



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT  
Section 504 Service Plan

Meeting Date:

Next Review Date:

I. General Information

Student's Name: [REDACTED]		Grade: 11	Age: 15	Date of Birth: [REDACTED] / 01
Referral Date:	School: De Anza HS		Site Chairperson: Daniel Levintow	
Parent/Guardian(s) Name: [REDACTED]		Phone: (Home) [REDACTED]		
		(Work/Cell) [REDACTED]		
Address: (Street) [REDACTED]		(City) [REDACTED]	(State) [REDACTED]	(Zip Code) [REDACTED]

Purpose of Meeting (Check all that apply.)

- Eligibility
- Develop Section 504 Service Plan
- Annual Review
- Conduct Manifestation Determination Review
- Other:

## II. Review of Relevant Information

Parent/Guardian Observation/Input:

Ms. [REDACTED] would like to be informed about progress and any slipping in grades so that family can address promptly.

Teacher Observation/Input:

Pleasure, not a management problem, excellent student

Summary of Evaluation Information: Identify evaluation procedure(s), review of existing records, and results. (Attach documentation if appropriate.)

See attached

Areas of Strength:

Well behaved, creative, ~~good~~ excellent student, Writing!

Areas of Concern:

Attendance

Levels of Achievement

Behavior

Other:

Health

### III. Eligibility Determination

Based on the evaluation data gathered, the Section 504 Service Plan team answered the following questions to determine Section 504 eligibility.

Yes

Does the student have a physical or mental impairment? If Yes, describe the impairment:

Yes

Does the physical or mental impairment substantially limit one or more major life activities? If yes, check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> caring for oneself | <input type="checkbox"/> performing manual tasks |
| <input type="checkbox"/> seeing             | <input type="checkbox"/> hearing                 |
| <input type="checkbox"/> eating             | <input type="checkbox"/> sleeping                |
| <input type="checkbox"/> walking            | <input type="checkbox"/> standing                |
| <input type="checkbox"/> lifting            | <input type="checkbox"/> bending                 |
| <input type="checkbox"/> speaking           | <input type="checkbox"/> breathing               |
| <input type="checkbox"/> learning           | <input type="checkbox"/> reading                 |
| <input type="checkbox"/> concentrating      | <input type="checkbox"/> thinking                |
| <input type="checkbox"/> communicating      | <input type="checkbox"/> other:                  |

Yes

Does the student require the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of disabled students as adequately as the needs of non-disabled students are met? (Note: If the student's needs are such that he/she may require special education and related services under the IDEA, a referral to special education should be considered.)

If all questions were answered "Yes," the student is eligible for a free appropriate public education under Section 504 and the Section 504 Service Plan should be developed.

If any answer is "No," the student is not eligible under Section 504 for a Section 504 Service Plan.

## IV. Manifestation Determination

N/A (circle if not applicable)

Based upon a review of the information located in the student's cumulative and Section 504 file, the Student's Section 504 Service Plan, any teacher observations, and any relevant information provided by the parent/guardian,

- A. Was the conduct in question caused by or did it have a direct and substantial relationship to the student's disability?  Yes  No
- B. Was the conduct in question a direct result of the District's failure to implement the student's Section 504 Service Plan?  Yes  No

## V. Summary of Findings

The Section 504 Service Plan team's review of relevant information and eligibility criteria indicates:

- The student is not eligible for a Section 504 Service Plan and will continue to receive regular education resources and programs.
- The student is eligible for a Section 504 Service Plan.
- The student remains eligible under Section 504 and will receive an updated Service plan.
- The student is no longer eligible for Section 504 and is exited from the program. The student will now receive regular education without Section 504 services.
- The student remains eligible under Section 504, but the parent/guardian hereby revokes his/her consent to Section 504. Therefore, the District will provide the parent/guardian with prior written notice and a date on which the Section 504 Service Plan will cease to be implemented.

If this is a manifestation determination meeting, the Section 504 Service Plan team's review of relevant information indicates the following:

- The student's conduct was not a manifestation of his/her disability and disciplinary actions and/or change in placement may proceed.
- The student's conduct was a manifestation of his/her disability and disciplinary action and/or change in placement may not proceed.

*If you disagree with the Section 504 Service Plan team's decision, please contact the District's Section 504 Administrator at (510) 307-4651 to discuss your concerns, or consult your Notice of Parent/Guardian Rights and Procedural Safeguards under Section 504 for other options.*

VI. Service Plan

Area(s) of Difficulty	Regular or Special Education, Related Aids and Services and/or Accommodations/Modifications	Person(s) Responsible	Start/End Date
	See attached		

VII. Parent/Guardian Response

Parent/Guardian Statements

I agree with the Section 504 Service Plan.

I do NOT agree with the:

- identification
- evaluation
- service plan
- other:

I have received a copy of the Notice of Parent/Guardian Rights and Procedural Safeguards under Section 504

I am aware that Section 504 records will be destroyed three years after their usefulness ceases or on the student's 25<sup>th</sup> birthday, whichever is sooner. I may request access to these records prior to destruction.

Comments:

Parent/Guardian Signature:

Date:

8/18/17

Parent/Guardian Signature:

Date:

Student Signature:

Date:

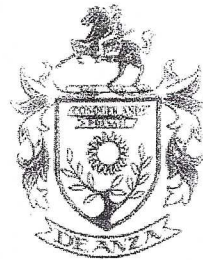
8/18/17

Signatures of Persons in Attendance

Name: [Redacted]	Title: 504 Site Chairman	Date: 8/18/17
Name: [Redacted]	Title: asst. principal	Date: 8/18/17
Name: [Redacted]	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:

[REDACTED]  
DOB [REDACTED] 2001

De Anza High School



ACCOMMODATIONS CHECKLIST  
*504 at a Glance at a Glance*

STUDENT NAME: [REDACTED]

GRADE LEVEL: 9<sup>th</sup>

COUNSELOR: Valery Javier

NURSE: Jill Brickner

LAST 504 MEETING DATE: 3/18/16

SUMMARY OF EVALUATION INFORMATION: [REDACTED] has sever nephrotic syndrome and she is taking immunosuppressant medication. She is expected to be sicker than normal and get fatigued easily. She also is expected to use the bathroom more often. This impairment substantially limits her ability to (1) walk, (2) lift, and (3) bend.

**ACCOMMODATIONS:**

AREA(S) OF DIFFICULTY	Regular or Special Education, Related Aids and Services and/or Accommodations/Modification FOR TEACHERS
Student with nephrotic syndrome which affects the school day	Nurse to formulate Care Plan and review care plan with appropriate staff to support student health related to syndrome  Staff to be provided the Healthcare Plan and 504 team approved accommodations each year.
Need to maintain current orders and emergency contacts	Medical management plan from physician to be provided yearly. District nurse will supply a yearly authorization for medical information  Parents or student to supply office contact information with changes.
More frequent absences	Parent will inform office of all absences  School will provide information and access to PowerSchool to help student and family be aware of assignments.  Student or parents will contact teachers for work during absences through voicemail and/or PowerSchool.  Student will be provided additional time for make-up work.
Dehydration is an issue for this syndrome	[REDACTED] will be allowed to drink water and use the bathroom, as needed. Do not prevent her from restroom access during class time. Student to be provided a sticker on his ID. She will carry a water bottle throughout
Decreased resistance to infections	Parent will be called if [REDACTED] is developing elevated temperature, is not feeling well, is exposed to known infectious disease, or if there is increased illness at school site.
Activity level may be	Student may have joint and mobility issues related to health. Staff will



Area(s) of Difficulty	Regular or Special Education, Related Aids and Services and/or Accommodations/Modifications	Person(s) Responsible	Start/End Date
Student with Nephrotic Syndrome which affects the school day.	Nurse to formulate Care Plan and review care plan with appropriate staff to support student health related to syndrome.	District Nurse Parents to sign	3/18/16 to 3/18/17
Need to maintain current orders and emergency contacts.	Staff to be provided the Healthcare Plan and 504 team approved accommodations each year.  Medical management plan from physician to be provided yearly. District nurse will supply a yearly authorization for medical information.  Parents or student to supply office contact information with changes.	District Nurse  Family	3/18/16 to 3/18/17
More frequent absences.	Parent will inform office of all absences.  School will provide information and access to Powerschool to help student and family be aware of assignments.  Student or parents will contact teachers for work during absences through voicemail and/or Powerschool. Student will be provided additional time for makeup work.	Parent  Administration  Student/Parent Teachers	3/18/16 to 3/18/17
Dehydration is an issue for this syndrome.	[REDACTED] will be allowed to drink water and use the bathroom, as needed. Do not prevent her from restroom access during class time. Student to be provided a sticker on his ID. She will carry a water bottle throughout	Site Staff	3/18/16 to 3/18/17

Decreased resistance to infections.	the school day. Parent will be called if [REDACTED] is developing elevated temperature, is not feeling well, is exposed to known infectious disease, or if there is increased illness at the school site.	Parent	3/18/16 to 3/18/17
Activity Level may be reduced by this condition.	Student may have joint and mobility issues related to health. Staff will provide additional passing time. Administration to provide a sticker on her ID.	Teacher	3/18/16 to 3/18/17
Physical Education participation delayed for at least one year.	Physical education requirement discussion to be delayed until after 3/9/2017; physical activity status to be assessed by physician during 2016 – 17 school year.	504 team Parent and Physician	3/18/16 to 3/18/17

**The Permanente Medical Group, Inc.**

**FAMILY PRACTICE**

August 22, 2017

To Whom It may Concern,

[REDACTED] has been seen in my office on 8/9/2017 for her chronic health condition of Minimal Change Nephrotic Syndrome. In returning to school, she needs the following accommodations:

- 1) no PE class for a year
- 2) may miss school more often and needs to be given time to make up her missed work
- 3) needs to be able to use the restroom as needed and may need to take bathroom breaks during class sessions
- 4) can be late for lessons due to the symptoms
- 5) needs extra time to travel between classes
- 6) should not sit near sick people as she is on immune suppressant medication