

Jackson Local School District

Section 504- Initial Compliance Checklist

Student: _____ Date: _____

Building: _____ Grade: _____

Counselor: _____

(Originals in building file and send copy of Evaluation or Evaluation/Plan to Office of Special Programs.)

Next review (annual review) _____

Next Re-evaluation (three years) _____

(Date/Initial)

_____ Intervention Assistance Process copy if appropriate (identification of concerns and intervention)

_____ Information Regarding Section 504 of the Rehabilitation Act of 1973 *Brochure or Guidelines for Determining Service Eligibility Under Section 504 of the Rehabilitation Act of 1973

_____ Referral for Eligibility/Services

_____ Request for Consent to Evaluate to Determine 504 Eligibility Under Section 504

_____ Section 504 Meeting Parent Meeting Notice

_____ Section 504 Eligibility Determination

_____ Written Notice to Parents (If not eligible or if parents do not agree)

_____ 504 Accommodation Plan (If in place)

_____ Acknowledgment of Receipt of 504 Accommodation Plan (*one on file for each teacher/support staff member that the student contacts throughout school day)

_____ If appropriate, information passed to 504 contact for following year

*Note- Student Counselor=Contact Person

Updated 11/11