

## 504 Conference Summary Report

Conference Date: 01/21/2021

### Student Identification Information

Student's Name:	<u>Tester 1, Pekin HS</u>	DOB:	<u>06/04/2006</u>	Gender:	<u>M</u>
Academic 504					
Address:	<u>PO Box 305, Highland, IL 62249</u>				
Ethnicity:	<u>White</u>				
Student Phone:	<u>0123456789</u>	Home Phone:	<u>888-437-9326</u>		
Parent/Guardian:	<u>Mom Tester</u>	Work Phone:	<u>888-437-9326</u>		
Address:	<u>PO Box 305, Highland, IL 62249</u>				
Other Parent/Guardian:	<u>Dad Tester</u>	Other Parent Phone:	<u>888-437-9326</u>		
Address:	<u>1000 Broadway, Highland, IL 62249</u>				
SIS Number:	<u>987654321</u>	Home School:	<u>Pekin Community High School</u>		
Current School Year:	<u>20-21</u>	Serving School:	<u>Pekin Community High School</u>		
Grade Placement:	<u>10th</u>	Next Home School:	<u>Pekin Community High School</u>		
Next School Year:	<u>21-22</u>	Next Serving School:	<u>Pekin Community High School</u>		
Next Grade Placement:	<u>11th</u>	Serving District:	<u>Pekin Community High School District #303</u>		
Annual Review Due Date:	<u>09/03/2020</u>	Resident District:	<u>Pekin Community High School District #303</u>		
Triennial Due Date:	<u>01/21/2024</u>				

### PARTICIPANTS

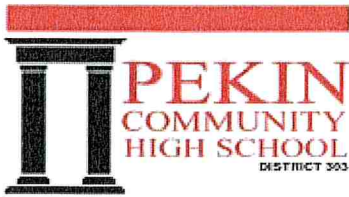
Signature indicates attendance.

\*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

_____ Student	_____ Physical Therapist
_____ Parent/Guardian	_____ Occupational Therapist
_____ Parent/Guardian	_____ School Psychologist
_____ LEA Representative	_____ Nurse
_____ Special Education Teacher	_____ Special Education Administrator/Director/Designee
_____ Speech/Language Pathologist	_____ Bilingual Specialist / Interpreter
_____ Principal	_____ Social Worker
_____ General Education Teacher	_____ Other (specify)

Document the attempts made to arrange a mutually agreeable time to meet.

- 1.
- 2.



## Notice of Conference

To: Mom Tester Date: 01/21/2021

Re: (Student Name): Pekin HS Tester 1

Date of Conference: 01/21/2021 Time: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

**Purpose of Conference:**

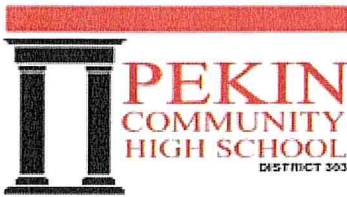
- To consider possible eligibility for and/or provision of services and/or accommodations under Section 504 of the *Rehabilitation Act of 1973*.
- To review eligibility for and/or services and/or accommodations being provided under Section 504 of the *Rehabilitation Act of 1973*.
- Other:

**Conference Participants (Title and Name):**

\_\_\_\_\_  
\_\_\_\_\_

You have the right to bring other individuals, at your discretion, to this conference. Please notify your student's counselor if you are in need of an interpreter or translator.

Enc.: Parent Rights in Brief



## Notice of Conference

### PARENTS RIGHTS IN BRIEF

#### Section 504 of the *Rehabilitation Act of 1973*

It is the policy of the Board of Education to provide a free and appropriate public education to each student with a disability. It is the intent of the district to ensure that students who are eligible for services/accommodations within the definition of Section 504 of the *Rehabilitation Act of 1973* are identified, evaluated, and provided with appropriate educational services/accommodations.

Parents (or, if age 18 or older, students) have the following rights under Section 504

1. Right for your child to take part in and receive benefits from public education programs without discrimination because of his/her disability.
2. Right to have an evaluation that draws on information from a variety of sources.
3. Right to be informed of any proposed actions related to identification, evaluation, placement, or provision of a free appropriate public education of your child.
4. Right to examine all relevant records.
5. Right to receive all information in the parent's/guardian's native language and primary mode of communication.
6. Right to periodic reevaluations and reevaluation before any significant change in placement.
7. Right to a manifestation determination review to determine if your child's misconduct was related to his/her disability before any disciplinary removal that constitutes a significant change in placement.
8. Right to have your child receive appropriate educational services/ accommodations if found eligible under Section 504 of the *Rehabilitation Act*.
9. Right to have your child given an equal opportunity to participate in nonacademic and extra curricular activities offered by the district.
10. Right to file a grievance (under the District's Uniform Grievance Procedure) or request an impartial hearing (under the District's Section 504 Procedural Safeguards) regarding an alleged violation of Section 504. You have the right to forego or terminate the District's grievance and/or hearing procedures and contact the U.S. Department of Education's Office for Civil Rights ("OCR"). Copies of the District's Uniform Grievance Procedure and the District's Section 504 Procedures And Procedural Safeguards are available at *Pekin Community High School District #303*
11. Right to be represented by counsel in the impartial hearing process.
12. Right to appeal the Superintendent's grievance decision or the impartial hearing officer's decision.

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Building Administrator/Designee



## Notice of Conference

Dear \_\_\_\_\_

Section 504 of the *Rehabilitation Act* requires that school districts document that parents have been provided and understand the Parent/Student rights in Identification, Evaluation and Placement pursuant to Section 504 of the *Rehabilitation Act*.

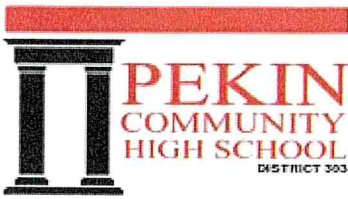
The attached Parents' Rights in Brief is designed to provide a brief explanation of the important information regarding the safeguards to which parents/guardians and children are entitled. A complete copy of the District's Section 504 Procedures and Procedural Safeguards is available at

Please sign and date below that you are in receipt of your Parents' Rights in Brief.

\*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Parent/Guardian Consent for Initial Provision of Section 504 Aids and Services

Student's Name: Pekin HS Tester 1 Grade: 10th Date: 01/21/2021 DOB: 06/04/2006

Dear Mom Tester

At a recent conference your child was recommended for the initial provision of Section 504 aids and services and a Section 504 plan was developed. Before a school district may provide the aids and services described in your child's Section 504 plan, your informed written consent is required. Your consent is voluntary and you may revoke your consent at any time. If you revoke consent, it does not negate any action that occurred after the consent was given and before it was revoked.

**CHECK ONE:**

I give consent For the initial provision of the aids and services as indicated on my child's Section 504 plan. The proposed aids and services have been fully explained to me and are consistent with the Section 504 plan developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued Section 504 aids and services or for a change in the aids and services. At least annually, I will be given reasonable opportunity for comment on and input into my child's Section 504 plan.

I received a copy of the **Parents' Rights in Brief** which have been fully explained to me by school personnel, including the procedures for requesting an impartial hearing.

I understand that as soon as possible following development of the Section 504 plan, but not more than ten (10) calendar days, aids and services will be provided to my child in accordance with his/her Section 504 plan.

I do not give consent For aids and services indicated in the Section 504 plan.

I understand that the school district will not be in violation of the requirement to make available a free appropriate public education for my child if I refuse to give consent.

I have received  Copy of the Section 504 Eligibility Summary  
 Copy of the Section 504 Plan  
 Other

\*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

If you have any questions concerning this process or require additional information regarding your and your child's rights, please contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

\*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Sincerely, \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_ Title: \_\_\_\_\_