

# **Coos Bay Public Schools**

## **SECTION 504 OF THE REHABILITATION ACT OF 1973**

Holden Guzman  
Review Date:11/26/14

Promoting student access

2014-2015

Date of Initiation of Plan: 11/26/14

Date of Plan: 11/12/14

3 Year Re-Evaluation Due: 11/26/17

## SECTION 504 PLAN

Student: Guzman, Holden

Building: Marshfield HS

Grade: 9<sup>th</sup>

Eligibility (To be determined every 3 years)

### A. Disability

1. The student has/had/ or has a perceived physical or mental impairment Yes ☒ No ☐  
If yes, what is it? Instantaneous, severe PVC's
1. A written medical statement or other documentation of a physical or mental impairment is provided by the appropriate medical or other professional. Yes ☒ No ☐ If yes, date of notice?  
\_\_\_\_\_

List and attach all medical reports, evaluations, test results, or other pertinent information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The impairment substantially limits one or more of the student's major life activities (without regard to mitigating measures, except for eyeglasses or contact lenses) Yes ☒ No ☐  
If yes, what is the basic life activity (or activities) affected? (select from attached non-exhaustive list for assistance in identifying major life activities.) difficulty keeping up with coursework due to multiple absences related to medical appointments and procedures
4. How is it substantial? Condition expected to last longer than 6 months

## B. Eligibility

Does the student need accommodations, services or supports to access the benefits of public education at a level similar to the average student? *(Note: Consider student as student presents in school setting, which may include medication, assistive devices and other ameliorating factors.)*

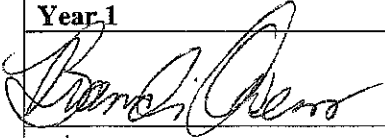
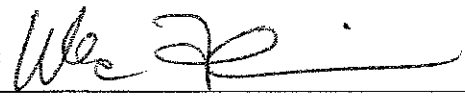
<input checked="" type="checkbox"/> Yes	If yes, complete 504 Plan section below.
<input type="checkbox"/> No	If no, explain:

**This document constitutes the district's notice to parents regarding the student's eligibility or non-eligibility under Section 504.**

## C. PLAN

Accommodations/Adaptations	Responsibility	Location
Holden will be allowed extended time for assignments and assessments as needed up to one day for each medically excused absence (1 for 1).	Student and parent	School and home
Teacher can arrange testing with a proctor in alternative setting (Counselor or other staff).	Teacher	School
A copy of teacher's notes provided for each class on request by student when he misses class due to medically excused absence.	Teacher	School
Holden will be sent to Nurse with escort or send for a Nurse immediately upon complaint of chest pain, shortness of breath or signs/symptoms of seizure activity (see document). He will have a pass to show the teacher when he experiences symptoms he needs to seek assistance (see attached). He will develop a specific signal with each of his teachers for impending seizure/cardiac pain.	Student and teacher	School

(Copies provided to guardian, principal, classroom teachers, and counselors.)

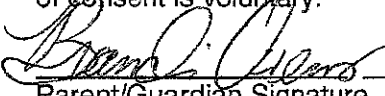
Signature of Team Member Year 1	Relationship to Student	Date
	Mother	11-26-14
Heidi Banks RBSN	school nurse	11-26-14
	Counselor	11-26-14

**D. NOTICE**

This document constitutes the district's notice to parents with respect to identification, evaluation and placement under Section 504.

**E. PARENT CONSENT** (Complete for initial 504 plans)

I agree to implementation of this 504 Student Accommodation Plan. I understand that granting of consent is voluntary.


11/26/14
541 294 4258  
 Parent/Guardian Signature      Date      Work Phone      Home Phone

I do not agree to implementation of this 504 Student Accommodation Plan. I understand that denial of consent is voluntary.

\_\_\_\_\_  
 Parent/Guardian Signature      Date      Work Phone      Home Phone

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## **Parent/Student Rights in Identification, Evaluation and Placement**

**Please Keep This Explanation for Future Reference**

**(Section 504 of the Rehabilitation Act of 1973)**

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This document describes the rights granted by federal law to students with disabilities. The intent of the law is to keep you fully informed concerning decisions about your child and inform you of your rights if you disagree with any of these decisions.

You have the right to:

1. Have your child take part in, and receive benefits from public education programs without discrimination based on disability.
2. Have the school district advise you of your rights under federal law.<sup>1</sup>
3. Receive notice with respect to identification, evaluation, or placement of your child.
4. Refuse consent for the initial evaluation and initial placement of your child.
5. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the provision of regular education or special education and related aids and services that are designed to meet the individual needs of students with disabilities as adequately as the needs of non-disabled students are met.
6. Have your child educated in facilities and receive services comparable to those provided to non-disabled students.
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by persons who know the student, the evaluation data, and placement options;

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<sup>1</sup> This document is your notice of rights under Section 504.

8. Have education and related aids and services provided to your child without cost except for those fees imposed on the parents/guardians of non-disabled students.
9. Have your child be given an equal opportunity to participate in non-academic and extracurricular activities offered by the district.
10. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
11. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records.
12. A response from the school district to reasonable requests for explanations and interpretations of your child's records;
13. Request amendment of your child's educational records if you believe they are inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the school district refuses this request for amendment, you have the right to a hearing to challenge this refusal.
14. Request an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You and the student may take part in the hearing and have an attorney represent you. Hearing requests must be made to the State Superintendent of Public Instruction, Oregon Department of Education, 255 Capitol Street, NE, Salem, Oregon 97310-0290, pursuant to OAR 581-15-109.
15. File a written grievance following the district's grievance or complaint procedure, or file a complaint with the U.S. Department of Education Office for Civil Rights (206-607-1600 or [www.ed.gov/OCR](http://www.ed.gov/OCR)).

**The person in this district who is responsible for assuring that the district complies with Section 504 is:**

Name: Lisa DeSalvio \_\_\_\_\_ Telephone No. 541-267-1325 \_\_\_\_\_

Copy given to parents on 11-26-14 by Heidi Banks RNBS  
mm/dd/yyyy Signature/position

c. student's cumulative folder, parents

## SECTION 504 PARENTAL RIGHTS

The following is a description of the rights granted by federal law to students with disabilities as defined under Section 504 of the Rehabilitation Act of 1973. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

### You have the right to:

1. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability.
2. Have the school district advise you of your rights under federal law;
3. Receive notice with respect to identification, evaluation or placement of your child;
4. Have your child receive a free appropriate public education. This includes the right to be educated with nondisabled students to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school related activities.
5. Have your child educated in facilities and receive services comparable to those provided nondisabled students;
6. Have your student educated in facilities and receive modifications and accommodations if he/she is found to be eligible under Section 504 of the Rehabilitation Act;
7. Have evaluation, educational and placement decisions made based upon a variety of information sources, and by persons who know the student and the evaluation data.
8. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
9. Examine all relevant record relating to decisions regarding your child's identification, evaluation, and educational program.
10. Obtain copies of educational record at a reasonable cost unless the fee would effectively deny you access to the records;
11. A response from the school district to reasonable requests for explanations and interpretations of your child's records;
12. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, miss leading or otherwise in violation of the privacy rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time and advise you of the right to a hearing;

**ANNUAL REVIEW (A re-evaluation is needed every 3 years)**

Date	Continue Plan (comments)	Counselor	Parent(s)
Year 2			
	<i>Renee Carr Holden Gorman</i>		✓
	<i>Alberto Gorman</i>		✓
02/16/16	<i>Heidi Bunker RV</i>	<i>miss</i>	
	<i>Joy Mills</i>	✓	
Year 3			

(Significant Changes should be written on a new form and attached to the originals.)



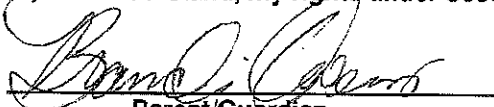
13. Request mediation or an impartial due process hearing related to decisions of actions regarding your child. You and the student may take part in the hearing and have an attorney represent you.
14. File a local grievance.
15. You may, at any time, contact the Office of Civil Rights and discuss your concerns with them.

The person in this district who is responsible for assuring that the district complies with Section 504 is:

Lisa DeSalvio, Director of Special Programs 267-1325.

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I am the parent/guardian of Holden Guzman Date of Birth: 8/25/2000 . I have been informed of, and understand, my rights under Section 504 of the Rehabilitation Act of 1973.

  
Parent/Guardian

11-26-14  
Date



Section 504 Representative  
2014-2015 School Year

Blossom Gulch: Linda Vickery, Principal  
Karen Brown, Nurse (Medical Protocol only 504 plans)

Madison: Janice Schock, Principal  
Cynthia Edge, Nurse (Medical Protocol only 504 plans)

Millicoma: Travis Howard, Principal  
Karen Brown, Nurse (Medical Protocol only 504 plans)  
Andrew Fletcher, Counselor

Sunset: Dale Inskeep, Principal  
Cynthia Edge, Nurse (Medical Protocol only 504 plans)  
Karen Cyris, Counselor

MHS: Doug Holland, Principal  
Wes Ferrin, Counselor  
Laura Osbon, Counselor  
Doug Miles, Counselor  
Heidi Banks, Nurse (Medical Protocol only 504 plans)

Harding: Shelly McKnight Principal  
Heidi Banks, Nurse (Medical Protocol only 504 plans)

504 District Coordinator: Lisa DeSalvio 267-1325

**NBMC - Coos Bay**

1900 Woodland Drive,

Coos Bay, OR, 97420

*Jenni DeLeon M.D., Pediatrics**Fax: (541) 266-4579**Phone: (541) 267-5151 x 1315, OR toll free (800) 234-1231*

MRN

346499

Encounter Date

09/27/2015 5:09PM

## Patient Information

**Holden Guzman**

63058 Hwy 101

Coos Bay, OR 97420

15 years old

DOB - 08/25/2000

(H) (541) 294-4958

(W)

**Discussion/Summary**

Holden Guzman has been under my care from 2008 to the present.  
Holden Guzman is cleared to return to school with no restrictions.

Activities: Holden has a history of premature ventricular contractions, causing him to have abnormal heart rhythms. These are not life-threatening, and if there are any concerns, please feel free to call me. My office number is 541-267-5151, x1489, and my cell 541-404-4458.

Please contact this office if you have any questions.

**Signatures**

Electronically signed by : Jenni DeLeon, M.D.; Sep 27 2015 5:37PM PST

(Author)

# MARSHFIELD HIGH SCHOOL

Travis Howard, PRINCIPAL

TENTH & INGERSOLL  
COOS BAY, OR 97420  
PHONE (541) 267-1401  
FAX (541) 269-0161

## PROTOCOL FOR STUDENT WITH CARDIOVASCULAR DISORDER

STUDENT'S NAME: Holden Guzman DOB: 8-25-00 Grade: 10

**Overview** of Holden's Cardiac Condition: Holden has been diagnosed with Instantaneous Severe Premature Ventricular Contractions (PVCs). PVC's are very common — they occur in most people at some point. PVC's are extra, abnormal heartbeats that begin in one of the heart's two lower pumping chambers (ventricles). These extra beats disrupt the regular heart rhythm, sometimes causing Holden to feel a flip-flop or skipped beat in his chest. These abnormal contractions begin in the ventricles and usually beat sooner than the next expected regular heartbeat. They often interrupt the normal order of pumping, which is atria first, then ventricles. As a result, the extra, out-of-sync beats are usually less effective in pumping blood throughout the body- in Holden's case this causes him to feel light-headed and get dizzy with numbness/tingling in his arms and at times moderate to severe chest pain and shortness of breath.

**Management:** According to Holden's MD this condition **should not** cause a life-threatening episode- although there is always the possibility of that occurring. Signs that the student may need prompt medical attention include: severe chest pain (rated 6-10 on a pain scale when asked), shortness of breath, lips or fingernails that are unusually gray or blue, left arm pain, cold clammy skin or profuse sweating, faintness, or unusual fatigue.

**Student's diagnosis:** Currently under the care of local Pediatrician Dr. DeLeon and OHSU Cardiology

Please list any activity or dietary restrictions:

No activity restrictions at this time. Holden's heart actually beats more effective when working hard than at rest and while relaxing. Activity and moderate exercise with self-limiting is encouraged.

**Medication Plan:** Xanax

**Name:** Holden Guzman **Dose:** \_\_\_\_\_ **When to use:** Emergency use only @ office  
Please note: An additional medication -form must be submitted before medication may be administered to the student at school.

Send student to the office with a friend and notify parent/guardian should the following occur:

for 4/5 Severe chest pain 6/10 on scale, headache,  
Shortness of breath, tunnel vision

Seek emergency medical care (911 protocol) should the following occur:

if Holden is unable to speak, asks for EMS help, confusion  
or change in level of consciousness, or any time nursing staff is  
not immediately available for assessment.

Comments or Special Instructions:

\* Parents: 541-260-2083, Work: 541-266-8212  
541-808-2813

Physician Name (print): Dr. DeLeon NBMC Phone: 541-267-5151

Parent/Guardian: [Signature] Phone: \_\_\_\_\_

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