

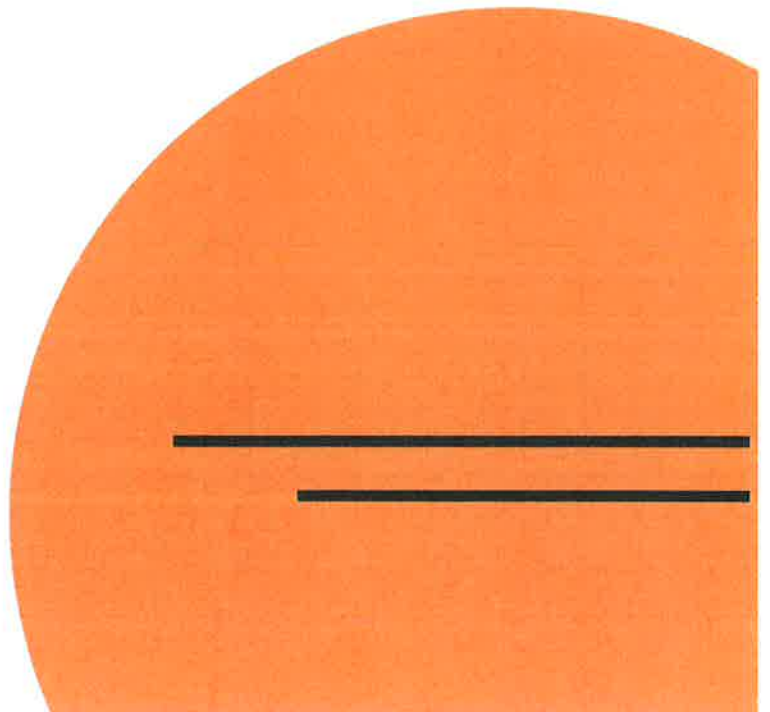


**DODGEVILLE SCHOOL  
DISTRICT**

# **SECTION 504 HANDBOOK**

**2024-2025**

Dodgeville School District





## **Notice of Rights and Procedural Protections Under Section 504 and the Americans with Disabilities Act**

The Dodgeville School District does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability in admission, access, treatment, or employment in its programs, services, and activities. Applicants, students, parents/guardians, employees, referral agencies, and all organizations holding agreements with the District are hereby notified of this policy. Any person with concerns regarding the District's compliance with the regulations implementing Title VI, Title IX, Section 504 or the Americans with Disabilities Act is directed to contact:

Erin Spadafore

Position: Director-Student Services

Address: 916 W Chapel St. Dodgeville, WI 53533

Phone Number: 608-935-3307

This document summarizes the procedural protections and rights you have as the parent of student who may qualify for accommodations or services under Section 504 and the ADA.

**INTRODUCTION** Section 504 of the 1973 Rehabilitation Act, along with the Americans with Disabilities Act, requires that the school district may not discriminate against students with disabilities. Accordingly, the district has adopted policies and procedures to ensure that discrimination does not take place. In the rest of this document, we will refer to these laws as —Section 504/ADA.IDEA ELIGIBILITY. Many students who meet the definition of an individual with a disability under Section 504/ADA also qualify for services under the Individuals with Disabilities Education Act (IDEA). This document does not address these students or their parents. Such students are served pursuant to the requirements of the IDEA. The rest of this document addresses only the rights of parents of students who satisfy the definition of an individual with a disability under Section 504/ADA but do not qualify under IDEA.

**AN APPROPRIATE EDUCATION** If it is determined that your child meets the definition of an individual with a disability under Section 504/ADA, then your child will be entitled to a free and appropriate public education. This means that your child's education will be designed to meet his/her individual educational needs as adequately as the needs of nondisabled students are met. A free public education means that no fees will be imposed on you except for the same fees that are imposed on parents of nondisabled students. However, insurance companies and other third parties that are obligated to provide or pay for services to your child are still obligated to do so.

**NOTICE** You have the right to be notified by the district prior to any action that would identify your child as having a disability, evaluate your child for services under Section 504/ ADA, or place your child in a program based on a disability.

**EVALUATION** Prior to conducting an evaluation of your child for purposes of services under Section 504/ADA, the district will seek your informed written consent. An evaluation will not be conducted unless you give consent. However, school officials may review existing records, test scores, grades, teacher reports, and recommendations and other such information without your consent to the same extent they would do so for nondisabled students.

If an evaluation is conducted, the school will make sure that:

- All testing and other evaluation procedures are validated for the specific purpose for which they are used;
- They are administered by trained personnel in conformity with the instructions provided by the producer;
- They include tests and other evaluation materials designed to assess specific areas of educational need and not merely those designed to elicit a general IQ score; and
- Tests are selected and administered to best ensure that they accurately measure what the test seeks to measure, rather than any sensory, speaking, or manual impairments the student may have (except when the test is designed to measure sensory, speaking, or manual skills).

An evaluation that satisfies these requirements will be conducted prior to your child's initial placement and conducted or reviewed prior to any subsequent significant change in placement.

If your child is identified as an individual with a disability under Section 504/ADA the school will periodically reevaluate your child as appropriate.

**PLACEMENT** If your child is identified as an individual with a disability under Section 504/ADA, placement decisions about your child will be made by the school's 504 Team, which will include at least two professional staff members who, collectively, are knowledgeable about your child, the meaning of the evaluation data, and the placement options. You will be invited to participate in any meeting of the 504 Team if your child's placement and/or services are to be discussed. The 504 Team will also ensure that your child is placed in the least restrictive environment.

**LEAST RESTRICTIVE ENVIRONMENT** If your child is identified as an individual with a disability under Section 504/ADA, your child will be placed and served in the least restrictive environment. This means that your child will be served with nondisabled students in the regular education environment to the maximum extent appropriate. Prior to removing your child from the regular education environment due to his/her disability, the school will consider the use of supplementary aids and services. Your child will be removed from the regular education environment only if he/she cannot be served satisfactorily in that environment, even when supplementary aids and services are provided. If it becomes necessary to serve your child in an alternate setting due to disability, the school will take into account the proximity of the alternate setting to your home.

**EXAMINATION OF RECORDS** You have the right to see and examine any educational records that pertain to your child or are relevant in serving your child.

**HEARINGS** If you disagree with a decision of the 504 Team regarding the identification, evaluation, or educational placement of your child you have the right to an impartial hearing. You have the right to participate in such a hearing and to be represented by a person of your choice, including an attorney. If you wish to request a hearing, you must make a written request for a hearing within 30 calendar days from the time you receive the written notice of the decision of the 504 Team that you disagree with. Your request for a hearing must be filed with the district's Section 504 Coordinator. Upon receipt of a timely request for a hearing, the district will notify you of the date, time, and location of the hearing. If you disagree with the decision of the hearing officer, you have the right to a review of that decision by a court of competent jurisdiction.

**OTHER COMPLAINTS** You also have the right to file a complaint with the district's Section 504 Coordinator pertaining to harassment, retaliation or discrimination against your child in ways that do not involve your child's identification, evaluation, or educational placement.

**OFFICE FOR CIVIL RIGHTS** You also have the right to file a complaint with the United State Office for Civil Rights.



**DODGEVILLE SCHOOL DISTRICT  
SECTION 504 REFERRAL FORM**

Student:

DOB:

Grade:  School: Dodgeville Elementary School Teacher:

Describe the areas of concern for this student:

Describe any attempts that have been tried to address these concerns:

List positive qualities and areas of strength of this student:

Please provide any supporting documentation of information (testing, reports, etc)  
*(If available)*

*Signature/Date of Person Completing the Form:*

*Signature/Date of Building 504 Coordinator*



NOTICE OF ACTION/CONSENT

Dodgeville School District

Student Services

Student Name:

DATE:

DOB:

**Notice of Action**

The purpose of this written notice is to inform you that the Dodgeville School District plans to complete an evaluation for eligibility for a Section 504 Plan. This may include but is not limited to, a review of records, interviews, rating scales, observations, and standardized assessments.

The reason the Dodgeville School District is proposing to take this action is because this student was referred for an evaluation by:

**PARENT CONSENT**

☐ I give my permission for the activities listed above to be completed by the Dodgeville School District

☐ I do NOT give my permission for the activities listed above to be completed by the Dodgeville School District

Parent/Guardian Signature & Date

Name & Title of School District Representative



DODGEVILLE SCHOOL DISTRICT  
Section 504/Summary of Findings & Eligibility of Determination  
(Section 504 of the Rehabilitation Act of 1973)

DATE:

Student Name:

Grade:

School:

Parent/Guardian 1


Parent/Guardian 2


I. SUMMARY OF FINDINGS:

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II. METHODS OF SECTION 504 DETERMINATION (check all that apply)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Parent Report            | <input type="checkbox"/> Teacher Report    | <input type="checkbox"/> Student Report           | <input type="checkbox"/> Record Review |
| <input type="checkbox"/> Observations             | <input type="checkbox"/> Rating Scales     | <input type="checkbox"/> Standardized Assessments |  |
| <input type="checkbox"/> Agency Reports/Diagnosis | <input type="checkbox"/> Other: (indicate) |   |  |

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III. DETERMINATION OF SECTION 504 DISABILITY

A. ☐ YES\* ☐ NO

This person has a physical or mental impairment, has a record of such impairment, and/or is regarded as having such an impairment(s) \*(If yes, describe impairments)

B. ☐ YES\* ☐ NO

Impairment substantially limits one of more major life activities. \*(if yes, describe the major life activity)  
The term "substantially limits" means that the students is: Unable to perform a major life activity that the average person in the general education population can perform, or Substantially restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the student's average peers (compared to national norms)

C. ☐ YES\* ☐ NO

This person qualifies under the Section 504 of the Rehabilitation Act of 1973 ("C" response may be YES only if "A" & "B" are answered YES.)

#### IV. SECTION 504 TEAM MEMBERS

[illegible]



**DODGEVILLE SCHOOL DISTRICT-SECTION 504 PLAN**

Student:

DOB:

GR:

Parent/Guardians:

School Contact Person/Title:

Annual Meeting Date:

Date of next Annual Review:

**A. TEAM MEMBERS:**

Name/Position

Name/Position

Name/Position

Name/Position

Name/Position

Name/Position

Name/Position

Name/Position

## DODGEVILLE SCHOOL DISTRICT-SECTION 504 PLAN

### B. Accommodations/Related Aids and Services

Note: After eligibility has been determined, the team should consider the student's current functional limitations with consideration of the use of mitigating measures in developing the 504 Plan. All accommodations or related aids and services should be directly linked to the student's disability and should be measures that are unique to and necessary for the student. The team believes that the following accommodations or related aids and services are necessary for the student to access and benefit from the student's educational program.

#### SUMMARY OF DISABILITY RELATED NEEDS:

--

Person Responsible:

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Describe:

--

Person Responsible:

--

Describe:

--

Person Responsible:

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Describe:

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Person Responsible:

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Describe:

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## DODGEVILLE SCHOOL DISTRICT-SECTION 504 PLAN

Person Responsible:

Describe:

Person Responsible:

Describe:

Person Responsible:

Describe:

Person Responsible:

Describe:

Person Responsible:

Describe:

## DODGEVILLE SCHOOL DISTRICT-SECTION 504 PLAN

Person Responsible:

Describe:

Person Responsible:

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Person Responsible:

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Person Responsible:

Describe:

**DODGEVILLE SCHOOL DISTRICT-SECTION 504 PLAN**

Person Responsible:

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Person Responsible:

Describe:

**DODGEVILLE SCHOOL DISTRICT-SECTION 504 PLAN**

Person Responsible:

Describe:

Person Responsible:

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Person Responsible:

Describe:

Person Responsible:

Describe:

Person Responsible:

Describe:

**Dodgeville School District**  
**Parental Consent for Initial Section 504 Placement**

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Student's Name:

DOB:

Age:

School:

Grade:

Parent/Guardian:

Case Manager/Contact Person:

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Dear,

The 504 Team has found that your child, \_\_\_\_\_, qualifies as a student with a disability under Section 504. A 504 Plan will be developed to meet your child's individual educational needs annually. You must give your written consent before the District may place your child in the 504 system and implement a 504 Plan. Please indicate below whether or not you consent to the initial placement of your child in Section 504.

☐ Yes, I consent to placement of my eligible child in the Section 504 system and implementation of a 504 Plan.

☐ No, I do not consent to placement of my eligible child in the Section 504 system or to implementation of a 504 Plan.

Parent Signature

Date

Student Signature (if 18 years or above)

Date

