Sisters School District

Student Support Services

§ 504 Student and Parent Rights

§ 504 guarantee that parents of students with disabilities have the right to:

1. Have a student take part in, and receive benefit from, public education programs without discrimination based on a disability.

2. Have the district advice you as to your rights under federal law.

3. Receive notice with respect, identification, evaluation, or placement of your student.

4. Have your student receive a free appropriate public education, including the right to be educated with other students to the maximum extent appropriate.

5. Have your student educated in facilities and receive services comparable to those provided for students who are not disabled.

6. Have your student receive special education services IF she/he is found to be eligible under the Individuals with Disabilities Education Act (IDEA, P.L. 101-476), or to receive reasonable accommodation under Section **§ 504 of the Rehabilitation Act** in order to participate in school and related activities.

7. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by individuals who know the student, the evaluation data, and placement options.

8. Have transportation provided to an alternate school placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the school district.

9. Give your student an equal opportunity to participate in non-academic and extracurricular activities offered by the school district.

10. Examine all relevant records relating to decisions regarding your student's identification, evaluation, education program and placement.

11. Obtain copies of education records at a reasonable cost unless the fee would effectively deny you access to the records.

12. Receive a response from the school district to reasonable requests for explanations and interpretations of your student's records.

13. Request amendment of your student's education records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy rights of your student. If the school district refuses this request, it shall notify you within a reasonable time and advise you of the right to a hearing.

14. Request mediation or an impartial due process hearing related to decisions regarding your student's identification, evaluation, education program, or placement. You and your student may take part in the hearing and have an attorney represent you.

15. Payment of reasonable attorney's fees if you are successful in your claim.

16. File a local grievance.

17. Receive all information in our native language & primary mode of communication.

18. Expect periodic reviews of the 504 Accommodation Plan before any significant change is made in the child's program. This includes when the student moves from one school to another &/or from one grade to another.

If you have questions or concerns about §504, please contact the §504 Coordinator at your child's school or the office of *Student Support Services @ 549-8521 ext 4016*

I have received a copy of these rights and I understand these rights.

Parent or Guardian **Date** 8/20/14

RvK *1/24/08*

Sisters School District 6

Student Support Services

§504 Parent Notice for Access to an Appropriate Education

Date: 8/20/14

Dear Parent or Guardian of TY HORNER
Student's Name

This letter is to inform you that there is a concern about how your child is functioning at school. We are attempting to meet your child's education needs and wish to arrange a meeting to discuss how we can best ensure that your child has access to an appropriate education.

We have scheduled a meeting to discuss your child's educational needs and we would very much appreciate your participation.
If you have any questions, or if this meeting time is not convenient for you, please call _____

Meeting Date: 8/20/14 **Meeting Time:** 7:30 (a.m.)/p.m

Meeting Place: SHS

The purpose of this meeting is to: (check all that apply)

- ☐ Discuss possibility of disability
- ☐ Discuss results of evaluation/ §504 eligibility
- ☐ Review of accommodation plan
- ☐ Discuss termination or renewal of 504 eligibility
- ☐ Discuss misconduct/infraction of school rules as it relates to disability
- ☐ Discuss results of re-evaluation
- ☐ Review instructional progress
- ☐ Review of placement

The following people will be included in the meeting: (fill in names as necessary)

Name	Title
MARK STEWART	504 Site Coordinator
JULIANNE HORNER	Parent
TY HORNER	Student
	Teacher
TRISH ROY	Nurse
	Counselor

If you have questions about this information, please call M. STEWART @ 541 549-4045.

Enclosures:
- ☐ Information Regarding Section § 504 of Rehabilitation Act of 1973
- ☐ Procedural Safeguards and Parental Rights

cc: 1) Students Cumulative Folder; 2) Site 504 Coordinator; 3) Office of Students Support Services; 4) Parent

Section 504 Rehabilitation Act of 1973
NOTICE OF CONFERENCE

Date 8/20/14

Dear MR. & MRS. HORNER

We have a concern regarding TY 's progress at school and would like to meet with you to discuss the concern. At the meeting a determination will be made as to whether provisions for individual accessibility are necessary to provide an equal educational opportunity for your child. We would like very much for you to join us as a member of this team. The meeting has been scheduled for:

8/20/14	7:30	SHS
Date	Time	Place

However, if either the time or the date are inconvenient, please contact me and we will arrange a mutually convenient time. We hope you will be present. If you are not present or don't respond otherwise, we will proceed with the meeting. Please note a copy of the Parent/Student Rights in Identification, Evaluation and Placement; Section 504 of the Rehabilitation Act of 1973 is included with this mailing.

Sincerely,

MARK STEWART
Name Title

549-4045
Phone

Please indicate if you can attend, sign and return one copy to your child's school.

Yes, I plan to attend the scheduled conference.

No, I will not be able to attend the scheduled conference.

Parent's Signature 8/20/14 Date

Sisters School District 6

Student Support Services

§ 504 Eligibility Determination and Annual Review

Student's Name: TY HORNER Grade: 9 Date: 8/20/14
School: SHS Birth date: 5/25/2000 Parents: CORT / JULIANNE
School Contact Person: M STEWART Position: DIRECTOR

This is an: ☒ Initial Eligibility Determination ☐ Annual Review

Variety of sources of evaluation information: (indicate each one used)

- ☐ Achievement Tests
- ☐ Adaptive Behavior
- ☒ Medical Report
- ☐ Other (please specify): _____
- ☐ Teacher Recommendations/Observations
- ☐ Student work Samples
- ☐ Cognitive Assessments

1. Specify the mental or physical impairment: ADD

2. Check the major life activity that is affected by the impairment:
   - ☐ Seeing
   - ☐ Hearing
   - ☐ Caring for one's self
   - ☐ Breathing
   - ☐ Walking
   - ☐ Learning
   - ☐ Performing manual tasks
   - ☐ Working
   - ☒ Other (please specify): FOCUS / ORGANIZATION

3. The term "substantially limits" means that the student is:
   a) **unable** to perform a major life activity that the average student of approximately the same age can perform.

   OR

   b) **Significantly restricted** as to condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age. The impairment must be **substantial and somewhat unique,** rather than commonplace, when compared to the average student of approximately the same age.

Place an "X" on the following scale to indicate the specific degree that the impairment (in #1) limits the major life activity (in #2): for and "X" at "4" or above, fill in specific information evaluated by the team that justifies the rating:

5	Extremely	
4	Substantially	X
3	Moderately	
2	Mildly	
1	Negligibly	

☐ The team's determination was less than "4"; the student is not eligible for Section § 504 protections. Provide notice to parents of their procedural rights, including an impartial hearing.

OR

X The team's determination was "4" or above. A § 504 Accommodation Plan should accompany this eligibility.

Next Annual Review Date: 9/15 Exit Date: NA

Eligibility Team Members: (fill in names and title)

Name	Title	Name	Title
[signature]	§Site 504 Coord	Tiffany Roy	Nurse
[signature]	Parent	[signature]	Counselor
[signature]	Student		
	Teacher		

Notification Statement: Receipt of this documentation satisfies parental right to notification of identification and placement under Section § 504 of the Rehabilitation Act of 1973

Cc: 1) Student's Cumulative Folder; 2) Office of Student Support Services; 3) Site Coordinator; 4) Parent

Rvk

1/28/08

Sisters School District 6

Student Support Services

Section § 504 Accommodation Plan

Student Name: TY HORNER Birthdate: 5/25/2000 Grade: 9
School: SHS Eligibility Date: 8/20/14 Review Due: 8/15
Beginning Date of this Plan: 9/3/14 Review Date of this Plan: 9/15
Describe how the identified disability substantially limits a major life activity: _____

Accommodation/Action to Be Taken:

TEACHING TECHNIQUES

- ☐ Provide alternative work
- ☒ Frequent reviews
- ☒ Demonstrate tasks
- ☐ Allow use of calculators, computers, & spell Check
- ☐ Outline of lecture
- ☐ Pre-taught vocabulary and concepts
- ☐ Advance outlines of chapter or unit
- ☐ Lower reading material
- ☐ Highlighted texts/study sheets
- ☐ Post assignments
- ☒ Other: COMPUTER FOR NOTES/WRITING
- ☐ _____
- ☐ Peer Buddy in class
- ☒ Monitor understanding
- ☐ Monitor positive reinforcement
- ☒ Provide predictable structure & Routine
- ☐ Extra credit work
- ☒ Shorter assignments (AS NEEDED)
- ☐ Reduce writing requirements
- ☐ Large print materials
- ☐ Assign note taker/give copies

TESTS

- ☐ Review before test
- ☐ Alternate format
- ☒ Distraction free testing area
- ☐ Other: _____
- ☒ Extended time on exams
- ☐ Open book and/or oral exams
- ☐ Assign a scribe/Dictate answers

HOMEWORK ACCOMMODATIONS

- ☐ Extra set of books at home
- ☒ Break long assignments down into smaller amounts
- ☐ Allow extra time without lateness penalty
- ☐ Other: _____
- ☐ _____
- ☐ Shorten Assignments
- ☐ Offer alternative assignments
- ☐ Reduce writing requirements

Sisters School District 6

Student Support Services

Section § 504 Accommodation Plan

PHYSICAL ACCOMMODATIONS

- ☐ Extra/different passing time to class
- ☐ Transportation plan
- ☒ Other: POSSIBLE YOGA BALL
- ☐ _____
- ☒ Special seating

BEHAVIOR ADAPTATIONS

- ☐ Privately review and post class rules
- ☐ Give choices when possible
- ☐ Behavior contract/plan
- ☐ Monitor and praise
- ☒ Other: SHORT BREAKS DURING DAY
- ☐ _____
- ☐ Time out (in class)
- ☐ Time out elsewhere in school
- ☐ Reward system

COMMUNICATION WITH PARENT, TEACHER AND STUDENT

- ☐ Daily assignment sheet/grade sheet
- ☒ Meetings/phone calls/conferences
- ☒ Other: TY TO MEET W/ MR. STEWART DAILY
- ☐ _____
- ☐ Weekly progress checks
- ☐ Daily "Check-in" with staff & student

Team Signatures	Position	Date
Mark Stewart	School 504 Coordinator	8/20/14
_____	Parent/Guardian	8/20/14
Trish Roy	Nurse	8/20/14
_____	Teacher	_____
Ty Horner	Student	8/20/14
_____	Other:	_____
_____	Other:	_____

Cc: 1)Students Cumulative Folder; 2) Site 504 Coordinator; 3) Office of Student Support Services;4) Parent

Sisters School District #6
Special Education Dept

Authorization to Use and/or Disclose Educational and Protected Health Information

1. I authorize the following provider(s) to use and/or disclose educational and/or protected health information regarding my child.

TY HORNER — (Student/Child's Name)

5/25/2000 — (Date of Birth)

(Other Names Used by Student/Child)

SHS — (School or Program Name)

Name and address of health care provider authorized to:
- ☐ Send/disclose protected health information
- ☐ Receive/use educational information

Name and address of school/EI/ECSE program authorized to:
- ☐ Send/disclose educational information
- ☐ Receive/use protected health information

2. **I understand that this information will be used for the following purposes (check all that apply):**
- ☒ Determining eligibility for Special Education, EI/ECSE, or other services
- ☒ Determining student/child's current levels of performance
- ☒ Developing an individualized health plan
- ☒ Developing an appropriate Individualized Education Program or Individualized Family Service Plan
- ☐ Other (specify): _____

3. **By marking the boxes below, I authorize the use/disclosure of the following specific medical and/or educational records:**

☐ Physician's Eligibility Statement	☒ Educational Information	☐ Psychological evaluations
☐ Health Assessment Statement	☒ IFSP/IEP document	☐ Social work reports
☐ History and physical exam	☐ Clinic records	☐ Other: _____
☐ Entire medical record	☐ Communicable disease(s)	_____
☐ Prenatal information	☐ Progress notes	

4. **By *initialing* the spaces below, I authorize the use/disclosure of the following information. Specific records requested must be listed below, e.g., assessment, treatment plan, discharge plan.**
- ___ Drug/alcohol diagnosis, treatment or referral information requested: _____
- ___ HIV/AIDS related records requested: _____
- ___ Mental health related information requested: _____
- ___ Genetic testing information requested: _____

5. **I understand that:**
a. This authorization is voluntary and I may refuse to sign it without affecting my child's health care.
b. I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR § 164.524).
c. I may revoke this authorization at any time by notifying _____ in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
d. Federal privacy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.
e. Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

6. **I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.**

[signature] — (Signature of Parent, Legal Guardian, Student/Child)

8/20/14 — (Date)

Mother — (Relationship)

This authorization expires on _____ (Month/Day/Year) (not to exceed one year from date of signature above).

Sisters School District 6

Student Support Services

PARENTAL CONSENT FOR INITIAL § 504 EVALUATION

Student's Name: TY HORNER **Date:** 8/20/14

Parent/Guardian (s) Name: JULIANNE HORNER

Student's Date of Birth: 5/25/2000 **School:** SHS **Grade:** 9

Dear Parent/Guardian (s):

The § Section 504 Team at your student's school wishes to conduct an evaluation or to review other existing evaluation data to determine if your child is eligible under § 504 of the Rehabilitation Act of 1973. This evaluation would include the following information (Please specify):

Please sign as indicated below to acknowledge that you give your permission for Initial Evaluation. To conduct the evaluation, the § 504 Committee will gather a variety of evaluative data about your child and review it. The evaluation will assess specific areas of your child's educational needs.

Check all appropriate boxes.

☒ **I have received a copy of Parent's and Student's Rights Under § *Section 504 of the Rehabilitation Act of 1973.***

I grant permission for (name of school) SHS **to conduct evaluation procedures of the following type for my son/daughter:**

☒ **Section 504 Initial Evaluation, or**
☐ **Review of other existing evaluation data from other agencies to determine 504 eligibility.**

Please sign and date.

[signature] 8/20/14

Signature of parent, surrogate parent, guardian or adult student Date

If you have questions concerning the information in this document, please contact the school's 504 Coordinator, M STEWART **@ 541** 549-4045

Enclosure:
☐ Information Regarding § 504 of Rehabilitation Act of 1973
☐ Procedural Safeguards and Parental Rights

Cc: 1) Students Cumulative Folder; 2) Site 504 Coordinator; 3) Office Student Support Services; 4) Parent

Rvk

Revised 1/28/08

Sisters School District #6
Special Education Dept

Authorization to Use and/or Disclose Educational and Protected Health Information

1. **I authorize the following provider(s) to use and/or disclose educational and/or protected health information regarding my child.**

TY HORNER — (Student/Child's Name)

5/25/2000 — (Date of Birth)

(Other Names Used by Student/Child)

SHS — (School or Program Name)

Name and address of health care provider authorized to:
- ☐ Send/disclose protected health information
- ☐ Receive/use educational information

Name and address of school/EI/ECSE program authorized to:
- ☐ Send/disclose educational information
- ☐ Receive/use protected health information

2. **I understand that this information will be used for the following purposes (check all that apply):**
- ☒ Determining eligibility for Special Education, EI/ECSE, or other services
- ☒ Determining student/child's current levels of performance
- ☒ Developing an individualized health plan
- ☒ Developing an appropriate Individualized Education Program or Individualized Family Service Plan
- ☐ Other (specify): _____

3. **By marking the boxes below, I authorize the use/disclosure of the following specific medical and/or educational records:**

☐ Physician's Eligibility Statement	☒ Educational Information	☐ Psychological evaluations
☐ Health Assessment Statement	☒ IFSP/IEP document	☐ Social work reports
☐ History and physical exam	☐ Clinic records	☐ Other: _____
☐ Entire medical record	☐ Communicable disease(s)	
☐ Prenatal information	☐ Progress notes	

4. **By *initialing* the spaces below, I authorize the use/disclosure of the following information. Specific records requested must be listed below, e.g., assessment, treatment plan, discharge plan.**
- ___ Drug/alcohol diagnosis, treatment or referral information requested: _____
- ___ HIV/AIDS related records requested: _____
- ___ Mental health related information requested: _____
- ___ Genetic testing information requested: _____

5. **I understand that:**
   a. This authorization is voluntary and I may refuse to sign it without affecting my child's health care.
   b. I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR § 164.524).
   c. I may revoke this authorization at any time by notifying _____ in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
   d. Federal privacy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.
   e. Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

6. **I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.**

[signature] — 8/20/14 (Date)
(Signature of Parent, Legal Guardian, Student/Child)

Mother
(Relationship)

This authorization expires on _____ (Month/Day/Year) (not to exceed one year from date of signature above).

Sisters School District 6

Student Support Services

§ 504 Eligibility Determination and Annual Review

Student's Name: TY HORNER Grade: 10 Date: 8-
School: SHS Birth date: 5/25/2000 Parents:
School Contact Person: Position:

This is an: ☐ Initial Eligibility Determination ☐ Annual Review

Variety of sources of evaluation information: (indicate each one used)

- ☐ Achievement Tests
- ☐ Adaptive Behavior
- ☒ Medical Report
- ☐ Other (please specify):
- ☐ Teacher Recommendations/Observations
- ☐ Student work Samples
- ☐ Cognitive Assessments

1. Specify the mental or physical impairment: ADD

2. Check the major life activity that is affected by the impairment:
   - ☐ Seeing
   - ☐ Hearing
   - ☐ Caring for one's self
   - ☐ Breathing
   - ☐ Walking
   - ☐ Learning
   - ☐ Performing manual tasks
   - ☐ Working
   - ☐ Other (please specify): Focus/organization

3. The term "substantially limits" means that the student is:
   a) **unable** to perform a major life activity that the average student of approximately the same age can perform.

   OR

   b) **Significantly restricted** as to condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age. The impairment must be **substantial and somewhat unique,** rather than commonplace, when compared to the average student of approximately the same age.

Place an "X" on the following scale to indicate the specific degree that the impairment (in #1) limits the major life activity (in #2): for and "X" at "4" or above, fill in specific information evaluated by the team that justifies the rating:

5	Extremely	
4	Substantially	X
3	Moderately	
2	Mildly	
1	Negligibly	

☐ The team's determination was less than "4"; the student is not eligible for Section § 504 protections. Provide notice to parents of their procedural rights, including an impartial hearing.

OR

☐ The team's determination was "4" or above. A § 504 Accommodation Plan should accompany this eligibility.

Next Annual Review Date: 8-16 Exit Date: NA

Eligibility Team Members: (fill in names and title)

Name	Title
[illegible]	Site 504 Coord
[illegible]	Parent
[illegible]	Student
	Teacher

Name	Title
Trish Roy	Nurse
	Counselor

Notification Statement: Receipt of this documentation satisfies parental right to notification of identification and placement under Section § 504 of the Rehabilitation Act of 1973

Cc: 1) Student's Cumulative Folder; 2) Office of Student Support Services; 3) Site Coordinator; 4) Parent

Rvk

1/28/08

Sisters School District 6

Student Support Services

Section § 504 Accommodation Plan

Student Name: Ty Horner Birthdate: 5/25/2000 Grade: 10th
School: Sisters High Eligibility Date: 8/25/15 Review Due: 8/16
Beginning Date of this Plan: _____ Review Date of this Plan: _____
Describe how the identified disability substantially limits a major life activity: Previous concussions impacting education / ADD

Accommodation/Action to Be Taken:

TEACHING TECHNIQUES

- ☐ Provide alternative work
- ☒ Frequent reviews
- ☐ Demonstrate tasks
- ☒ Allow use of calculators, computers, & spell Check
- ☐ Outline of lecture
- ☐ Pre-taught vocabulary and concepts
- ☐ Advance outlines of chapter or unit
- ☐ Lower reading material
- ☐ Highlighted texts/study sheets
- ☐ Post assignments
- ☒ Other: Computer for notes & writing
- ☒ _____
- ☐ Peer Buddy in class
- ☒ Monitor understanding
- ☐ Monitor positive reinforcement
- ☒ Provide predictable structure & Routine
- ☐ Extra credit work
- ☒ Shorter assignments (As needed)
- ☒ Reduce writing requirements (As needed)
- ☐ Large print materials
- ☐ Assign note taker/give copies

TESTS

- ☒ Review before test
- ☐ Alternate format
- ☒ Distraction free testing area
- ☐ Other: _____
- ☒ Extended time on exams
- ☐ Open book and/or oral exams
- ☐ Assign a scribe/Dictate answers

HOMEWORK ACCOMMODATIONS

- ☐ Extra set of books at home
- ☒ Break long assignments down into smaller amounts
- ☐ Allow extra time without lateness penalty
- ☐ Other: _____
- ☐ _____
- ☒ Shorten Assignments
- ☐ Offer alternative assignments
- ☒ Reduce writing requirements

Sisters School District 6

Student Support Services

Section § 504 Accommodation Plan

PHYSICAL ACCOMMODATIONS

- ☐ Extra/different passing time to class
- ☐ Special seating
- ☐ Transportation plan
- ☐ Other: _____
- ☐ _____

BEHAVIOR ADAPTATIONS

- ☐ Privately review and post class rules
- ☐ Give choices when possible
- ☐ Behavior contract/plan
- ☐ Monitor and praise
- ☐ Other: _____
- ☐ _____
- ☐ Time out (in class)
- ☐ Time out elsewhere in school
- ☐ Reward system

COMMUNICATION WITH PARENT, TEACHER AND STUDENT

- ☐ Daily assignment sheet/grade sheet
- ☒ Weekly progress checks
- ☒ Meetings/phone calls/conferences
- ☐ Daily "Check-in" with staff & student
- ☒ Other: Weekly check of chrome calendar (planner) by teachers/staff
- ☒ Evaluate progress at 3 weeks after term starts, evaluate every 3 weeks as needed.

Team Signatures	Position	Date
[signature]	School 504 Coordinator	8-25-15
[signature]	Parent/Guardian	8/25/15
Trudi Roy	Nurse	8/25/15
	Teacher	
[signature]	Student	8/25/15
	Other:	
	Other:	

Cc: 1)Students Cumulative Folder; 2) Site 504 Coordinator; 3) Office of Student Support Services;4) Parent

Rvk

3/6/08

Sisters School District 6

Student Support Services

§504 Parent Notice for Access to an Appropriate Education

Date: 8/25/15

Dear Parent or Guardian of Ty Horner
Student's Name

This letter is to inform you that there is a concern about how your child is functioning at school. We are attempting to meet your child's education needs and wish to arrange a meeting to discuss how we can best ensure that your child has access to an appropriate education.

We have scheduled a meeting to discuss your child's educational needs and we would very much appreciate your participation.
If you have any questions, or if this meeting time is not convenient for you, please call _____

Meeting Date: 8/25/15 **Meeting Time:** 330 **a.m./p.m**

Meeting Place: SHS office

The purpose of this meeting is to: (check all that apply)

- ☐ Discuss possibility of disability
- ☐ Discuss results of evaluation/ §504 eligibility
- ☒ Review of accommodation plan
- ☐ Discuss termination or renewal of 504 eligibility
- ☐ Discuss misconduct/infraction of school rules as it relates to disability
- ☐ Discuss results of re-evaluation
- ☐ Review instructional progress
- ☐ Review of placement

The following people will be included in the meeting: (fill in names as necessary)

Name	Title
Mark Stewart	504 Site Coordinator
Julieanne Horner	Parent
Ty Horner	Student
	Teacher
Trish Ray	Nurse
	Counselor

If you have questions about this information, please call Mark Stewart **@ 541**_____.

Enclosures:
- ☐ Information Regarding Section § 504 of Rehabilitation Act of 1973
- ☐ Procedural Safeguards and Parental Rights

cc: 1) Students Cumulative Folder; 2) Site 504 Coordinator; 3) Office of Students Support Services; 4) Parent