or nurse/nurse's aide identifies a student as having significant difficulties in making academic progress due to health care needs.
- 2) Teacher or nurse/nurse's aide conference with parents.
- 3) Teacher will develop a Response to Intervention Plan **OR** Nurse/Nurse's aide will obtain a student HMP form from the counselor. The interventions listed on the plan will be tried for a minimum of four weeks. Documentation of interventions must be made on the Rtl Plan or HMP.
- 4) If the student progresses, the teacher or nurse/nurse's aide continues to use the interventions, monitoring student progress.
- 5) If the student does not progress and the difficulties continue, the teacher, nurse/nurse's aide documents what interventions were tried and why they were not successful on the Rtl Plan or HMP.
- 6) Teacher or nurse/nurse's aide reviews with parent the result of the interventions.
- 7) Teacher or nurse/nurse's aide confers with counselor to schedule an CST meeting (if necessary).

Step2: Educational Alternatives Committee

Educational Alternatives Committee meetings are conducted in accordance with the "Section 504 Identification Process" outlined on page 22 of this manual.

Step3: Section 504 Committee Meeting

The 504 Committee meeting is conducted in accordance with the "Section 504 Identification Process" outlined on page 22 of this manual.

REQUIRED FORMS AND TIMELINE FOR SECTION 504 COMMITTEES

Steps	Forms	Timeline
1 1A	Response to Intervention Plan or Health Management Plan	After difficulty noted; <u>prior</u> to CST meeting.
2 2A 2B 2C	Notice of CST Meeting (found in "Other Forms") CST Deliberation form Information from Classroom Teacher form Information from Educational Records Parent Information Request DNQ Notice (found in "Other Forms") <input type="checkbox"/> Notice of 504 Meeting (found in "Other Forms")	Prior to CST meeting During CST meeting Prior to CST meeting Prior to CST meeting Sent <u>after</u> CST meeting if student <u>is referred</u> to Section 504 committee. Must be returned to counselor prior to Section 504 Committee meeting. Complete and send <u>after</u> CST meeting if student <u>does not meet</u> Section 504 criteria <input type="checkbox"/> Prior to 504 Meeting
3 3A 3B 3C 3D 3E	Section 504 Student Report Section 504 Eligibility form Section 504 Parent and Student Rights form (found in "Other Forms") 504 Accommodations Plan 504 Behavior Intervention Plan (found in "Other Forms") 504 Deliberations Summary DNQ Notice (found in "Other Forms") Parent Notice/Permission for 504 Services 504 Notice of Identification for 504 Services	During 504 meeting During 504 meeting During 504 meeting Developed <u>during</u> 504 meeting if student is in need of academic/behavioral support During 504 meeting Complete and send <u>after</u> 504 meeting if student <u>does not meet</u> Section 504 criteria Sent home after 504 meeting <u>prior</u> to implementation of services/accommodations (if student qualifies) Filed in cumulative folder after initial 504 meeting and parent permission granted or denied

Other forms follow that may be needed during the 504 process.

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

Response to Intervention Plan

Prior to a student being referred for Section 504 services, the classroom teacher and the counselor shall discuss the following interventions / accommodations and determine which ones may benefit the student. This intervention plan will be implemented and used for a minimum of four to six weeks. After results are determined, this form is to be returned to the counselor within the specified time period. If no improvement is noted, a **CHILD STUDY TEAM (CST)** meeting will be called to review the student's educational records.

Student's Name: _____

Targeted concerns: _____

Implementation date of interventions: *Start date* _____ *End date* _____

ACCOMMODATIONS

(Interventions to be implemented)

RESULTS

(Check which applies)

1) Environmental strategies:

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="radio"/> Change seating arrangement<input type="radio"/> Provide study carrel<input type="radio"/> Change to different classroom<input type="radio"/> Other _____ | <ul style="list-style-type: none"><input type="radio"/> Effective - Continue accommodation<input type="radio"/> Needs more time/accommodations<input type="radio"/> Some help, but concern still remains<input type="radio"/> Ineffective |
|---|--|

2) Organizational strategies:

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="radio"/> Extended time for assignments<input type="radio"/> Check for understanding<input type="radio"/> Allow extra time for testing<input type="radio"/> Emphasize major points<input type="radio"/> Ask student to repeat directions<input type="radio"/> Provide organizational folders<input type="radio"/> Make sure assignment is written in notebook<input type="radio"/> Other _____ | <ul style="list-style-type: none"><input type="radio"/> Effective - Continue accommodation<input type="radio"/> Needs more time/accommodations<input type="radio"/> Some help, but concern still remains<input type="radio"/> Ineffective |
|---|--|

3) Motivational strategies:

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="radio"/> Send home weekly progress reports<input type="radio"/> Reinforce correct responses<input type="radio"/> Confer with parents:
How often? _____<input type="radio"/> Have student read aloud<input type="radio"/> Teacher provides student with praise when earned<input type="radio"/> Implement a behavior plan <i>(Check which will apply)</i>:
___Set limits ___check list___cooling off period
___behavior contract ___positive reinforcers | <ul style="list-style-type: none"><input type="radio"/> Effective - Continue accommodation<input type="radio"/> Needs more time/accommodations<input type="radio"/> Some help, but concern still remains<input type="radio"/> Ineffective |
|---|--|

- o Other _____

Response to Intervention Plan, pg. 2

Step #1: 504, pg.2

ACCOMMODATIONS

(Interventions to be implemented)

RESULTS

(Check which applies)

4) Testing strategies:

- o Test students orally
- o Test in segments
- o Allow student to have practice tests
- o Allow for immediate test corrections
- o Allow student to retest
- o Allow student to use book during selected exams
- o Other _____

- o Effective - Continue accommodation
- o Needs more time/accommodations
- o Some help, but concern still remains
- o Ineffective

5) Curriculum strategies:

- o Provide study guides
- o Provide copy of notes
- o Allow for extra practice
- o Allow for extra credit work
- o Shorten assignments
- o Try remedial strategies during tutoring
- o Allow peer tutoring during group work
- o Other _____

- o Effective - Continue accommodation
- o Needs more time/accommodations
- o Some help, but concern still remains
- o Ineffective

6) Classroom management strategies:

- o Give positive awards
- o Have clear consequences
- o Individualize the assignments
- o Private discussion about behavior
- o Provide counseling time with teacher/counselor
- o Invite parent into classroom
- o Other _____

- o Effective - Continue accommodation
- o Needs more time/accommodations
- o Some help, but concern still remains
- o Ineffective

General comments or observations:

Teacher's signature

Date submitted to counselor

HITCHCOCK INDEPENDENT SCHOOL DISTRICT Health Maintenance Plan
--

If a student is exhibiting unique health care needs, prior to a student being referred for 504 services, a Health Maintenance Plan shall be developed in an attempt to meet the student's health needs. (This plan is to be implemented and used for a minimum of 4 to 6 weeks. If no improvement is noted, an EDUCATION ALTERNATIVES COMMITTEE meeting will be called to review the student's educational and health records.)

PART I. - To be completed by referring individual:

Student's Name: _____ **Grade:** _____

Targeted Concerns: _____

Suspected Impairment: _____ *(Must substantially limit one or more of the following: Seeing, hearing, walking, learning, breathing, performing manual tasks, speaking, caring for one's self, working, eating, sleeping, standing, lifting, concentrating, thinking and communication.)*

Mitigating Measures Used: _____

Date Forwarded to School Nurse: _____

Part II. - To be sent to the school nurse/nurse's aide for further review and completion.

1) Does this student currently have a health-related need?

_____ Yes: *(Complete remainder of form)*

_____ No: *(Return this form to counselor)*

2) Identify the specific health-related need. *(i.e. diabetes, asthma, etc.)* _____

3) Describe the intervention services that will be or are currently provided for the student's health-related need: *(monitoring insulin levels, administering medications, etc.)*

4) Date the intervention services were implemented. _____

5) Have the intervention services provided been effective in mitigating the student's health-related need?

___ Yes ___ No; if "NO", why not _____

Signature of school nurse / nurse's aide

Date

Return a copy of this completed form to counselor by: _____

HITCHCOCK INDEPENDENT SCHOOL DISTRICT
EDUCATIONAL ALTERNATIVES COMMITTEE DELIBERATIONS FORM

Student: _____ **Meeting Date:** _____

1. **Academic Concerns:** (Include data from “Information from Classroom Teacher” form)

Concerns noted on intervention plan:

Results of interventions:

2. **Social/Emotional Concerns:**

Concerns noted on intervention plan:

Results of interventions:

3. **Physical Concerns:** (if applicable)

Concerns noted on Health Maintenance Plan:

Results noted on Health Maintenance Plan:

4. **Parent Input:**

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

Information from Classroom Teacher

Student: _____ ID# _____ DOB: _____ Grade: _____

School : _____ Teacher: _____

***Attach samples of student's work.**

What instructional concerns do you have about this student?

- poor progress acquiring basic reading skills
- poor progress acquiring basic math skills
- difficulty in spelling
- difficulty producing written work
- other: _____
- other: _____
- none

What behavioral concerns do you have about this student?

- poor attention and concentration
- noncompliance with teacher directives
- excessively high/low activity level (circle high or low if checked)
- difficulty following directions
- extreme mood swings
- difficulty working with peers
- other: _____
- other: _____

RATE STUDENT'S BEHAVIOR IN EACH OF THE FOLLOWING AREAS:

Circle one: **1 = poor, 2 = below average, 3 = average, 4 = above average, 5 = superior, N = not observed.** For Sections A, B, C, and D: Rate student's behavior in relation to other students of the same age.

A. <u>Receptive English Language Skills</u>							
1.	Comprehends word meanings	1	2	3	4	5	N
2.	Follows oral instructions	1	2	3	4	5	N
3.	Comprehends classroom discussion	1	2	3	4	5	N
4.	Remembers information just heard	1	2	3	4	5	N
B. <u>Expressive English Language Skills</u>							
1.	Displays adequate vocabulary	1	2	3	4	5	N
2.	Uses adequate grammar for general understanding	1	2	3	4	5	N
3.	Expresses self fluently when called upon to speak	1	2	3	4	5	N
4.	Relates a sequence of events in order (telling a story)	1	2	3	4	5	N
5.	Organized and relates ideas and factual information	1	2	3	4	5	N

- C. **Emotional/Behavioral/SocialSkills**
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Generally cooperates or complies with requests | 1 | 2 | 3 | 4 | 5 | N |
| 2. Adapts to new situations without getting upset | 1 | 2 | 3 | 4 | 5 | N |
| 3. Accepts responsibility for own actions | 1 | 2 | 3 | 4 | 5 | N |
| 4. Makes and keeps friends at school | 1 | 2 | 3 | 4 | 5 | N |
| 5. Works cooperatively with others | 1 | 2 | 3 | 4 | 5 | N |
| 6. Has an even, usually happy, disposition | 1 | 2 | 3 | 4 | 5 | N |
| 7. Is pleased with good work | 1 | 2 | 3 | 4 | 5 | N |
| 8. Initiates activities independently | 1 | 2 | 3 | 4 | 5 | N |
| 9. Responds appropriately to praise and correction | 1 | 2 | 3 | 4 | 5 | N |
| 10. Resists becoming discouraged by difficulties or or minor setbacks | 1 | 2 | 3 | 4 | 5 | N |
- D. **Motor Coordination**
- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Exhibits adequate gross motor coordination (walking, running, etc.) | 1 | 2 | 3 | 4 | 5 | N |
| 2. Displays adequate fine motor coordination (writing, drawing, manipulation of equipment) | 1 | 2 | 3 | 4 | 5 | N |

For Section E: Rate student's behavior in relation to other students on the same grade level.

- E. Academic Characteristics
- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Reads aloud materials (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 2. Comprehends material read (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 3. Performs math computations at expected proficiency (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 4. Spells material adequately (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 5. Writes legibly (estimated grade level: _____) | 1 | 2 | 3 | 4 | 5 | N |
| 6. Retains instruction from week to week | 1 | 2 | 3 | 4 | 5 | N |
| 7. Exhibits organization in accomplishing a task | 1 | 2 | 3 | 4 | 5 | N |
| 8. Completes tasks on time | 1 | 2 | 3 | 4 | 5 | N |



Student services and special programs provided or considered in response to student's problem(s):

	<u>HowLong</u>	<u>Currently</u>	<u>Results</u>
<input type="checkbox"/> Counseling	_____	_____	_____
<input type="checkbox"/> School health services	_____	_____	_____
<input type="checkbox"/> Special Education	_____	_____	_____
<input type="checkbox"/> Title I Compensatory (must be provided or considered before special education referral is completed)	_____	_____	_____
<input type="checkbox"/> Bilingual program	_____	_____	_____
<input type="checkbox"/> Local remedial program: specify: _____	_____	_____	_____
<input type="checkbox"/> Others: specify: _____	_____	_____	_____

Instructional modifications attempted in response to student's problem(s) include:

	<u>Howlong</u>	<u>Currently</u>	<u>Results</u>
<input type="radio"/> Individual tutoring	_____	_____	_____
<input type="radio"/> Alternate materials	_____	_____	_____
<input type="radio"/> Ability grouping	_____	_____	_____
<input type="radio"/> Changed seating	_____	_____	_____
<input type="radio"/> Changed class	_____	_____	_____
<input type="radio"/> Behavior management	_____	_____	_____
<input type="radio"/> Grading on basis of individual growth	_____	_____	_____
<input type="radio"/> Oral tests	_____	_____	_____
<input type="radio"/> Peer tutoring	_____	_____	_____
<input type="radio"/> Modified or shortened assignments	_____	_____	_____
<input type="radio"/> Extra time for completion of work	_____	_____	_____
<input type="radio"/> Taping written materials	_____	_____	_____
<input type="radio"/> Others: (specify) _____	_____	_____	_____

Yes No Does this student exhibit any behaviors in the classroom, which might indicate vision or hearing problems? If yes, cite specific observations: _____

Yes No Does this student exhibit any signs of a health or medical problem in the classroom? If yes, cite specific observations: _____

What type of assistance do you feel this student needs which cannot be provided in the regular classroom?

 Signature of person completing this section

 Position

 Date

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

Information from Educational Records

Student:

_____ ID# _____ DOB: _____

School: _____ Grade _____ Teacher: _____

Referred by: _____ Position: _____

Reason for Referral: _____

 Yes No Is this student currently enrolled in school? If no, explain: _____

 Yes No Has this student been retained? If yes, provide grade level(s): _____

 Yes No Has this student been referred to special education before? If yes, give previous referral date: _____

 Yes No Has this student been suspended for disciplinary reasons during the current school year? If yes, explain: _____

HOME LANGUAGE SURVEY

Date: _____ **Results:** _____

Other language test: _____ Date: _____

For a limited English proficient student, briefly describe the Language Proficiency Assessment Committee's recommendations: _____

ATTENDANCE

This student has been absent _____ days out of _____ school days this year to date.

Reasons: _____

Compared to last year, this year this student has been absent: _____ more _____ less _____ about the same.

List all schools previously attended:

Information from Educational Records, pg. 2

CURRENT GRADES: (complete or attach copy of most recent report card)

Subject	Grade	On Grade Level	Subject	Grade	On Grade Level
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No

This student's grades:

- have become higher each year.
- have stayed about the same.
- have become lower each year.
- dropped suddenly in grade _____.
- data not available.

Compared with most of the other students in this school, this student's grades:

- are better.
- are about the same.
- are worse.
- data not available.

ACHIEVEMENT DATA

List student's most recent achievement or ability test, using Grade Level Equivalent (GLE) scores or percentile ranks (%). (complete or attach copy of most recent results and student profile)

Date:	Name of Test:	Subject Area:	Score	
			GLE	%

This student's test scores:

- have become better each year.
- have stayed about the same each year.
- have become lower each year.
- dropped suddenly in grade _____.
- data bit available.

Compared to the mean of the district, this student's test scores:

- have become better each year.
- have stayed about the same each year.
- have become worse each year.
- district mean not available.

State assessments – TAKS/STAAR/EOC: (complete or attach copy of most recent results and student profile.)

Subject:	Total Test Mastery:	Scaled Score:	Percent Mastery:
Mathematics			
Reading			
Writing			

Signature of person completing this section

Position

Date

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

Parent Information Request for 504 Meeting

Yes No Have parents been contacted about this referral?

Method of contact: Letter Telephone Conference Other, specify: _____

Contacted by: _____
Name Position Date

General Information (If additional space is needed, please use the last page)

Student's Name _____ SSN # _____

Age ____ Male ____ Female ____ Date of Birth _____ Home Phone # _____

Mailing Address: _____ City/State/Zip _____

If different: Street Address: _____ City/State/Zip _____

School _____ Grade ____ Teacher _____

Father's Name _____ Mother's Name _____

Educational Background: Mother 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 (Circle grade last attended) Father 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Child lives with: Natural Father Natural Mother Foster Family Step Father
 Step Mother Other Relative Legal Guardian-relationship: ____

List all adults currently living in the home with this child (including parents):

Name	Age	Relationship	Occupation/Employer	Work Phone

List all of the student's brothers and sisters, oldest to youngest:

Name	Age	Sex	Grade	Relationship	Living at Home (Circle One)	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

If either parent is not in the home, where does he / she live:

Name	City	State

Frequency of parental visits with child: _____

If divorced, when did it occur? _____

If either parent has remarried, when did it occur? Mother ____ (year) Father ____ (year)

Parent Information Request, page 2

What moves have occurred within the last 3 years (number of times):

____moved between cities ____moved within the same city ____moved between states

Have there been any important changes with the family during the last 3 years? For example, job changes, moves, births, deaths, illnesses, separations, divorce):

Primary language spoken at home: _____

HEALTH HISTORY:

Is there a speech, language, or learning problem? No, Yes, explain: _____

Is there a physical or chronic illness problem, including allergies: No, Yes, explain: _____

Is your child under the care of a physician for a medical problem? No, Yes, explain:

Is there a vision problem? No Yes, explain: _____

Is there a hearing problem? No Yes, explain: _____

Is there an emotional / behavioral problem? No Yes, explain: _____

Has the child had any serious illnesses or injuries? No Yes. At what age? _____

Explain: _____

Has the child been hospitalized? No Yes, explain: _____

Has your child ever taken medication for a long period of time? No Yes, explain: _____

Do you know of any side effects the medication might have? No Yes, explain: _____

Is the child presently taking medication? No Yes If yes, what is the medication and the reason for taking it? _____

What is the name of your child's doctor? _____ Phone _____

Does your child have a Medicaid card? No Yes, the number is: _____

Were there any problems before, during, or immediately after birth? No Yes, explain:

Compared to other children in the family, this child's development has been:

Slower About the same Faster

My child crawled at _____months; walked at _____months; talked at _____months.

Was toilet training a problem? No Yes Was / is bed wetting a problem? No Yes

Parent Information Request, pg. 3

Have you ever been counseled or advised regarding any difficulty the child might have in development or education? No Yes If yes, by whom and why? _____

SOCIAL / ADAPTIVE BEHAVIORS:

How does your child relate to other children? _____

How does your child relate to adults? _____

Please describe your child's behavior at home. (For example, is he/she generally well behaved? Have there been any recent changes in behavior? How does he/she get along with other family members, neighbors, playmates?) _____

What does your child do when not in school? (For example: watch TV, go camping, or participate in hobbies or sports) _____

What time does your child go to bed at night? _____

Does your child eat breakfast? _____

What methods of discipline are used with your child at home? (For example, spanking, extra chores, time out, early bedtime, rewards for good behavior): _____

What is your child's reaction to discipline? _____

Previous schools your child attended (list most current first):

Grade	School	School District	Address

Check the programs your child has been involved in: tutoring bilingual speech remedial reading ECI remedial math counseling other: _____

What is the reason your child is being referred for 504 consideration or services at this time? _____

Do you feel that your child is experiencing problems at school? No Yes, explain: _____

When were you first aware of a problem?

What do you think is causing the problem?

Has your child mentioned problems with school? How does he/she feel about the problem? _____

HITCHCOCK INDEPENDENT SCHOOL DISTRICT SECTION 504 STUDENT REPORT

Student: _____ DOB: _____ Grade: _____

Parents: _____ Address: _____

Phone: _____ Campus: _____

Date of Meeting: _____

PURPOSE: Initiate Annual Review Discipline/MDR Dismissal

DATA CONSIDERED: (Check which of the following is being considered and attach copies to this report)

<input type="checkbox"/> Health Records	<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades
<input type="checkbox"/> Home Language Survey	<input type="checkbox"/> Physician's Report	<input type="checkbox"/> Screening Instruments
<input type="checkbox"/> Aptitude/IQ Score	<input type="checkbox"/> Adaptive Behavior Scale	<input type="checkbox"/> State Assessments
<input type="checkbox"/> Parent Information	<input type="checkbox"/> Discipline Records	<input type="checkbox"/> PTE, TAKS, etc.)
<input type="checkbox"/> Other (describe) _____		

Describe conclusions drawn: _____

I. INITIAL REFERRAL

1. Referring Individual: _____

2. Yes No Has the team completed the "**Student Eligibility Form (SEF)**?"
If "yes", attach the form

3. Yes No Based on completion of the **SEF** form, does the student have a
physical or mental impairment that substantially limits one or more
major life activity, even with mitigating measures?

4. Yes No Based on completion of the **SEF** form, does the student appear to have
an educational/behavioral need?

If answer to all of the above questions is "yes", then this student appears to be eligible as a student with a disability under Section 504 and qualifies for an Individual Accommodation Plan.

RECOMMENDATIONS

After careful review of relevant evaluation data, the Section 504 campus committee recommend-
the following:

- Section 504 Behavior Intervention Plan
- Section 504 Accommodation Plan
- Referral to Special Education for Full Individual Assessment
- Dyslexia screening services
- Not eligible for Section 504 services - continue regular education
- Regular education WITH accommodations recommended on the "Response to Intervention Plan"

II. REVIEW Annual Requested Discipline/MDR

Reason(s) for the Committee Meeting:

- Change in grade placement
- Accommodation Plan reviewed and updated if needed.
- Committee requests more evaluation before making a determination.
- Student is making unsatisfactory academic progress.
- Accommodation Plan reviewed. Revised: Yes No
- Behavior Intervention Plan reviewed Revised: Yes No
- Teacher request: _____
- Parent request: _____
- Other: _____

III. DISMISSAL from Section 504

Reason(s) for dismissal: _____

* If student is dismissed for 504 services, the date MUST be documented on the "Notice of Identification" in the student's cumulative folder.

Committee Signatures:	Agree	Disagree
_____ Administrator	_____	_____
_____ 504 Campus Coordinator	_____	_____
_____ Counselor	_____	_____
_____ Teacher	_____	_____
_____ Teacher	_____	_____
_____ Nurse	_____	_____
_____ Other	_____	_____
_____ Parent/Guardian/Adult Student	_____ <i>Present</i>	_____ <i>Not Present</i>

**HITCHCOCK INDEPENDENT SCHOOL DISTRICT
Section 504 Student Eligibility Form**

Step#3A:504

Student's Name: _____ Birthdate: _____

Eligibility Team Members: (State name and check area of expertise)

	Knowledge of student	Evaluation	Accommodations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Name(s): _____ Attending: ___ Yes ___ No
 Address: _____ Phone: _____

Variety of sources used in evaluation of student:

- | | |
|--|---|
| <input type="checkbox"/> Aptitude tests | <input type="checkbox"/> Response to Intervention Plan |
| <input type="checkbox"/> Achievement tests | <input type="checkbox"/> Adaptive behavior/discipline history |
| <input type="checkbox"/> Current / Past academic performance | <input type="checkbox"/> others: (specify) _____ |
| <input type="checkbox"/> Health Maintenance Plan | |

1) Specify the mental or physical **impairment**: _____
 (As diagnosed in DSM-IV or by a physician and not specifically excluded. e.g. Drug Use)

2) Check the **major life activity** limited: ___ seeing ___ hearing ___ walking ___ learning
 ___ breathing ___ performing tasks ___ speaking ___ caring for one's self ___ working

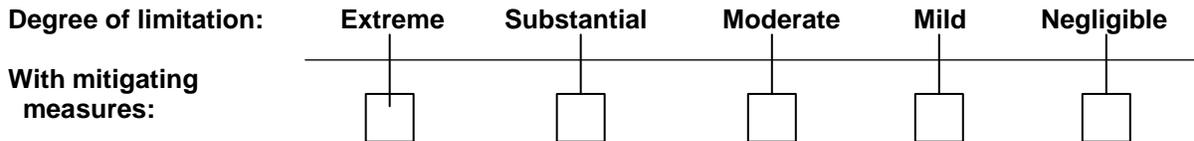
3) Indicate on the following scale the specific degree that the *impairment limits* the *major life activity with these considerations*:

Make sure the team focuses on the major life activity as a whole (e.g. in **learning**, the impact must be across the board, not in a particular subject or sub-area, such as math).

Make sure team discounts from the analysis, sub-par performance due to other factors, such as mood swings, lack of motivation, or the immediate situation or environment of the student.

Make an educated estimate of whether there are mitigating measures that would remedy the situation (such as eyeglasses, tinted overlays, or medication).

Use the general population as a frame of reference for the purpose of comparison (use the "General American Principle": *Substantial limitation is considered to be in the 25th percentile or lower on an achievement test*). ***From case law**



4) If the team's determination for #3 was less than "substantial", the student does not qualify for 504 and the parents should receive notice of their procedural rights, including their right to an impartial hearing. If the team determines that the limitation is "substantial" or "extreme", develop an appropriate accommodation plan for the student that is commensurate for the limitation.

ACCOMMODATIONS AS DETERMINED BY 504 COMMITTEE

Name of Student _____
Major Life Activity Impacted _____

Grade _____

Will student follow the regular code of conduct?

- YES
- NO, *See Behavior Intervention Plan Attached*

Subjects

--	--	--	--	--	--	--	--

Accommodations listed in this Plan should be done in the regular education classroom Whenever possible. When not possible, arrangements should be made to provide subject accommodations in the Content Mastery Center. Students should never be in CMC during direct instructional time.

INSTRUCTIONAL ACCOMMODATIONS:

1.) Opportunity to repeat instructions							
2.) Check for understanding							
3.) Repeat review/drill							
4.) Note taking assistance							
5.) Peer tutoring/reading							
6.) Encourage tutorials							
7.) Other							
8.) Other							

ASSIGNMENT ACCOMMODATIONS:

9.) Reduce assignments							
10.) Extended time							
11.) Opportunity to respond orally							
12.) Assignment notebooks							
13.) Use of color overlay							
14.) Other							
15.) Other							

TEST ACCOMMODATIONS:

16.) Exams modified (<i>Explain in detail</i>)							
17.) Student may read exam aloud							
18.) Exams should be read to student							
19.) Open book exams							
20.) Provide study sheets for exams							
21.) Other							

Name of Student _____

Subjects

--	--	--	--	--	--	--

Accommodations listed in this plan should be done in the regular education classroom whenever possible. When not possible, arrangements should be made to provide subject accommodations in the Content Mastery Center. Students should never be in CMC during direct instructional time.

Accommodations:

PHYSICAL ACCOMMODATIONS:							EXPLANATION
22.) Special desks and/or equipment							
23.) Extended time to get to class (<i>specify amount</i>)							
24.) Special set-up of classroom							
25.) Use of elevator							
26.) Study carrel							
27.) Minimal auditory distractions							
28.) Medication administered as prescribed							
29.) Other							
TECHNOLOGY & ASSISTIVE DEVICES:							
30.) Calculator							
31.) Access to word processor/computer							
32.) Tape player for required readings							
33.) Other							
BEHAVIOR ACCOMMODATIONS:							
34.) Implementation of BIP							The use of restraint, a “cooling off” period, and suspension will be used if warranted.
35.) Clearly defined limits							
36.) Frequent reminder of rules							
37.) Positive reinforcers							
38.) Private discussion about behavior							
39.) Proximity/seating control							
40.) Supervision during transition							
41.) Other							
TAKS/STAAR/EOC ACCOMMODATIONS - <input type="checkbox"/> YES <input type="checkbox"/> NO If “YES” check all that apply: <i>All items checked must be based upon the student’s impairment and also be reflected in the above accommodations.</i>							
___ Student may dictate answers verbatim as test				___ Student may read test aloud. (Must be one-on one)			
___ Administrator scribes the answer key.				___ Student may use large-print version of test.			
___ One-on-one test administration				___ Administrator may read test questions and answer choices to student (If allowed by state regulations)			
___ Small group testing							

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

**8117 Highway 6
Hitchcock, TX 77563**

(409) 316-6545

Fax (409) 986-5141

**PARENT NOTICE / PERMISSION
SECTION 504 SERVICES**

Student: _____ Date of Birth: _____

School: _____ Grade: _____ Date: _____

Your child has been evaluated as provided under Section 504 of the Rehabilitation Act of 1973. Information has been collected by our professional staff, and a Section 504 committee has determined your child **eligible for accommodations** under Section 504. An individual accommodation plan to address your child's educational needs has been developed and accompanies this notice. **Your permission is required to begin services identified on the Accommodation Plan.**

****Services will begin after signed receipt is returned to the campus.****

Parent Signature

Date

If you have any questions or need additional information, please contact your child's counselor or the campus 504 coordinator, or refer to the Section 504 Parent and Student Rights Document.

Please return the white copy of this signed form to:

Campus 504 Coordinator:

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

**8117 Highway 6
Hitchcock, TX 77563**

(409) 316-6545

Fax (409) 986-5141

SECTION 504 NOTICE OF IDENTIFICATION

THIS FORM IS TO REMAIN IN CUMULATIVE FILE AT ALL TIMES

The student named below has been identified for services under Section 504 of the Rehabilitation Act of 1973.

Student (full legal name): _____

Date of Birth: _____ School: _____

Date of identification: _____

Impairment: _____

Major Life Activity Impacted/Limited: _____

Parental permission for services was (check one): Granted Denied

Signature of Section 504 Campus Coordinator

Date

Exited 504? Date exited: _____

The student's entire 504 folder may be requested from the student's counselor.

OTHER FORMS

FOR

SECTION 504 PROCESS

Other forms follow that may be needed during the 504 process.

OTHER FORMS FOR SECTION 504 PROCESS

Request for Intervention

Notice of CST Meeting

Notice of Section 504 Committee Meeting

Notice of Parent and Student Rights Under Section 504

Behavior Intervention Plan for Section 504

Manifestation Determination Checklist for Section 504 students

Section 504 Dismissal or DNQ Notice

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

**REQUEST FOR INTERVENTION
ON BEHALF OF STUDENT**

TO BE COMPLETED BY THE TEACHER OR PARENT MAKING THE
REQUEST:

Student Name (legal): _____

Date of Birth: _____ Age: _____ Grade: _____

Person(s) initiating the request and relationship to student:

Reason for request:

Signature of Person Making Referral: _____

Date Completed: _____

Received on (date) _____ by (name) _____

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

NOTICE OF CHILD STUDY TEAM MEETING

TO:

Date: _____

- _____ Parent
- _____ Teacher
- _____ Teacher
- _____ Teacher
- _____ Teacher
- _____ Administrator
- _____ Counselor
- _____ 504 Coordinator
- _____ Special Ed. Coordinator
- _____ School Psychologist

To Whom It May Concern:

_____ has been referred to this committee to discuss educational concerns and alternatives aimed at helping him/her become more successful at school and to monitor his/her progress. We hope to come together to understand the concerns and to develop an instructional arrangement to benefit him/her. The committee consists of the parents, counselor, teacher(s), an administrator, and any other school personnel with concerns regarding your student.

You are invited to attend this meeting to share your concerns with the committee, offer solutions, and help us develop a plan for increasing your student's success in school.

The Child Study Team (CST) will meet on : _____

at _____ in _____.

Your participation is important and appreciated.

Sincerely,

School Counselor

Campus

Phone Number

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

NOTICE OF SECTION 504 COMMITTEE MEETING

Date of notice: _____

TO: _____ Parent
_____ Teacher
_____ Teacher
_____ Teacher
_____ Teacher
_____ Counselor
_____ 504 Coordinator
_____ Administrator

Student Name

Grade

⊖ The above student has been referred by the **CHILD STUDY TEAM (CST)** to be considered for identification as a Section 504 student.

⊖ This is a/an Annual **Discipline** meeting concerning the above 504 student.

If this is the annual review, the parent/guardian MUST submit current (dated since previous annual meeting) medical/physician's report to document impairment for eligibility purposes. If documentation is not presented to substantiate need, student may not be eligible for services.

The committee will be reviewing the student's suspected impairment, how substantially the impairment impacts one or more of the recognized life activities under Section 504, and what effect mitigating measures have on the impairment. If the student is identified for services under Section 504, the committee will also develop an appropriate accommodation plan to compensate for the life activities identified as impacted. For a current 504 student, the committee will review eligibility and whether the existing accommodation plan has been effective. The committee consists of individuals with specific knowledge of the student, the evaluation data, and appropriate accommodations that can be implemented.

The Section 504 committee will meet on _____ at _____ in _____.
Day / Date Time Room assignment

Please attend the meeting if at all possible. If not possible, forward any comments or concerns you have about this student to the counselor signed below.

Sincerely,

School Counselor

Phone number / Ext

**HITCHCOCK INDEPENDENT SCHOOL DISTRICT
NOTICE OF PARENT AND STUDENT RIGHTS UNDER
SECTION 504 OF THE REHABILITATION ACT OF 1973**

Section 504 of the Rehabilitation Act of 1973 is a nondiscrimination statute enacted to prohibit discrimination and to assure that eligible students with disabilities have educational opportunities and benefits equal to those provided to students who are not disabled.

An eligible student under Section 504 is one who has a physical or mental impairment, which substantially limits a major life activity such as learning, self-care, walking, seeing, speaking, breathing, working, or performing manual tasks. This impairment must also substantially limit this life activity while taking into account the use of mitigating measures.

Many students who are eligible for educational services under Section 504 are also eligible for services under the Individuals with Disabilities Act (IDEA). This notice of rights delineates those rights available to students eligible under Section 504 only. Receipt of this notice indicates only that the district is considering potential eligibility under Section 504 and is general in nature. Actions taken under Section 504 will be preceded by specific notice of actions to be taken. If further information is required about services under IDEA, please contact your child's counselor.

The enabling regulations of Section 504 provide parents and students the following rights to:

1. have their child take part in, and receive benefits from, public education programs without discrimination because of his or her disabling condition.
2. have the school district advise them of their rights under federal law.
3. receive notice with respect to identification or evaluation of, or service to, their child.
4. have their child with a disability receive a free appropriate public education. This includes the right to be educated with students without disabilities to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow the child an equal opportunity to participate in school and school-related activities.
5. have their child with a disability educated in facilities and receive services comparable to those provided students without disabilities.
6. have their child receive special education and related services if the child is found to be eligible under the Individuals with Disabilities Education Act.
7. have evaluation, educational and service decisions made based upon a variety of information sources and by persons who know the student, the evaluation data and service options.
8. have their child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district.
9. examine all relevant records relating to decisions regarding their child's identification, evaluation, educational program and services.

10. obtain copies of educational records at a reasonable cost unless the fee would effectively deny them access to the records.
11. receive a response from the school district to reasonable requests for explanations and interpretations of their child's records.
12. request amendment of their child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of their child's privacy rights. If the school district refuses this request for amendment, it shall notify the parents within a reasonable time and advise them of the right to a hearing.
13. request mediation or an impartial due process hearing related to decisions or actions regarding their child's identification, evaluation, educational program or services. The parents and the student may take part in the hearing and have an attorney represent them. Hearing or mediation requests must be made to the District 504 Compliance Officer.
14. ask for payment of reasonable attorney fees if they are successful on their claim.
15. file a local grievance or citizen complaint with the school district, the state board of education and/or the Office of Civil Rights.
16. appeal the impartial hearing officer's decision.
17. receive all information in their native language and primary mode of communication.
18. expect periodic reevaluations and an evaluation before any significant change is made in their child's program.

On matters other than the child's identification, evaluation, and placement, parents have the right to file a complaint with the Section 504 coordinator or designee who will investigate the allegations to the extent warranted by the nature of the complaint in an effort to reach a prompt and equitable resolution.

The Section 504 Coordinator for students is:

Assistant Superintendent of Curriculum and Instruction
8117 Highway 6
Hitchcock, Texas 77563
Phone: (409) 316-6550

Parents also have the right to file a complaint with the Office of Civil Rights:

Office of Civil Rights, Region IV
1200 Main Tower Building, Room 1935
Dallas, TX 75202
Phone: (214) 767-3959

BEHAVIOR INTERVENTION PLAN for SECTION 504 STUDENTS

STUDENT NAME: _____ **DOB:** _____ **DATE:** _____
SCHOOL: _____ **GRADE:** _____

Upon reviewing various student evaluations and reports, the following behaviors have been identified as the behaviors that most impact his/her potential success in school:

Behavior _____	Alternative Behavior _____	to increase
Behavior _____	Alternative Behavior _____	to increase
Behavior _____	Alternative Behavior to increase _____	
Behavior _____	Alternative Behavior to increase _____	

I. Behavioral Interventions:

Upon review of the student's evaluations and reports, the 504 committee offers the following suggestions to increase the student's appropriate behavior:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> prepare student for a change in routine <input type="checkbox"/> emphasize consistency <input type="checkbox"/> provide increased structure <input type="checkbox"/> set well-defined limits, rules, and task expectation <input type="checkbox"/> earned reinforcers <ul style="list-style-type: none"> <input type="checkbox"/> tangible <input type="checkbox"/> preferred activities <input type="checkbox"/> social privileges <input type="checkbox"/> progress conference with parents <input type="checkbox"/> contact parent(s) by telephone or in writing of behavior successes and other accomplishments <input type="checkbox"/> maintain high levels of praise <input type="checkbox"/> behavior contract with student for individually agreed upon rewards <input type="checkbox"/> establish home-school management program | <ul style="list-style-type: none"> <input type="checkbox"/> model appropriate behavior <input type="checkbox"/> provide individual help <input type="checkbox"/> ignore minor infractions <input type="checkbox"/> verbal reminders <input type="checkbox"/> proximity control <input type="checkbox"/> check for understanding <input type="checkbox"/> minimize distractions <input type="checkbox"/> use non-verbal clues to signal behavior changes <input type="checkbox"/> use assignment notebook <input type="checkbox"/> monitor unstructured time <input type="checkbox"/> provide nonacademic activities <input type="checkbox"/> allow time between request & compliance _____ <input type="checkbox"/> offer choice to change behavior or consequence <input type="checkbox"/> use timer for self monitoring of: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> provide quiet study space <input type="checkbox"/> allow for cool-off, describe: _____ <input type="checkbox"/> have student practice alternate behavior <input type="checkbox"/> help student use appropriate language to express needs/wants <input type="checkbox"/> frequent feedback as to the appropriateness of behavior <input type="checkbox"/> avoid strong criticism or confrontation <input type="checkbox"/> provide social reinforcers and privileges <input type="checkbox"/> allow a positive office visit <input type="checkbox"/> assign student as office assistant/library aide/peer tutor/helper <input type="checkbox"/> free time <input type="checkbox"/> other: _____ |
|--|---|---|

II. ACTIONS:

To decrease inappropriate student behavior, the administrator will utilize one or more of these strategies:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> provide therapeutic holding/restraint <input type="checkbox"/> after school detention <input type="checkbox"/> regular school discipline for behaviors not addressed in BIP <input type="checkbox"/> give verbal reminder/request warning <input type="checkbox"/> withhold reinforcer/privilege <input type="checkbox"/> escort student to time-out <input type="checkbox"/> in-school suspension <input type="checkbox"/> off-campus suspension (up to ___ days) <input type="checkbox"/> DAEP (disciplinary alternative education program placement) <input type="checkbox"/> remove student to time-out in room or another location, specify: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> assign restricted lunch <input type="checkbox"/> Saturday detention <input type="checkbox"/> allow for logical consequences <input type="checkbox"/> use cool-off before dealing with discipline <input type="checkbox"/> provide student with work to do to make amends <input type="checkbox"/> refer to counselor (problem solving) <input type="checkbox"/> conference with student <input type="checkbox"/> conference with parent(s) <input type="checkbox"/> conference with administrator or counselor loss of privileges: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> notify juvenile authorities/probation officer when appropriate <input type="checkbox"/> administer corporal punishment <input type="checkbox"/> call police for behavior considered dangerous to self or others <input type="checkbox"/> initiate emergency removal (ONLY for compelling non-discipline reasons; i.e. health, safety, or welfare concern(s) (not to exceed 3 days) <input type="checkbox"/> other: (specify): _____ |
|---|--|--|

Administrator Signature

Teacher Signature

Parent Signature

Other

Manifestation Determination Checklist For Section 504 Students

This form is to be used if a proposed off-campus suspension with a combination AEP placement will total ten or more consecutive school days.

A: Identifying Information:

Student Name:		Student ID/PEIMS Number:	
Age/Date of Birth:		Date of First Day of Suspension:	
School:		Date this form was completed:	

B: Campus Review and Determination:

1. Present Student Status: (Check Yes or No)	YES ()		NO ()
Section 504:			
2. If student receives services under Section 504, what is the impairment?			
3. What life activities are substantially limited by the impairment?			
4. What is the behavior for which the disciplinary action is being considered?			
5. Normal disciplinary action (indicate sanction normally imposed by school or district):			
6. Has this student been suspended previously this year? (Check Yes or No)	YES ()		NO ()
7. If Yes, how many total days <u>prior to this offense</u> has the student been suspended?			
8. Parents have been notified on the same day as the decision to impose a long-term removal (more than ten school days):	Date of Notice:		
9. Immediately, if possible, but in no case later than 10 school days after the date on which the decision to impose the long-term removal is made, a review shall be conducted of the relationship between the student's impairment and the behavior subject to disciplinary action. The manifestation determination review (MDR) shall be conducted by the 504 Committee.	Date of Review:		
10. The team has considered and reviewed in terms of the behavior subject to disciplinary action, all relevant student information:	YES ()		NO ()
Evaluations and diagnostic results, including such results or other relevant information supplied by the parents of the student.			
Observations of the student, including disciplinary records			
Section 504 Accommodations Plan			
Is there currently a Behavior Intervention Plan as part of the Section 504 plan?			

11. Prior to determining manifestation, the team must determine if: (check Yes or No)	YES ()	NO ()
Section 504 and services were appropriate:		
Supplemental aids and services were being provided:		
Behavioral accommodations were being provided consistent with the Section 504 plan:		
The student's understanding of the impact and consequences of the behavior subject to disciplinary action was not impaired by the disability:		
The student's ability to control the behavior subject to disciplinary action was not impaired by the disability:		

(Note: If any items in question 11 are answered **NO** by the 504 Committee, the committee **MUST** find that the behavior is a manifestation of the student's impairment. In order to determine "no manifestation", all items under question 11 must be checked **YES**).

12. Is the behavior a manifestation of the student's impairment? (Check Yes or No)	YES ()		NO ()	
--	-------------------	--	------------------	--

13. If the answer in question 12 was "NO": The District's regular disciplinary procedures can be used just as for non-disabled students.	YES ()		NO ()	
---	-------------------	--	------------------	--

14. If behavior is a manifestation of the student's impairment, a long-term removal cannot be made. Do not proceed with <u>regular disciplinary action</u> . <u>Alternative consequences must be considered</u> . Use interventions on behavior plan and/or consider the following:
Amend Section 504 accommodations: Develop or amend behavior plan: Review and evaluate student's disciplinary record: Other:

The Section 504 Committee will convene a meeting on _____ to develop a plan to address the behavior.

HITCHCOCK INDEPENDENT SCHOOL DISTRICT

**8117 Highway 6
Hitchcock, TX 77563
(409) 316-6545
fax (409) 986-5141**

SECTION 504 DISMISSAL OR DNQ NOTICE

Date: _____

Dear Parent/Guardian of _____:
Student Name

A Section 504 committee meeting was held on _____ to evaluate your child's educational needs.

The Committee considered the attached evaluation. After careful review of the evaluation and the Section 504 placement guidelines, it was determined that your student **does not** have an impairment/disability, which substantially limits his/her ability in a major life activity.

The Committee's evaluation and recommendations were done in accordance with Section 504 of the Rehabilitation Act, a federal nondiscrimination statute to protect the rights of students with disabilities. The District has policies and procedures governing the Committee's actions. Please feel free to contact me if you have any questions or concerns regarding this process or if you wish to examine any of your child's education records.

Sincerely,

Section 504 Campus Coordinator

Enclosures: Evaluation Data

THE SPECIAL NEEDS COMMITTEE IS DESIGNED TO COMPLY WITH THE REQUIREMENTS OF SECTION 504 OF THE REHABILITATION ACT, A FEDERAL NONDISCRIMINATION STATUTE TO PROTECT THE RIGHTS OF STUDENTS WITH DISABILITIES. THE DISTRICT HAS POLICIES AND PROCEDURES GOVERNING THE COMMITTEE'S ACTIONS.