Section 504 Training Manual for Teachers, Counselors and Administrators
Weber County School District

Acknowledgments

This section 504 training manual is designed for teachers,
counselors, and administrators so you can help our students by
understanding and implementing 504.

This 504 training manual was written by Weber School
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consisted of elementary, junior high, high school, and district
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is easy to read and understand.

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The Section 504 Process

Nondiscrimination

A disabled student may not be excluded, denied benefits or otherwise discriminated against based on a disability. In the most integrated setting appropriate to the student's needs, a disabled student must receive aids, benefits and services that provide an opportunity to obtain the same benefit as a nondisabled student. It is not a plan designed to enhance a student's performance. It is a plan to provide fairness and equal access to education.

Referral

Teachers are the greatest resource students have when they are struggling academically.
If you as teachers have students who for whatever reason are not successful, you have tried some basic interventions, and they are still struggling, please refer them for assessment/evaluation. Use the Student-At Risk Documentation form to make your referral. Your school principal/assistant principal (LEA), school counselors and/or resources teachers will help conduct evaluations of the student to help determine if there is a disability and what services are most appropriate.

Assessment/Evaluation

There are several evaluation tools used by the school counselor and special education personnel that may be used to assess a student's need for accommodations through section 504 or specialized instruction through special education. Teacher observation and academic history of the student are also very helpful. Assessment/evaluation information may also be provided by a professional working in the community.

Eligibility

Eligibility for 504 is determined by the 504 team. In a school setting the 504 team typically consists of an administrator, the school counselor, the teacher(s), the school nurse when appropriate, the parent, and if appropriate the student. The team decides if the student has a physical or mental impairment that substantially limits one or more major life activities. If so, the team next decides whether the student needs special education and/or related aids and services because of the impairment. The 504 team reviews assessments and educational information to determine if there is sufficient educational impact to qualify the student for 504. Academic success or lack of same, end of year core testing, achievement testing, and teacher observations are all areas subject to review to determine 504 eligibility. Refer to the eligibility determination form.

Writing a 504 plan

After reviewing the documentation and deciding that a student is eligible for 504 services, the 504 team will write a 504 plan. This 504 plan for the student identifies eligibility, educational impact, and then outlines accommodations in the classroom and/or school. Refer to 504 plans.

Ongoing 504 services

Once a person is eligible for 504, the 504 plan that is created remains in effect until a new 504 plan is written or the person is no longer eligible for services. It is appropriate to review and revise the 504 plan each time a student changes classes. The 504 plan should be updated at least annually to assure that accommodations are reasonable and appropriate. Teachers should have input about the accommodations and need to know what accommodations must be provided. It is

recommended that re-evaluation occur every three years. Review of eligibility for services should occur more often on an as needed basis.

Occasionally parents may want to decline services even though their student is eligible for 504. We should encourage, in writing, the parents to continue services. If parents insist, they may decline, in writing, services for their child. Refer to Eligibility Review Form. Check the box indicating that the child is still eligible for s504 services however, the parents have decided that accommodations are no longer necessary and have chosen to discontinue services.

Termination of Services
A student continues to receive 504 services until such time as they are no longer eligible. If in the review of eligibility, the 504 team determines that a student no longer has a physical or mental impairment that substantially limits one or more major life activities, and that there is no educational impact qualifying the student for 504 service, the 504 team may terminate services the student. Refer to Eligibility Review Form.

Most Frequently Asked Questions About 504

What is 504? Section 504 is part of the Rehabilitation act of 1973. It is a civil rights act designed to protect the civil and constitutional rights of people with disabilities.

Section 504 provides services to eligible students in regular education programs. The eligibility and services are determined by administrators, counselors, and teachers. Parents and the student are also involved in this process.

How is a student eligible for 504? Eligibility for 504 is determined by a 504 team. The 504 team consists of people who have knowledge about;

>   the specific disability, or
>   appropriate accommodations for that disability, and/or
>   the student.

In a school setting the 504 team typically consists of an administrator, the school counselor, the teacher(s), the school nurse when appropriate, the parent, and if appropriate the student.

The 504 team uses the following guidelines to determine eligibility.

A student may be considered disabled under the definition of Section 504 if the individual has been evaluated and;

>   has a mental or physical impairment which substantially limits one or more of the person's major life activities.

A student should be considered for evaluation if he or she;

>   has a record of such impairments; or
>   is regarded as having such an impairment.

That is a nice definition but what does it mean? Let's look at each section of the definition:

1. The student has a mental or physical impairment which substantially limits one or more of the person's major life activities.

   Does the individual have a diagnosed impairment and does the impairment significantly limit the individual's ability to function/perform one or more major life activities? Federal courts have defined "substantially limits" as being a long-lasting condition. Chronic or long term disabilities, typically lasting six months or more, may be eligible for 504. Major life activities are activities the general population engages in. If the student has such an impairment, the school is required to conduct an evaluation to determine eligibility. Various evaluation tools may be used in addition to teacher observation and academic history of the student.

   If an outside professional recommends specialized services, the 504 team would review documentation from the appropriate medical professional to assist in determining the disability and the level of functioning. It would be very helpful if the medical professional included in the documentation the symptoms of the disability and how the disability affects the individual's ability to perform major life tasks. If the request for evaluation for specialized services originates from a teacher, counselor, or administrator in the school, we would evaluate the student and follow up with appropriate services. Section 504 services, special education services, or home and hospital services may be needed.

2. The student has a record of an impairment.

   If a student has had a disability that substantially limited their abilities, we as school personnel, should consider reevaluating the student to determine if they are eligible for 504. If they exhibit symptoms of the disability, we need to reevaluate. This is commonly known as the Child Find or persons with disabilities.

3. The student is regarded as having an impairment.

   If a student is treated as if they have a disability we should consider evaluation to determine if they are eligible for 504.

How do we know when we need a 504 plan? A 504 plan is created when a person is determined eligible and needs regular or special education and related aids and services in order to have an opportunity equal to what is given to nondisabled students. You may want to consider accommodations that are helpful now as well as being helpful for the long range needs of a person. Examples of this would be; accommodations in college, accommodations for testing, eligibility for SSI, and various other services.

The process to determine eligibility is as follows:

A. Does the student have a physical or mental disability that substantially limits one or more major life activities? Yes _____ No _____
   Specify the mental or physical impairment(s): _____

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Review the major life activities listed below. The team must decide if at least one major life activity is substantially limited. If the answer is yes, mark the life activity/activities below and proceed. *Major life activities include, but are not limited to the following:*

_____ *Caring for one's self*	_____ *Hearing*	_____ *Seeing*
_____ *Performing Manual Tasks*	_____ *Speaking*	_____ *Learning*
_____ *Concentrating*	_____ *Helping*	_____ *Communicating*
_____ *Standing*	_____ *Sleeping*	_____ *Lifting*
_____ *Reading*	_____ *Thinking*	_____ *Working*
_____ *Eating*	_____ *Bending*	_____ *Operation of bodily function*
_____ *Walking*	_____ *Breathing*	_____ *Other* (specify) _____

B. The team must decide if there is evidence of both an impairment and educational impact.

Make sure the team focuses on the major life activity/activities as a whole (i.e. learning), not in a particular class (i.e. math), or for a particular sub-area (i.e. socialization).

Discount from the evaluation poor performance due to other factors, such as normal moods, lack of motivation, and the immediate situation or environment.

Use the average student in the general population as the frame of reference for purpose of comparison.

Is there evidence of an impairment from a doctor, psychologist, clinical social worker, and/or school team? Medical or professional evidence Yes _____ No _____ (Medical or professional evidence is helpful but not required)

Have school personnel completed an evaluation?
Adaptive and/or Achievement Tests Yes _____ No _____
Adaptive Behavior Assessments Yes _____ No _____
Teacher Recommendations Yes _____ No _____
Is there evidence that the student's impairment(s) substantially limits access to their education? Educational Impact Yes _____ No _____

Who is obligated to do what services in a 504? School obligations vs. parent/student obligations School personnel provide access accommodations for physically disabled students and teaching/classroom accommodations for students in the classrooms. Once a student is determined eligible for 504, teachers have input into the accommodations they provide but they must accommodate. Providing accommodations offers an opportunity for student success. It does not guarantee success. Hopefully the teacher, student, and parent work as a team to provide needed follow up for accommodations made in the classroom.

Where should 504 records be kept? Section 504 records contain information about students which are private and confidential in nature. They should be kept in a location with limited access. Acceptable options are; in a confidential master file, in a separate locked 504 file, and/or electronically on the AS400.

What impairments are not 504 eligible? Persons who identify their qualifying disability as one of the following are not eligible: homosexuality, bisexuality, transvestitism, transexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, other sexual behaviors or disorders, compulsive gambling, kleptomania, or pyromania, or psychoactive substance use disorders resulting from current illegal use of drugs.

What discipline problem is not covered by 504? Discipline pertaining to the use or possession of illegal drugs or alcohol may be administered to the same extent as against nondisabled students. 504 procedures do not apply to drug and alcohol discipline.

Common Physical Reasons for 504

It is helpful when providing services under 504 to have an understanding of some of the most common issues. Typical physical issues frequently addressed under s504 are hearing, birth defects, respiratory conditions, urinary conditions, vision, cancer, etc.

Most Common Psychological or Mental Reasons for 504

It seems that AD/HD, Depression, and Anxiety are the psychological issues most frequently addressed under 504. Sometimes a student may be suffering from more than one psychological issue at a time. As an example, students with AD/HD often also experience depression. The following information is designed to help deal with these issues. First, information about the disability from the DSM IV (a reference doctors, psychologists, and clinical social workers use to diagnose their patients). Second, information about educational issues. Third, a selection of accommodations.

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder as defined in the DSM IV

A. Six (or more) of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

Inattention
(a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
(b) often has difficulty sustaining attention in tasks or play activities
(c) often does not seem to listen when spoken to directly
(d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions) [Oppositional behavior is defined as a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior towards authority figures.]
(e) often has difficulties organizing tasks or activities
(f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
(g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
(h) is often easily distracted by extraneous stimuli

(i)   often forgetful in daily activities2. Six (or more) of the following symptoms of
hyperactivity-impulsivity have persisted for at least six months to a degree that is
maladaptive and inconsistent with developmental level:

Hyperactivity
(a)   often fidgets with hands or feet or squirms in seat
(b)   often leaves seat in classroom or in other situations in which remaining seated is
expected
(c)   often runs about or climbs excessively in situations in which it is inappropriate (in
adolescents or adults, may be limited to subjective feelings of restlessness)
(d)   often has difficulty playing or engaging in leisure activities quietly
(e)   is often "on the go" or often acts as if "driven by a motor"
(f)   often talks excessively

Impulsivity
(a)   often blurts out answers before questions have been completed
(b)   often has difficulty awaiting turn
(c)   often interrupts or intrudes on others (e.g., butts in to conversations or games)

B.   Some hyperactive-impulsive or inattentive symptoms that caused impairment were present
before age seven years.

C.   Some impairment from the symptoms is present in two or more settings (e.g., at school, [at
work] and at home).

D.   There must be clear evidence of clinically significant impairment in social, academic, or
occupational functioning.

Educational Impact
The usual educational impact issues for students with attention-deficit/hyperactivity disorder are
listed below. The 504 team should create reasonable accommodations to address these issues.
Refer to the selection of strategies beginning on page 10 for help with accommodations.

difficulty focusing   difficulty organizing   impulsivity   hyperactivity

DEPRESSION

Diagnostic criteria for Depression as defined in the DSM IV

A.   Five (or more) of the following symptoms have been present during the same two-week
period and represent a change from previous functioning; at least one of the symptoms is
either (1) depressed mood or (2) loss of interest or pleasure.

1. depressed mood most of the day, nearly every day, as indicated by either subjective
report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). In
children and adolescents, can be irritable mood.

2. markedly diminished interest or pleasure in all, or almost all activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).

3. significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase of appetite nearly every day. In children, consider failure to make expected weight gains.

4. insomnia or hypersomnia nearly every day. [Insomnia or hypersomnia is defined as the inability to sleep or sleeping too much]

5. psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

6. fatigue or loss of energy nearly every day.

7. feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

9. recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. [Recurrent suicidal ideation is defined as repeatedly having thoughts about suicide.]

B. The symptoms do not meet criteria for a Mixed Episode. [Mixed Episode is defined as experiencing a manic mood and a depressed mood within the same day nearly every day for at least one week.]

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by Bereavement, . . .

Educational Impact
The usual educational impact issues for students with depression disorder are listed below. The 504 team should create reasonable accommodations to address these issues. Refer to the selection of strategies beginning on page 10 for help with accommodations.

difficulty organizing	difficulty focusing	difficulty attending classes
withdrawn	difficulty starting a task	difficulty completing a task

ANXIETY

Diagnostic criteria for Generalized Anxiety Disorder as defined in the DSM IV.

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance)

B. The person finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms present for more days than not for the past six months) Note: Only one item is required in children.

   1. Restlessness or feeling keyed up or on edge
   2. Being easily fatigued
   3. Difficulty concentrating or mind going blank
   4. Irritability
   5. Muscle tension
   6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

D. The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g. the anxiety or worry is not about having a Panic Attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as Obsessive-Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in ypochondriasis), and the anxiety and worry do not occur exclusively during Posttraumatic Stress Disorder.

E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

F. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or Pervasive Developmental Disorder.

Educational Impact
The usual educational impact issues for students with anxiety disorder are listed below.
The 504 team should create reasonable accommodations to address these issues. Refer to the selection of strategies beginning on page 10 for help with accommodations.

difficulty organizing	difficulty focusing	difficulty attending classes
withdrawn	difficulty starting a task	difficulty completing a task

There are other psychological issues that may be addressed under s504. Some of these could be Oppositional Defiant Disorder, Obsessive-Compulsive Disorder, Eating disorders, (Anorexia Nervosa or Bulimia) Bipolar Disorder, etc.

Accommodation Strategies/Menus. Although the strategies for accommodations beginning on this page are identified as accommodations for students with attention deficit disorder, they may be used with students who have other disorders. As noted above the educational impact issues may be the same issues although the mental impairment is different.

TEACHING STRATEGIES FOR STUDENTS WITH
ATTENTION DEFICIT DISORDERS

Issue	Try This Teaching Strategy
ORGANIZATION	
Does not record assignments consistently or completely	. Structured outline/overhead . Use a calendar or planner . Teach how to keep an assignment book . Announce and post assignments on blackboard in the same location . Announce all tests, special projects, etc., at beginning of each grading period . Allow time at beginning of class to copy down assignments rather than the end. Include preparation items not just written assignments, i.e. study for quiz/test, read pages/chapters, make yourself a review sheet . Teacher sign-off in assignment book (student must talk to teacher in the later grades) . Reward or incentive for writing down assignments (by parents) . Read assignments into tape recorder . Training on use of automated "homework" hotline (post codes near telephone)
Does not bring necessary materials home	. Second set of books at home (purchased from publisher or provided by school) . Place checklist of what needs to be brought home on which day on the inside of the locker . Color code book covers, workbooks and notebooks . Use pocket folder to carry worksheets and other assignment information

Does not turn in completed work	. Routinely collect by asking all students at the beginning of class for completed work . Use pocket folder to hold completed assignments . Prepare backpack at night instead of the morning . Have teacher call parent if three assignments are missing . Conduct a weekly assignment completion check-up . Develop and display a large monthly calendar to keep track of test dates, projects due dates and assignment due dates . Keep an "in basket" conveniently placed and colorfully identified for student assignments
Does not complete homework assignments on time	. Request flexibility on late work turned in and receive credit . Names and phone #s of several good students in each class (study mates) . Provide long range assignments in writing .Mail home assignments for next several weeks (Parents provide stamped, self addressed envelopes) . Obtain teacher's school phone, fax, and/or e-mail # and free period . Develop a written contract with student and provide choices for student . Obtain copy of class syllabus to find out what is expected of student . Evaluate effectiveness of medication . Periodic progress reports . Conduct a weekly assignment completion check-up . Track grades - gives immediate feedback of class progress
Does not come to class prepared	. Zippered pouch for pencils, erasers, calculators, etc. . Pack backpack immediately after homework is completed . AD/HD homemade shelves to locker to provide easier access to materials and better visibility . Color code book covers, workbooks, and notebooks . Designate a "point of contact" individual who can coordinate communication and support for teen . Help the student with better organization habits
Difficulty with long term projects	. Ask teacher to break into smaller, manageable components with intermediate deadlines (consider for entire class) . Give details of project in writing . Teach use of "month-at-a-glance" calendar to track long term assignments

ATTENTION

Does not attend to given instructions	. Encourage student to ask questions when information is not understood . Schedule class earlier in school day . Evaluate effectiveness of medication . Preferential seating (front and center or away from distractions) . Simplify/repeat complex directions . Give directions slowly, one step at a time . Have student repeat instructions back to teacher . Give an example or a model of the assignment . Relate important information early in the class period . Specify precisely what will be needed for completion of specific assignments . Specify the criteria against which the student will be graded . Provide both oral and written instructions . Use proximity or cuing method when giving directions
Does not complete class assignments	. Location of student in classroom (preferential seating) . Ineffective level of medication . Require high quality work while reducing quantity of work

SOCIAL SKILLS

Does not communicate needs	. Ask student one question a day that student is capable of answering . Involve student in all types of parent/teacher meetings . Schedule self-advocacy training and meetings with teachers
Difficulty relating to teachers, administrators, or other people in authority	. Rehearse at home how to ask questions and when to ask them . If student has tendency to be inappropriate, alert teachers before problems arise . Provide conflict resolution training
Difficulty relating to peers	. Team projects - Have teacher pair students instead of letting students choose . After school "clubs" and activities . Social exposure through activities outside of school
Rejects needed assistance	. Peer tutor or a non-parent tutor . Develop rapport with outside person who is "on their side" .Problem solve with student offering the student choices in how to resolve

BEHAVIOR

Arrives late or skips class/school	. Seek out root cause for behavior . If tired, consider earlier bed time . If depressed, get appropriate treatment . Carry on conversation after arriving in the classroom instead of in the hallway . Pupil contract with parents . Mediation/problem solving discussions/training
Disrupts class/acts out	. Effective medication level . Seat away from friends . Doesn't know behavior is unacceptable - develop method to make student aware (private cue/signal) . Instruct teen in self-management techniques . Post clear rules in classroom . Develop positive behavior support plan . Utilize conflict management techniques . Analyze behavior to determine what triggers it and its results . Establish "chill out" location and signal to utilize it . Try to find ways to relate in a positive way to student with AD/HD . Bring parents and counselors in early so relationship with student will not deteriorate . Identify provocative situation in advance to prevent problems
Difficulty in remaining seated and hyperactivity	. Allow students to hold and manipulate a small object while listening . Allow legitimate movement by allowing student to move around (special project, errands, going to restroom, erasing board)

OTHER

Scheduling of classes (hand scheduling)	. Schedule academic classes when the student is most alert . Consider interspersing academic classes and electives . Request teachers having attributes that match student's style of learning . Select teachers that are very structured in their teaching methods . Consider medication administration schedule
Poor handwriting	. Allow printing instead of cursive . Accept typewritten material (keyboarding or word processing) . Use of a note taker . Tape record, especially review sessions with prior teacher approval . Reduced or shortened assignments (odd or even problems or one paragraph instead of three) . Allow extra time to copy assignments, complete tests, worksheets, etc. . Provide alternative assignments such as dictation or oral

	presentations
Self-advocacy	. Set up meeting with teacher(s), guidance counselor, and student . Have student complete a self-advocacy worksheet
Study skills	. Homework time each day . Tutors . Teach organization, study and time management skills
Poor note taking skills	. Use outline or diagram . Use note takers . Obtain copy of teacher's notes . Portable computer . Copy of another student's notes . Tape record to fill in holes in notes . Tape record review sessions with teacher approval
Poor spelling skills	. Use Franklin spellers (headphone if speller talks) or other spell check tools . Spelling errors to be overlooked on some assignments where spelling is not the major point of concern
Poor test taking skills	. Allow extra time . Test in a quiet place . Read test out loud . Dictate answers to a scribe . Change format of test (multiple choice, true/false, essay, fill in the blank) - use format easiest for student . Provide testing breaks . Get test/answer sheet back for review . Extra credit for correcting errors . Allow choice of how to present knowledge of information . Write answers directly on test instead of "scantron" answer sheet
Testing accommodations	. Make computer available for essay exams or in class writing assignments . Give essay questions ahead to help with AD/HD student's inability to organize written expression on demand . Arrange final exam schedules so student has only one major exam per day
Poor math skills	. Use of calculator, especially with converting fractions to decimals . Use graph paper or turn notebook paper sideways to assist with alignment of numbers . Limit amount of problems to be completed . Scribe copies problem from book to paper

Poor reading/ comprehension skills	. Use previewing strategies, such as identifying highlighted works, reviewing section headings, and reviewing end of section/chapter questions to identify what is important . Use "Cliff Notes" when appropriate to gain an understanding of subject matter prior to reading the complete document . Use books on tape to assist in comprehension . Make copies of text pages and underline, use highlighter, or write in margins to emphasize important information . Provide list of items to be found while completing reading assignments
Aids in reducing distractibility	. Print notice and assignments neatly and clearly in a box on chalkboard, blocked off from remainder of board . Erase chalkboard frequently and completely to avoid visual clutter
Promoting more efficient learning	. Present material in a multi-sensory manner - Use diagrams, charts, outlines, graph pre-charts, maps, etc. . Present lecture material around a <u>Basic Written</u> outline around which to organize material . Provide student with work sample to help exemplify and delineate assignment . Provide a "first draft review" of student's work so student can benefit from teacher feedback

ACCOMMODATIONS FOR DEALING WITH SPECIFIC BEHAVIORS
OF STUDENTS WITH ATTENTION DEFICIT DISORDERS

The accommodations listed below are intended to be examples for schools to use in developing accommodation plans to address student needs.

WHEN YOU SEE THIS BEHAVIOR	TRY THIS ACCOMMODATION
1. Difficulty following a plan (has high aspirations, but lacks follow-through): sets out to get straight A's, ends up with F's (sets unrealistic goals).	. Assist student in setting long range goals: breaking the goal into realistic parts. . Use a questioning strategy with the student. Ask, "*What do you need to be able to do this?"* Keep asking that question until the student has reached an obtainable goal. . Have student set clear time lines, and establish how much time he or she needs to accomplish each step (Monitor students progress frequently).
2. Difficulty sequencing and completing steps to accomplish specific tasks (e.g., writing a book report, term paper, organized paragraphs, solving division problem.	. Break up task into workable and manageable steps. . Provide examples and specific steps to accomplish task.

3. Shifting from one uncompleted activity to another without closure.	**.** Define the requirements of a completed activity. (e.g. your math is finished when all six problems are completed and corrected; do not begin on the next task until it is finished).
4. Difficulty following through on instructions from others.	**.** Gain student's attention before giving directions. Use alerting cues. Accompany oral directions with written directions. **.** Give one direction at a time. Quietly repeat direction to the student after they have been given to the rest of the class.
5. Difficulty prioritizing from most to least important.	**.** Prioritize assignments, activities. **.** Provide a model to help students. Post the model and refer to it often.
6. Difficulty sustaining effort and accuracy over time.	**.** Reduce assignment length and strive for quality (rather than quantity).
7. Difficulty completing assignments	**.** List and/or post (and say) all steps necessary to complete each assignment. **.** Reduce the assignment into manageable sections with specific due dates. **.** Make frequent checks for work/assignments completion. **.** Arrange for the student to have the phone number of a "study buddy" in each subject area.
8. Difficulty with any task that requires memory.	**.** Combine seeing, saying, writing, and doing; student may need to sub-vocalize to remember. **.** Teach memory techniques as a study strategy (e.g. oral rehearsal, mnemonics, visualization, numerous repetitions.
9. Difficulty with test taking.	**.** Allow extra time for testing, teach test taking skills and strategies, and allow student to be tested orally.
10. Confusion from nonverbal cues (misreads body language, etc.).	**.** Directly teach (tell the student) what nonverbal cues mean. Model and have student practice reading cues in a safe setting.
11. Confusion from written material (difficulty finding main idea from a paragraph, attributes greater importance to minor details).	**.** Provide student with copy of reading material with main ideas underlined or highlighted. **.** Provide an outline of important points from reading material. **.** Teach outlining main ideas/details concepts. **.** Provide tape of text/chapter.

12. Confusion from spoken material, lectures, and audiovisual material (difficulty finding main idea from presentation, attributes too much importance to minor detail).	. Provide student with a copy of presentation notes. . Allow peers to share carbon copy notes from presentation. (Have student compare own notes with copy of peer's notes.) . Provide framed outlines of presentations (introducing visual and auditory cues to important information). . Encourage the use of a tape recorder. . Teach and emphasize key words (the following, the most important point etc.).
13. Difficulty sustaining attention to tasks or other activities (easily distracted by extraneous stimuli).	. Reward attention, break up activities into small units. Reward for timely accomplishments. . Use physical proximity and touch. Use earphones and/or study carrels, quiet place or preferential seating.
14. Frequent messiness or sloppiness.	. Teach organizational skills. Be sure student has daily, weekly, and/or monthly assignment sheets; list of materials needed daily; and consistent format for papers. Have a consistent way for students to turn in and receive back papers. Reduce distractions. . Give reward points for notebook checks and proper paper formats. . Provide clear copies of worksheets and handouts and consistent format for worksheets. Establish daily routine; provide models for what you want the student to do.
15. Poor handwriting (often mixing cursive with manuscript and capitals with lowercase letters.	. Allow for a scribe and grade content not handwriting. Allow for use of a computer or typewriter. . Consider alternative methods for student response (e.g. tape recorder, oral response). . Don't penalize student for mixing cursive and manuscript (accept any method of production).
16. Difficulty with fluency in handwriting (e.g. good letter/work production but very slow and laborious).	. Allow for shorter assignments. (Emphasize quality over quantity). . Allow alternative method of production (computer, scribe, oral presentation, etc.).
17. Inappropriate response in class, often blurting out, answers given to questions before they have been completed.	. Seat student in close proximity to teachers so that visual and physical monitoring of student behavior can be done by the teacher. . State behavior that you do want (tell the student how you expect him/her to behave).
18. Agitation under pressure and competition (athletic or academic).	. Stress effort and enjoyment for self, rather than competition. . Minimize timed activities, structure class for team effort and cooperation.

19. Inappropriate behaviors in a team or large group sport of athletic activity (difficulty waiting turn in games or group situations).	. Give the student a responsible job (team captain, scorekeeper, care and distribution of the balls). Consider leadership role. . Have student in close proximity to the teacher.
20. Frequent involvement in physically dangerous activities without considering possible consequences.	. Anticipate dangerous situations and plan for in advance. . Stress Stop-Look-Listen or the Stop Sign.
21. Poor adult interactions; defies authority, manipulates (passive), hangs on.	. Provide positive attention. . Talk with student individually about the inappropriate behavior (*What you are doing is.... A better way of getting what you need or want is....*).
22. Frequent self-put-downs, poor personal care and posture, negative comments about self and others, low self-esteem.	. Structure for success. Train student for self-monitoring, reinforce improvements, teach self-questioning strategies (*What am I doing? How is that going to affect others?*). . Allow opportunities for the student to show his/her strengths. . Give positive recognition (be specific). . Remain calm, state infraction of rule, and don't debate or argue with student. . Have a pre-established consequence for the misbehavior. . Administer consequences immediately and monitor proper behavior frequently. . Enforce rules for the classroom consistently. . Design discipline to "fit the crime" without harshness. . Avoid publicly reminding students on medication to "take their medicine". . Reward more than you punish in order to build self-esteem. . Praise immediately all good behavior and performance. . Change rewards if not effective in motivating behavioral change. . Find ways to encourage the child. . Teach the child to reward him/herself. Encourage positive self-talk (e.g. *"You did very well remaining in your seat today. How do you feel about that?"*). This encourages the child to think positively about him/herself.
3. Difficulty using unstructured time, recess, hallways, lunchroom, locker room, library, assembly.	. Provide student with a definite purpose during unstructured activities. (e.g. *the purpose of going to the library is to check out...., the purpose of ...is...*). . Encourage group games and participation (organized school clubs and activities).

24. Losing things necessary for task or activities at school or at home (e.g., pencils, books, assignments before, during, and after completion of given task).	**.** Help students organize. Frequently monitor notebook and dividers, pencil pouch, locker, book bag, desks.(Emphasize... *'A place for everything, and everything in its place".*) **.** Provide positive reinforcement for good organization. Provide student with a list of needed materials and their location.
25. Poor use of time (sitting, staring off into space, doodling, not working on task at hand).	**.** Teach reminder cues (gentle touch on shoulder, hand signal, etc.) **.** Tell the student your expectations of what paying attention looks like. (e.g. *You look like you are paying attention when...*) **.** Give the student a time limit for a small unit of work with positive reinforcement for accurate completion. **.** Use a contract, timer, etc., for self-monitoring.
26. Fails to complete homework assignments and return them to school.	**.** Assign a peer to help the student with homework. **.** Allow the student additional time to turn in homework assignments. **.** Send homework assignments and materials home with someone other than the student (e.g. brother or sister, neighbor, etc.). **.** Assign small amounts of homework initially, gradually increasing the amount over time. **.** Set up a homework assignment notebook and have the teacher check and sign daily. **.** Work a few problems with the student on the given homework assignment(s) in order to serve as a model. **.** Allow the student to keep an extra set of books at home.
27. Difficulty with cafeteria rules, regulations and eating habits.	**.** Have the student/parent prepay for lunches at the beginning of the week. **.** Seat student in close proximity to an authority figure (e.g., lunchroom aide, teacher). **.** Assign the student a special responsibility after he/she finishes lunch (e.g., assist the P.E. coach, assist in the main office, etc.). **.** Provide positive attention. **.** Have the school nurse discuss proper nutrition habits with the student. **.** Encourage the student to eat lunch. **.** Allow the student to play a quiet game at the lunchroom table. **.** Seat the student next to a positive role model.

28. Difficulty on the school bus (tips for the bus driver).	. Seat the student in close proximity to the bus driver. . Avoid a direct confrontation with the student in front of his/her classmates. . Ignore minor infractions. . Use a calm but firm tone of voice when reprimanding the student. . Discuss the problem privately with the student. . Seat the student next to a positive role model. . Provide positive attention. . Alert an administrator and have them deal with the problem immediately. . Develop a school/home reward system (an administrator or guidance counselor can assist you in developing this plan).
29. Difficulty with medication compliance and other related issues.	. Assign a staff member (e.g., secretary, aide) to remind the student to take medication. . Provide the teacher with the child's medication schedule. . Provide positive verbal praise. . Have the school nurse educate the student on the benefits of taking a particular medicine. . Have adult/peer escort the student to the office for medication. . Have child wear a digital alarm watch as a reminder to take medication. . Utilize a school/home reward system for complying with medication schedule.

Section 504 Forms

Below you may access the 504 forms used in Weber School District to facilitate 504 services for our students.

AT-RISK INTERVENTION DOCUMENTION FORM

ELIGIBILITY DETERMINATION FORM

GRIEVANCE PROCEDURES

WEBER SCHOOL DISTRICT SECTION 504 PLAN FORM

WEBER SCHOOL DISTRICT SECTION 504 PLAN FORM (OPTIONS PROVIDED)

NOTICE OF RIGHTS - SECTION 504 OF THE 1973 REHABILITATION ACT

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