

**Parent Notice of Student Assistance Team Meeting**  
Edinburgh Community School Corporation

Dear \_\_\_\_\_ (parent/guardian)

The school Student Assistance Team (SAT) has received a referral to discuss your child's educational program and to consider any changes or modifications which may be necessary. We would like to invite you to attend a meeting with the SAT which is scheduled for:

\_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ \_\_\_ (AM / PM ).

The meeting will be held at the following location: \_\_\_\_\_

The Student Assistance Team is composed of the building principal, school psychologist, and representatives from general and special education. I anticipate that school personnel who know your child will also be in attendance.

The purpose of the meeting will be to:

- discuss the referral;
- consider educational information;
- obtain permission for a release of information (if necessary);
- obtain permission for an educational evaluation (if necessary);
- discuss changes or modifications in the educational program;
- explain your parent rights and options.

In the meantime, I would appreciate a call from you to confirm this date and time. If this is not a convenient date and time we will arrange a meeting at a date and time that is convenient for you. If we have confirmed this over the telephone it is not necessary for you to make an additional telephone call.

Thank you.

Sincerely,

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Telephone #

Make copies for school, parent/guardian, 504 Coordinator

Parent Referral to Student Assistance Team Meeting  
Edinburgh Community School Corporation

Dear \_\_\_\_\_ (school representative)

I am the parent/guardian of \_\_\_\_\_ (student name). I would like to make a referral to the Student Assistance Team (SAT) to discuss the educational program for my child.

I understand that possible adjustments in my child's program will be discussed, as well as the possibility of additional evaluations to determine the presence or absence of a disability.

The reason(s) I am making this referral is: (list below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I would like to attend the SAT meeting
- I do not wish to attend the SAT meeting. Please have a representative of the SAT contact me to discuss the recommendations.

Sincerely,

\_\_\_\_\_ (parent/guardian)

\_\_\_\_\_ (address)

\_\_\_\_\_ (telephone #)

\_\_\_/\_\_\_/\_\_\_ date

**Parent Permission for Section 504 Evaluation**  
Edinburgh Community School Corporation

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

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Grade: \_\_\_\_

School: \_\_\_\_\_

**1. NOTICE:**

A referral for a Section 504 educational evaluation has been requested in order to determine the cause, extent or possible remediation for a suspected disability. The reasons for this referral are documented on form SE 1 (Referral to Student Assistance Team) and/or form 504B (Parent Referral to Student Assistance Team).

a. Proposed personnel/assessment/techniques:

The following personnel will conduct the evaluation:

school psychologist  other (list) \_\_\_\_\_

The assessment areas may include:

aptitude  achievement  emotional  behavioral  physical  communication  
 other (list) \_\_\_\_\_

The evaluation techniques may include:

classroom observations  individual tests  interviews  
 rating scales  review of records  
 other (list) \_\_\_\_\_

**2. PERMISSION:**

The evaluation will be conducted within sixty (60) instructional days of the receipt of the signed permission for evaluation documented in this form. A 504 conference will be held to discuss the results of the evaluation and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate area below:

Permission is given for the educational evaluation.

Permission is denied.

I have received a copy of the Notice of Parent/Student Rights.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian signature Date

For school use only

Date form is received by the school's representative \_\_\_\_/\_\_\_\_/\_\_\_\_

School representative signature \_\_\_\_\_

Make copies for: school, parent, school psychologist, 504 Coordinator

Authorization for Release of Information
Edinburgh Community School Corporation

Student: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_
School: \_\_\_\_\_ Grade: \_\_\_ Sex: \_\_\_
Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_
Address: \_\_\_\_\_

[ ] Permission is granted for:

[ ] Permission is not granted for:

\_\_\_\_\_
School, agency, clinic, or professional
\_\_\_\_\_
Address
\_\_\_\_\_
City, State, Zip Code

TO RELEASE/EXCHANGE INFORMATION REGARDING THE ABOVE NAMED STUDENT WITH:

\_\_\_\_\_
School, agency, clinic, or professional
\_\_\_\_\_
Address
\_\_\_\_\_
City, State, Zip Code

Purpose of disclosure:

\_\_\_\_\_

Name and address of person requesting this information:

\_\_\_\_\_

The specific information to be released or exchanged:

\_\_\_\_\_

Signed permission for release of information:

\_\_\_\_\_

Parent/Guardian

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

You are hereby informed that you have access to and may review any or all of your child's school records and if so desire, to challenge the contents of the records as provided for by the Family Educational Rights and Privacy Act (FERPA) of 1974.

Make copies for 504 Coordinator, school, parent

## Notice of Section 504 Conference

Edinburgh Community School Corporation

This is confirm our previous contact with you to establish the Section 504 conference meeting. The meeting was mutually agreed by the school and parent/guardian to be held:

\_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ \_\_\_ (AM PM) at the following location: \_\_\_\_\_

The type of conference is:

- Initial  Annual review
- Other (list) \_\_\_\_\_

The purpose of the conference is:

- discuss results of the evaluation
- discuss educational program
- review educational placement
- discuss misconduct/infraction of rules as it relates to disability
- other (list) \_\_\_\_\_

The following persons will be included in the meeting:

- Building principal \_\_\_\_\_
- Guidance/Pupil Services \_\_\_\_\_
- Teacher(s) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- School nurse \_\_\_\_\_
- Evaluator(s) \_\_\_\_\_
- \_\_\_\_\_
- Parent/Guardian \_\_\_\_\_
- Student \_\_\_\_\_
- Others \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

You may also invite individuals to be present at the meeting with you.

Make copies for: 504 Coordinator, school, parent

Section 504 Alternative Learning Plan  
Edinburgh Community School Corporation

504F

Student: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

Sex: \_\_\_ Current grade: \_\_\_ Current school: \_\_\_\_\_

Placement school: \_\_\_\_\_

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

Address (Street, City, Zip Code): \_\_\_\_\_

Telephone # (home): \_\_\_\_\_ Telephone # (work): \_\_\_\_\_

Type of conference:  Initial  Annual review  Other (list) \_\_\_\_\_

Next review date of the Alternative Learning Plan: \_\_\_\_\_

Person (Title and Name) assigned to monitor the Alternative Learning Plan and all 504 requirements:

\_\_\_\_\_

1. Describe the nature of the concern regarding the educational performance of the student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the evaluation(s), observation(s), data or other relevant material.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. On the basis of the information presented, the following recommendation regarding eligibility is made by the committee:

The student meets eligibility requirements under the following disability or condition:

\_\_\_\_\_  
 The student does not meet eligibility requirements.

4. Describe reasonable accommodations/modifications/services that are recommended. (The Modifications/Interventions page (Form 504 F-1) may be used if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I/We give permission for implementation of this plan.

Yes  No

I/We have received a copy and explanation of "Parents/Students Rights"

Yes  No

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Section 504 Committee Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make copies for 504 Coordinator, school, parents

## Section 504 Modifications and Interventions

Edinburgh Community School Corporation

Directions: Check selections and identify person responsible for implementation.

<u>Modification/Intervention</u>	<u>Person Responsible</u>
<u>Assignments, Instruction, Evaluation</u>	
<input type="checkbox"/> 1. allow additional time to complete assignment or tests	_____
<input type="checkbox"/> 2. reduce the quantity of work assigned but cover major ideas/concepts	_____
<input type="checkbox"/> 3. allow extra time for processing information (more “wait time”)	_____
<input type="checkbox"/> 4. vary activities often, provide movement opportunities	_____
<input type="checkbox"/> 5. use multi-sensory approach, hands on activities	_____
<input type="checkbox"/> 6. allow use of word processor	_____
<input type="checkbox"/> 7. allow non-written forms for reports, displays, oral reports, projects	_____
<input type="checkbox"/> 8. use private “cue” to student to stay on task	_____
<input type="checkbox"/> 9. read tests to student, allow verbal responses	_____
<input type="checkbox"/> 10. modify test format	_____
<input type="checkbox"/> 11. use an alternative assessment when appropriate	_____
<input type="checkbox"/> 12. consider effort when assigning grades	_____
<input type="checkbox"/> 13. establish a distraction free exam space	_____
<input type="checkbox"/> 14. standardized evaluations:	_____
<input type="checkbox"/> small groups <input type="checkbox"/> read tests <input type="checkbox"/> extra time <input type="checkbox"/> scribe	
<input type="checkbox"/> other(list) _____	
<u>Classroom Environment</u>	
<input type="checkbox"/> 1. assign seat near front of room	_____
<input type="checkbox"/> 2. assign seat away from distractors, i.e., door/hallway, high traffic areas	_____
<input type="checkbox"/> 3. assign seat next to students who provide a positive role model	_____
<input type="checkbox"/> 4. reduce/minimize distractions in room	_____
<input type="checkbox"/> 5. allow background noise to tune out distracting sounds	_____
<u>Organization – classroom and student</u>	
<input type="checkbox"/> 1. display classroom rules	_____
<input type="checkbox"/> 2. post daily schedule and homework assignments	_____
<input type="checkbox"/> 3. use assignment notebook	_____
<input type="checkbox"/> 4. send progress reports to parents every _____	_____
<input type="checkbox"/> 5. send home a monthly schedule of assignments/tests	_____
<input type="checkbox"/> 6. reinforce frequently when signs of frustration are noticed	_____
<u>Behavior Management</u>	
<input type="checkbox"/> 1. develop a behavior contract with student using positive reinforcers	_____
<input type="checkbox"/> 2. give immediate rewards for positive behaviors and for positive changes	_____
<input type="checkbox"/> 3. give immediate consequences for inappropriate behavior	_____
<input type="checkbox"/> 4. ignore minor, inappropriate behavior	_____
<input type="checkbox"/> 5. instruct student in self-monitoring of behavior (hand raising, calling out)	_____
<input type="checkbox"/> 6. acknowledge good behavior of others who are sitting next to the student	_____
<u>Social Skills</u>	
<input type="checkbox"/> 1. allow peer tutoring and cooperative learning	_____
<input type="checkbox"/> 2. provide opportunities for social interaction	_____
<input type="checkbox"/> 3. establish social goals and rewards	_____
<input type="checkbox"/> 4. praise student frequently to raise self-esteem	_____

Make copies for 504 Coordinator, school, parents

Section 504 Causal Relation Conference Report  
Edinburgh Community School Corporation

Student: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_

SUMMARY OF CONFERENCE

1. Describe the student's conduct and any infractions of school rules.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the present "Alternative Learning Plan" appropriate? Yes No

3. Is there a causal relationship between the student's disability and the misconduct? Yes No  
If yes, the student may not be expelled from school .

4. Recommendations of the committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian

I/We have been given the opportunity to participate in this conference and understand that if no causal relationship exists my child will be afforded all due process rights as any other student. I have also been given a copy of the "Parent/Students Rights".

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Section 504 Committee Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make copies for 504 Coordinator, school, Superintendent, parents



**Additional Comments**  
Edinburgh Community School Corporation

Student: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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5. \_\_\_\_\_  
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6. \_\_\_\_\_  
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7. \_\_\_\_\_  
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8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Letter to Physician Regarding ADD/ ADHD  
Edinburgh Community School Corporation

Today's date: \_\_\_/\_\_\_/\_\_\_

Dear Dr. \_\_\_\_\_:

A referral has been initiated for \_\_\_\_\_ (student) under Section 504 of the Rehabilitation Act of 1973. Since it has been suggested that the student may have Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, and that the student may require special attention in the general education curriculum, we would appreciate your input. Please complete the attached questionnaire within twenty (20) instructional days. A release of information form has been signed by the parent/guardian and is attached.

If you have any questions regarding this request, please do not hesitate to contact me.

Sincerely,

Make copies for: 504 Coordinator, school, parent, school psychologist

Physician Questionnaire for ADD/ADHD  
Edinburgh Community School Corporation

Student: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_ School: \_\_\_\_\_

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

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

Telephone # home: \_\_\_\_\_ work: \_\_\_\_\_

- 1. What symptoms have you identified that may qualify your patient as having ADD/ADHD (i.e., attention span, impulsiveness, restlessness, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Detail available medical background, including a written diagnostic statement and copies of any and all reports.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Is medication being recommended for the child that may or may not be affecting behavior? Please comment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4. Do you have any recommendations for considerations at an upcoming conference?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this questionnaire to:

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

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

Telephone # : \_\_\_\_\_

Thank you.

Make copies for: 504 Coordinator, school, parent

Letter to Physician Regarding Medical Concerns  
Edinburgh Community School Corporation

Today's date: \_\_\_/\_\_\_/\_\_\_

Dear Dr. \_\_\_\_\_:

A referral has been initiated for \_\_\_\_\_ (student) under Section 504 of the Rehabilitation Act of 1973. The reason(s) for the referral is (are): (list below)

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Since the questions are related to medical concerns and it appears that these concerns are affecting a "major life activity" (i.e. education), we would appreciate your input. Please complete the attached questionnaire. A release of information has been signed by the parnt/guardian and is attached.

If you have questions regarding this request, please do not hesitate to contact me.

Thank you in advance for your assistance.

Sincerely,

Make copies for: 504 Coordinator, school, parent

## Physician Questionnaire for Medical Concerns

Edinburgh Community School Corporation

Today's date: \_\_\_/\_\_\_/\_\_\_

Student: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_ Sex: \_\_\_

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

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

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

1. Detail available medical background, including a written diagnostic statement and copies of all reports.

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2. In your opinion, how do these difficulties "substantially limit" this student's ability to receive and benefit from learning?

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3. List any recommendations that you may have for consideration at an upcoming conference.

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Please attach any reports pertinent to medical/educational needs of this child.

Please send this information to:

\_\_\_\_\_ (name)

\_\_\_\_\_ (address)

\_\_\_\_\_ (telephone #)

Thank you.

Make copies for: 504 Coordinator, school, parent/guardian

### Referral to Student Assistance Team Edinburgh Community School Corporation

Student: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

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

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

Telephone # home: \_\_\_\_\_ work: \_\_\_\_\_

Legal custody status:  natural parents  maternal parent  paternal parent  
 ward of court (list court and contact person) \_\_\_\_\_  
 foster parent (list) \_\_\_\_\_  
 other (list) \_\_\_\_\_

Student information: Sex \_\_\_ School \_\_\_\_\_ Grade \_\_\_

Ethnic background \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_

Has student been retained? \_\_\_ If yes, indicate grade(s)  
\_\_\_\_\_

List any educationally relevant medical information below.  none  
\_\_\_\_\_

Has student received special education? \_\_\_ If yes, list program(s) \_\_\_\_\_

Current grades from report card (list) \_\_\_\_\_  
\_\_\_\_\_

Type of referral:  Initial  Three year re-evaluation  Other (list)  
\_\_\_\_\_

Who referred this student to the Student Assistance Team?  
\_\_\_\_\_

What is the reason(s) for the referral?  
\_\_\_\_\_

Have the parent(s)/guardian(s) been contacted regarding the student's learning/behavioral difficulties?  
\_\_\_ If yes, list their efforts to assist in the remediation of the difficulties.  
\_\_\_\_\_

Has the student been involved with any other agency or service? \_\_\_ If yes, list:  
\_\_\_\_\_

#### GENERAL EDUCATION INTERVENTIONS (GEI)

Indicate the resources, instructional techniques and alternative programming used in general education to address these difficulties: \_\_\_\_\_  
\_\_\_\_\_

## Referral to Student Assistance Team

Edinburgh Community School Corporation

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

Indicate the results of the general education interventions:

\_\_\_\_\_  
\_\_\_\_\_

Summarize any individual or group intelligence or achievement tests the student has taken below:

\_\_\_\_\_  
\_\_\_\_\_

List the student's strengths:

\_\_\_\_\_

Does the SAT recommend any additional general education interventions? \_\_\_ If yes, list below and list the date for the review of the interventions:

\_\_\_\_\_

Date of review of interventions: \_\_\_/\_\_\_/\_\_\_  Not applicable

Student Assistance Team Recommendations:

- Continue in general education with modifications.
- Refer to a multi-disciplinary evaluation team to determine the presence or absence of a disability.
- Refer to a multi-disciplinary evaluation team for a three year re-evaluation.
- Other (list) \_\_\_\_\_

Assignments: Case Conference Coordinator \_\_\_\_\_

Evaluation team:

- School psychologist \_\_\_\_\_
- Special education teacher \_\_\_\_\_
- General education teacher \_\_\_\_\_
- Others (list) \_\_\_\_\_

Student Assistant Team members:

- Chairperson \_\_\_\_\_
- School psychologist \_\_\_\_\_
- Special education teacher \_\_\_\_\_
- General education teacher (s) \_\_\_\_\_
- Others (list) \_\_\_\_\_

Make copies for: school, parent/guardian, school psychologist, Director (for special education), and 504 Coordinator (for Section 504 referrals).