

SBLC

504/Behavioral



R79 Information

Together We Can!!!

Handbook for SBLC/504 School Level
Coordinators

Calendar of Events

504/SBLC

Month	Activity
August	<ul style="list-style-type: none"> • Print/give copy plans to students already receiving services to all homeroom teachers. • Have teachers sign that they have received students IAPs/BIPs, etc. • Identify incoming students who have 504 plans. • Introduce yourself during faculty meetings and share general 504 or SBLC information. • End of August testing; schools submit a list of students receiving 504 services to the School and District Testing Coordinator. • Logs due to Irchirl/Lacaze August 31st
September	<ul style="list-style-type: none"> • Attend SBLC/504 Meeting Sept. 3rd • Make sure to enter all meeting information in JCAMPUS • Logs due to Irchirl/Lacaze Sept. 30th • Look at all plans and make sure they are in compliance.
October-December	<ul style="list-style-type: none"> • Turn in all monthly logs to Irchirl/Lacaze on last day of the month • If you meet on a student, they should be on the log and meeting information should be in JCAMPUS
November-December	<ul style="list-style-type: none"> • High Schools Only- Verify all testing accommodations for November testing. (Emails will be sent concerning DRC)
January	<ul style="list-style-type: none"> • Confirm all students who will be receiving accommodations on state-wide testing and make sure that exact accommodations are in place. • Logs due on 31st
February	<ul style="list-style-type: none"> • LEAP Connect Grades 3-8, 11 (ELA and Math) • LEAP Connect Grades 4, 8, 11 (Science) • Logs due on 28th
February and March	<ul style="list-style-type: none"> • ELPT Feb. 14th-March 18th K-12th
March	<ul style="list-style-type: none"> • High school accommodations due March 25th • Logs due March 25th
April	<ul style="list-style-type: none"> • All Testing accommodations finalized April 5th. • Grade 3 PBT Window: ELA/Math April 27-29 Science/Social Studies May 2-3 • 4th-8th CBT Window: April 25-May 25 • High school Testing April 11-May 13 • Logs due April 29th
May	<ul style="list-style-type: none"> • Turn in IAPs to Irchirl • Logs due May 24th •

504/SBLC Coordinators 2021/2022 School Year

School	504/SBLC Coordinator	Pupil Appraisal Contact	Testing Coordinator
M. R. Weaver	Rose Marr	Ami Thompson	Sue Rodriguez
East Natchitoches	Sara Cannon	LaTosha Grant	Trish Weaver
L. P. Vaughn	LaKesha Walker Shandrika Robertson	Emilyn Horton	LaKesha Walker
Natchitoches Jr. High	Kristi Henderson	Candace Grayson	Karla Renter
N. S. U. Elementary	Tracy Armstrong	Emilyn Horton	Lisa Wiggins
N. S. U. Middle	Tracy Armstrong	Emilyn Horton	Tracy Armstrong
Provencal	Lucia Maley-SBLC Selena Wester-504	Julie Henley	Selena Wester
Marthaville	Morgan LaCaze	Tabitha McCormic	Shawn Powell
Goldonna	Cori Manuel	Ami Thompson	Angela Johnson
N. C. H. S	Margie Machen	Rhonda/Tabitha	Ashlie Messenger
Fairview	Marsha Daughtery	JoAnna Allison	Marsha Daughtery
Lakeview	Kathy Canerday	Julie Henley	Kathy Canerday
NPTCC	Tara Sapp	Candace Grayson	Chelsea Calhoun
Natchitoches Magnet	Codie Goings	Tabitha McCormic	Codie Goings
Natchitoches Virtual Academy	Kristie Irchirl		Kristie Irchirl

Policy Statement

It is the policy of the Natchitoches Parish School System to provide a positive learning experience for every student regardless of race, gender, or disability. Every student is entitled to an opportunity to succeed educationally and behaviorally in the school setting. It is the intent of the Natchitoches Parish School System to ensure that students who are "at-risk" are provided with scientifically research-based interventions to meet their individual needs. The primary intent of intervention is to assist the student in the general education classroom to be more successful in school.

The Natchitoches Parish School System will utilize school based School Building Level Committee (SBLC) to identify students who are in need of intervention in the general education setting. SBLC in conjunction with the student's teacher(s) and parents will recommend, develop, monitor, and revise interventions as necessary to move the student toward success.

SBLC will also be utilized to collect data upon which a determination for referral for further assessments can be made. Data driven decisions will be the key factor in determining the need for evaluation under IDEA and Section 504 eligibility requirements.

Section 504

Governed by:

- **Rehabilitation Act of 1973**
- **Federal Civil Rights legislation**
- **Statue intended to**
 1. **Prevent any form of discrimination based on disabilities.**
 2. **Levels the playing field and provides access for students with disabilities.**

INTRODUCTION AND PURPOSE

The primary purpose of this Section 504 Handbook is to inform the reader of the equal educational opportunity rights available to students with **disabilities** under **Section 504 of the Rehabilitation Act of 1973** (Section 504) and to incorporate applicable changes resulting from the **Americans with Disabilities Act Amendments Act of 2008 (ADAAA)**, effective January 1, 2009, which amended the **Americans with Disabilities Act of 1990 (ADA)** and included a conforming amendment to the Rehabilitation Act of 1973 that affects the meaning of the term "disability" under Section 504.

Section 504 of the Rehabilitation Act of 1973 is a federal anti-discrimination law designed to eliminate, in part, **disability discrimination** in all programs or activities receiving federal financial assistance from the U.S. Department of Education. Because public school systems in Louisiana are recipients of federal educational funds, each such public school system must comply with the requirements of Section 504. Section 504 applies to all programs, services, and activities of the school district receiving federal funds, regardless of whether the specific program or activity involved is a direct recipient of federal funds. Section 504 specifically provides that:

"No otherwise qualified individual with a disability in the United States... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" 29 U.S.C. §794 (a).

The requirements of Section 504 are enforced by the U.S. Department of Education's Office for Civil Rights (OCR). OCR also enforces **Title II of the Americans with Disabilities Act of 1990 (ADA)** and the ADAAA which prohibit disability discrimination in state and local government services, programs, and activities (including public schools), regardless of whether those entities receive federal financial assistance. Section 504 and the ADA/ADAAA further prohibit harassment of students or others based on disability and prohibit retaliation for the filing of an OCR complaint.

NOTE: For purposes of this document, all references, to Section 504 incorporate the responsibilities of the Natchitoches Parish School System under Title II of the ADA, as amended by the ADAAA.

NOTE: ODR does not enforce the **Individuals with Disabilities Education Improvement Act (IDEA)**; however, all students identified with a disability under the IDEA are also protected under the anti-discrimination provisions of Section 504 and the ADA/ADAAA.

SECTION 504 OF THE REHABILITATION ACT

Eligibility

Section 504 provides anti-discrimination protections to qualified students with disabilities who attend Natchitoches Parish Public Schools ("NPPS" or "school district"). To be eligible for protections available under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such impairment; or (3) be regarded as having such impairment. Section 504 requires the school district to make available a free appropriate public education (FAPE) to qualified students in its geographical jurisdiction who have a physical or mental impairment that **substantially** limits one or more major life activities.

The determination of whether a student has a physical or mental impairment that substantially limits a major life activity is determined on the basis of an individual inquiry which generally includes referral to the School Building Level Committee (SBLC) at the student's school of attendance, pre-referral screening and intervention services, and referral for evaluation when determined necessary and appropriate by the SBLC.

Section 504 defines a physical or mental impairment as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The list of specific diseases and conditions that may constitute physical or mental impairments under Section 504 is not exhaustive---an activity or function not specifically listed in the Section 504 regulations can be a major life activity as determined on a case-by-case basis. Emphasis on eligibility focuses on the student's needs that are a result of the student's disability (not the disability "label" itself).

The definition of disability under **Section 504** is significantly broader than the definition used in **IDEA**. In other words, all children eligible for programs and services under **IDEA** are also eligible for protections under **Section 504**; however, children eligible for services and accommodations solely under **Section 504** are not eligible for protections under **IDEA**.

When a school district has reason to believe that, because of a disability defined under Section 504, a student needs special accommodations or services in order to participate in programs and activities of the school district, the school district must assess the student. If the student is determined to be eligible under Section 504, the district must develop and implement a plan for the delivery of all needed services. These steps must be taken even though the student is not covered by the **IDEA** special education provisions and procedures.

NOTE: There is no "automatic" eligibility under Section 504 and no right to an evaluation on demand. The school district is required to conduct an evaluation of the student "before taking any action with respect to the initial placement of the person in a regular or special education program and any subsequent significant change in placement". 34 C.F.R. §104.3.

The determination of what services are needed must be made by a group of persons knowledgeable about the student, the meaning of evaluation data, and available placement options. The group should review the nature of

the disability, how it affects the student's education, whether specialized accommodations or services are needed, and if so, the nature and extent of those accommodations or services. The individualized determination of eligibility under Section 504 must draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior. The decisions about **Section 504** eligibility and services to eligible students in the NPSB must be documented using forms developed by the NPSB. Such forms must be placed in the student's file and reviewed periodically.

Under **Section 504**, the parent or guardian must be provided with notice of actions affecting the identification, assessment, or placement of the student. Notice must also be provided advising parents or guardians of their procedural right to an impartial hearing to challenge the school district's decisions in these areas.

In summary, Section 504 provides needed accommodations and services to qualified students whose disabilities substantially limit one or more major life activity pertinent to their ability to function in the educational environment. Students participating in regular education early intervening services through RTI or school-wide positive behavioral supports generally will not be regarded as eligible under Section 504 unless school district personnel suspect that the student may also have a mental or physical impairment that substantially limits a major life activity.

The school system has the following responsibilities to qualified students with disabilities in its jurisdiction:

- a. Undertake to identify and locate all unserved children with disabilities. Renata"D" forms are sent home twice a year as part of the Child Search efforts.
- b. Provide a free appropriate public education to each qualified disabled person regardless of the nature and severity of the disability. (The services provided must be designed to meet individual educational needs of students with disabilities as adequately as the needs of non-disabled persons are met).
- c. Ensure that students with disabilities are educated with non-disabled students to the maximum extent appropriate to the needs of the student with disabilities.
- d. Establish non-discriminatory evaluation and placement to avoid the misclassification and misplacement of students.
- e. Establish procedural safeguards to enable parents and guardians to participate meaningfully in decisions regarding evaluation and placement of their children.
- f. Afford students with disabilities an equal opportunity to participate in nonacademic and extracurricular activities.

The NPSS may not exclude qualified persons with disabilities from preschool or day care programs or adult education programs operated by the school district and must take into account the needs of qualified students with disabilities in determining the aid, benefits, or services to be provided under those programs and activities.

504 COMPLAINTS AND GRIEVANCES

The primary purpose of this procedure is to secure, at the most immediate level possible, equitable solutions to a claim of the aggrieved person. Both parties agree that these proceedings shall be kept confidential at each level of procedure.

Grievance Procedures

Proper levels of authority and communication are to be followed if a student or parent wishes to discuss a complaint or a grievance.

First Level: The student or parent **first contacts the teacher or school personnel with whom the problem occurred** for a conference. In the event that the situation is not resolved, the following persons are to be contacted (in order) until satisfactory resolution is achieved: the department **head or grade level chairperson**, the counselor, and, finally, the school's **administrator**.

Second Level: If, as a result of these discussions, the matter is not resolved, the grievant may request a conference with the appropriate **Central Office staff member** (e.g., Director of Elementary, Director of Secondary, Supervisor of Child Welfare and Attendance, 504 Coordinator, etc.). Full details of the grievance shall be initiated in writing or a 504 Grievance Form (page) shall be completed by the grievant within five (5) days following the conference with the principal. The appropriate Central Office staff member shall communicate the decision to the grievant in writing within five (5) school days following the date of submission. Unless the grievance shall be so appealed, it shall be deemed to have been settled, and the grievant shall have no further right with respect to said grievance.

Third Level: If the grievance is still not resolved, the grievant may appeal the decisions within five (5) school days to the **Superintendent**, who will review the facts and efforts made to resolve the problem and will make a decision in writing to the grievant within five (5) school days. Unless the grievance shall be so appealed, it shall be deemed to have been settled, and the grievant shall have no further right with respect to said grievance.

Fourth Level: If the grievant is not satisfied with the decision of the Superintendent, within five (5) school days after receipt of the decision, he/she may request a review by the **School Board**. The request shall be made in writing through the Superintendent who shall attach all papers relating to the grievance. The grievant's appearance to present his appeal before the School Board shall be scheduled in accordance with regular procedures at this meeting or by accompanied by counsel of his own choice. The School Board shall issue a written decision within thirty (30) days after the meeting with the grievant.

NATCHITOCHEES PARISH SCHOOL BOARD
SECTION 504 PLAN SECURITY/DISTRIBUTION

1. All 504 plans are to be placed in labeled red folders and kept on file in a secured area with the SBLC/School 504 Coordinator.
2. Red folders with ORIGINAL 504 plans are NOT to be taken outside of the school office.
3. Original 504 plans are not to be given to the teacher, but remain with the School 504 Coordinator.
4. School 504 Coordinators will give each teacher/faculty member (e.g. bus driver, food service manager, etc...) who will be responsible for carrying out the accommodations a copy of the plan and have them sign the received form and place it in the red folder.
5. A red sheet of paper is to be placed in the student's cumulative folder to signal the 504 status of the student.
6. Cumulative folders are to receive "Active 504" when it is determined that a student is eligible for 504 services.
7. When a student is no longer eligible for 504 services, the red folder is to be placed in the cumulative folder as part of the student's permanent record and the cumulative folder is to be labeled "Inactive 504 as of: _____" (date).

SECTION 504 PLAN LINK

[https://www.louisianabelieves.com/docs/default-source/assessment/individual-accommodation-plan-\(iap\)-2018-2019.pdf?sfvrsn=c5c5901f_26](https://www.louisianabelieves.com/docs/default-source/assessment/individual-accommodation-plan-(iap)-2018-2019.pdf?sfvrsn=c5c5901f_26)

Instructions for Completion of Section 504 Individualized Accommodation Plan and Standardized Assessment Data Validation Form

Section 504 Individualized Accommodation Plan

The specific intent of the Section 504 Individualized Accommodation Plan (IAP) is to indicate that local education agencies provide accommodations to students with disabilities who are qualified individuals under the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The IAP must be used for the purpose of providing documentation of accommodations on a written plan **for students who need Section 504 accommodations and who may or may not need standardized testing accommodations.**

- **Section 504 Disability:** The completion of Section 504 Disability indicates the district has determined that:
 - the student has a physical or mental impairment that substantially limits one or more of the major life activities,
 - the student needs accommodations, classroom instruction, and possibly statewide assessments that will allow the student to access educational opportunities to the same extent that peers without disabilities are able to do.
- **Do not attempt to diagnose.** Information that indicates diagnosis of a disability, obtained from the student's physician, may be considered when determining eligibility, in addition to data obtained in the educational setting by the SBLC/Section 504 team. If the team determines that the disability substantially limits one or more major life activities, the diagnosis may be included on the IAP. However, parents must not be required to provide medical documentation of conditions such as ADHD, dyslexia, or other disabilities. If information from a licensed medical practitioner, licensed psychologist/psychiatrist, or other medical authority is not obtained, eligibility may be based on data that indicate the presence of characteristics of the student's suspected disability that cause substantial limitation (i.e. characteristics of dyslexia, characteristics of ADHD) as observed and documented in the educational setting. **Note:** When documentation is made available, a medical evaluation or physician's statement of such conditions should not serve as the sole determinant of eligibility. For the purposes of Section 504 eligibility, existence of a disability must be accompanied by evidence of substantial limitation. If there is no presence of **a physical or mental disability that substantially limits one or more of the major life activities**, then the student is not a qualified individual under the Section 504 mandate, and the student should not receive Section 504 accommodations.
- **Documentation/Supporting Data:** Documentation of the evaluation results from the SBLC/Section 504 team must be kept on file and must remain accessible to the Data Validation Committee upon request. The examples listed below are various types of information that may help to support student eligibility under the Section 504 mandate. The Department does not advocate the use of any particular assessment, and it is the local educational agency's responsibility to develop and document appropriate evaluation procedures. Support documentation may include, but is not limited to the following:

- Summary of Doctor's Report/Diagnosis
- Informal Assessments/Teacher Observations
- Curriculum-Based Assessments
- Authentic Assessments
- Formal Assessments that may include, but are not limited to, the following:

WRAT-3	Slosson	PALS	OWLS
TOLD-3	KBITII	GORT-4	DST
KTEA (Brief)	Test of Reading Comprehension-3	DRA	DIBELS
TOWL-3	Test of Problem Solving	PIAT-R	CTOPP
Brown ADD Scales	Conners'	Hawthorne	TOPA

- The decision concerning eligibility must be made by a group of individuals who are knowledgeable about the student, the student's disability, evaluation data, and placement options.
- Individualized Healthcare Plans (IHPs) must be attached to the IAP for further verification of students who receive Section 504 accommodations and who need specific medical procedures conducted during statewide assessment. Data listed on IHPs should be used as part of the Section 504 data-based decision-making process.
- Behavior Intervention Plans (BIPs), or a similar document, must be attached to the IAP when applicable and data listed on BIPs should be used as part of the Section 504 data-based decision making process.
- All content areas, school locations, and activities during which accommodations must be provided should be checked or noted on the IAP.
- All accommodations pertaining to the educational setting, teaching strategies, instructional materials, time demands, and behavior concerns should be checked or noted on the IAP, and all compensatory or additional services should be checked or listed. When necessary, accommodations may be specified or clarified on space provided on the form or on documents attached to the IAP.
- **Accommodations for Standardized Assessment:** The standardized assessment that the student is expected to take during the current IAP cycle should be checked on the form. All accommodations that will be received by the student during the standardized assessment period should be checked or noted, and an appropriate justification for the accommodation should be listed in the designated space on the form. Do not include instructional accommodations in the justification section of this form. There are various instructional accommodations that, if listed as testing accommodations, may constitute test security violations (i.e., peer assistance, guided help, tutor), or subvert the purpose of the test.
Note: Accommodations provided to individual students during standardized assessments should be routinely (i.e. daily) provided to them during instructional time as documented on the first page of the IAP. Any test security violations may result in the student's test being voided. School districts must focus on providing educationally sound accommodations for regular classroom instruction and testing situations.
- **Limited English Proficient (LEP) Students:** The IAP and Data Validation Form are **not** for the use of documenting any type of accommodations for LEP students, unless the student has a qualifying disability under Section 504. LEP is not a disability under the Section 504 mandate.
- **Special Education Students:** The IAP should not be used for students with disabilities who receive Special Education Services, including students with Speech or Language Impairments. Instructional and

test accommodations for these students should be documented on their Individualized Educational Program (IEP).

- **Gifted or Talented Students:** Gifted students with a "qualified disability" under Section 504 must have a Section 504 IAP attached to their IEPs.
- The IAP should be used to address accommodations given during regular instruction for informal and formal in-class assessments. Justification statements must reflect the need for accommodations on statewide assessments and be reflective of accommodations implemented on a routine basis in the educational setting. Accommodations must be justified, and the relationship between the accommodation and disability must be established. There must be evidence that accommodations are routinely provided in a reasonable amount of time prior to standardized assessment, in order to ensure that accommodations do not compromise the validity of the assessment.
- **Signatures:** Signature lines with an asterisk (*) must be original signatures. The parent and student signatures are optional, but it is considered a "best practice" to obtain these. The School Test Coordinator and the District Section 504 Coordinator's signatures must be obtained if the student will require accommodations on statewide assessment.
- Provide parents with a copy of Notice of Parent Rights and document this provision on the IAP. Parental consent must be obtained before an initial Section 504 evaluation is conducted. Parental notice and notice of procedural safeguards are required prior to implementation and revision of Individual Accommodation Plans (IAP).
- This Individual Accommodation Plan must be completed in its entirety. Be specific in your answers and give detailed supporting information from the Section 504/SBLC process. Attach to the IAP necessary documents, memoranda, Individual Health Plans, Behavior Plans, and other relevant documentation, as appropriate. Retain originals or copies of all Section 504 records at the student's school site. Observe procedures to ensure confidentiality of student records.
- Students may receive a variety of accommodations deemed appropriate by the committee (i.e., Students are not limited to instructional accommodations that only apply to statewide assessments. Other instructional, behavioral, environmental, et al. accommodations, if appropriate and needed, may be provided.)
- **Standardized Assessment Data Validation Forms:** LEAs must continue to track accommodations administered during standardized assessments for each identified student with a disability in the school district. However, effective September 2010, submission of the Standardized Assessment Data Validation Form will no longer be required by the Louisiana Department of Education.
- IAPs must not be developed for the sole purpose of providing accommodations on statewide assessments.

Standardized Assessments

- In order for newly identified students to receive accommodations for state assessments, they should be identified and begin receiving the targeted accommodations at least four weeks prior to the identified assessment period. Extenuating circumstances and exceptions may be considered. Students in the process

of transferring from state to state or parish to parish should be considered for exception.

- If an IAP has not been reported during the current academic year, an accommodation plan must be submitted to the LDOE thirty days prior to the administration of the retest for any student retaking any statewide assessment.

Temporary Illnesses and Injuries

- Broken thumbs, wrists, hands, and other temporary injuries or illnesses should no longer be documented on the Section 504 IAP. Only disabilities with an expected duration of six months or longer are considered a disability under Section 504. Temporary disabilities such as these listed may receive accommodations during standardized assessments when documented using the Louisiana Department of Education Temporary Accommodation Plan (TAP).
- Students receiving IDA or Section 504 services have long-term disabilities that should be documented on an Individualized Education Program (IEP) or IAP. These students may have a TAP for temporary conditions expected to last less than six months in duration. Copies of the TAP should be attached to the student's IEP or IAP, distributed to the student's teachers and all other relevant personnel, and submitted to the LEA Section 504 and Test Coordinator prior to the relevant standardized assessment period.

DISCIPLINE

A school may suspend an identified 504 student provided that the district follows procedures for ensuring the student receives FAPE. In the student's current placement, a student may be suspended for no more than ten (10) consecutive days or a series of suspensions that creates a pattern of exclusion totaling ten school days before a significant change of placement occurs.

Before a significant change in a student's placement, the school district must conduct a reevaluation. The school district must convene a group of people that meets Section 504 requirements to determine whether the misconduct is a direct manifestation of the student's disability. The decision must be based upon evaluation procedures that conform to Section 504 regulations.

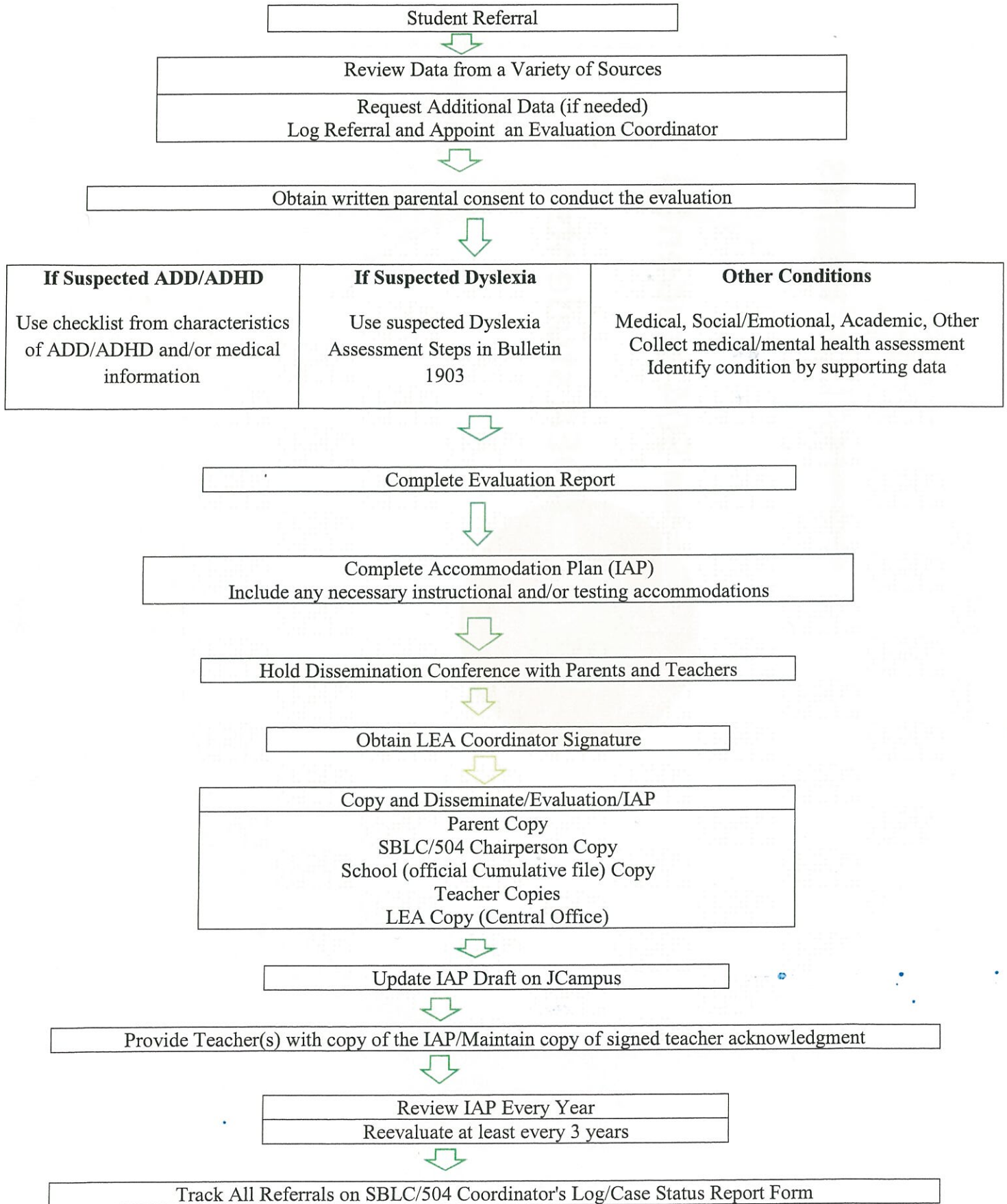
If the misconduct is a direct manifestation of the student's disability, the student may not be suspended and an appropriate educational program must be developed. If the misconduct is not a direct manifestation of the student's disability, the student may be excluded from school in the same manner that similarly situated students without disabilities are excluded. In both instances, parents have a right to request a due process hearing.

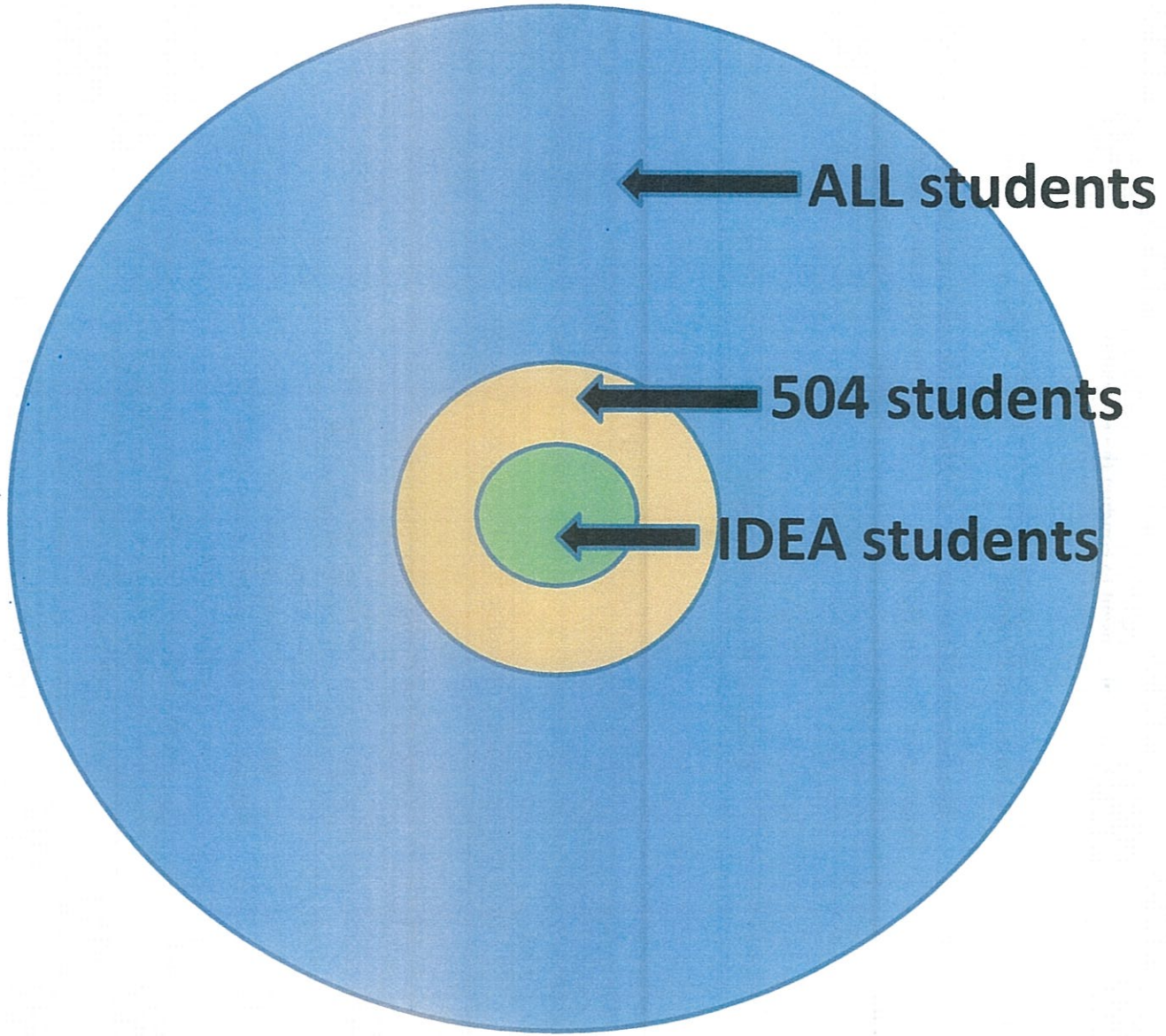
Schools may take disciplinary action in situations where Section 504 students are "currently engaging (in) the illegal use of drugs or in the use of alcohol to the same extent that such disciplinary action is taken against non-disabled students."

For students who exhibit recurrent behavioral difficulties, it is appropriate for the SBLC/Section 504 Committee to conduct a Functional Behavioral Assessment to determine the underlying cause of the behavior and write an appropriate Behavior Intervention Plan (BIP). The purpose of the BIP is to maintain the current placement determined by the team to be appropriate to meet education needs. When a BIP is in place, it is imperative that the plan be implemented.

Prior to any disciplinary hearing where expulsion is being considered as a disciplinary action, a Manifestation Determination Review must be conducted by the SBLC/504 Committee.

Flow Chart for 504 Evaluation Procedures Evaluation completed by Committee of Knowledgeable Persons







Who should attend the meeting????

Required Individuals:

1. SBLC Lead Person
2. Principal/Designee
3. Referring Teacher
4. DESS Teacher
5. Parent/Guardian
6. Student (when appropriate)

Other Recommended Individuals:

1. Pupil Appraisal Team Member
2. Instructional Specialist
3. PBIS Team Member (If behavior is a concern)
4. School Counselor
5. School Nurse
6. Speech Pathologist
7. District Coordinator (when needed)



Accommodation- Any technique that alters the academic setting or environment. An accommodation generally does not change the information or amount of information learned. It enables students to show more accurately what they actually know.

Dysgraphia – difficulty with producing written symbols, usually resulting in slow, poor-quality handwriting.

Dyslexia – is a language processing disorder which may be manifested by difficulty processing expressive or receptive, oral, or written language despite adequate intelligence, educational exposure, and cultural opportunity.

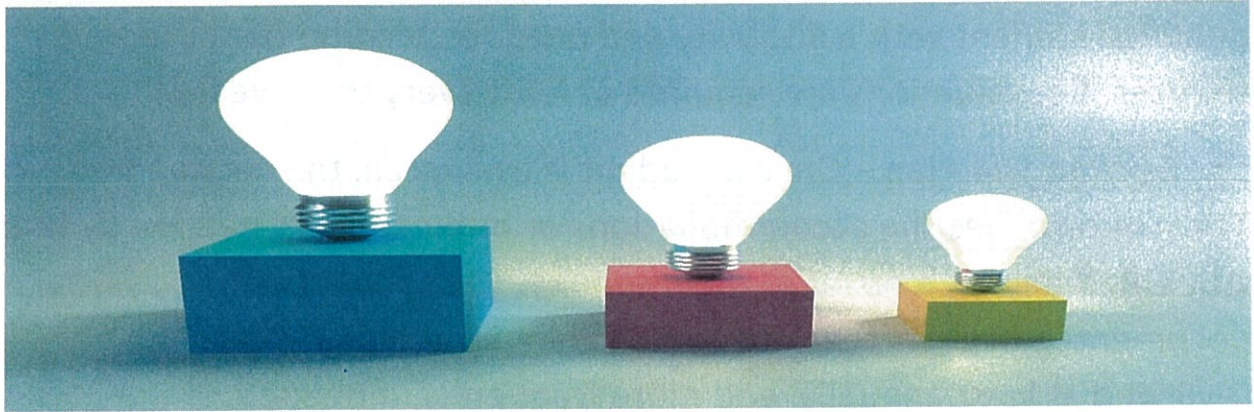
Specific manifestations may occur in one or more areas, including difficulty with the alphabet, reading, comprehension, writing, and spelling.

Phonological Awareness – an understanding that words are made up of individual speech sounds distinct from their meaning and that those sounds can be manipulated.

Evaluation – the process of review, examination, and interpretation of intervention efforts, test results, interviews, observations, and other assessment information relative to the determination of eligibility as a

qualified student with a disability and need for accommodations and services. Reevaluations are required at least every three years.

The Section 504 Plan – Once a student is evaluated, the Section 504 Team determines the accommodations or other services needed by the student, if any, as a result of the disability. The services are documented in a written Section 504 Plan. Section 504 Plans must be reviewed at least annually, and more frequently, if needed.



Prior to a referral to the SBLC, teachers shall implement appropriate interventions to address the area of concern.

- Any student may be referred to the School Building Level Committee (SBLC). The referral may be made by a teacher, parent, or a self-referral.
- The SBLC will send written notice to the parent of the date, time and location of the meeting.
- The SBLC will meet with parent/guardian and teacher on the assigned SBLC date, unless the parent agrees to waive the predetermined date, and meet on a mutually agreed upon date and time.
- The SBLC will review any and all interventions implemented by the classroom teacher.
- If interventions have not been implemented at the time of the SBLC, interventions will be discussed.
- SBLC will review cumulative record, standardized test scores, report card grades, work samples, medical reports, and any other information deemed necessary.

- All concerns should be documented by SBLC. If there is a medical concern, the SBLC may request and or include medical documentation of disability. (Though this information is NOT required).
- Screenings for vision and hearing shall be referred to the school nurse, speech/language referred to the speech evaluator, and motor screening referred to the physical education specialist (OT/APE). If the child is not successfully participating in regular P.E., then a referral is made for further screening to the adapted physical education specialist.

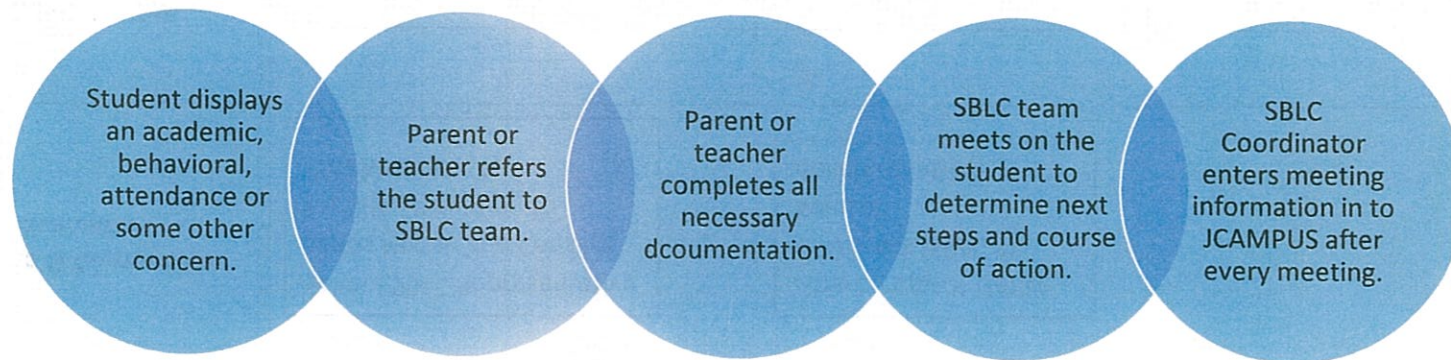
The committee should make recommendations at the conclusion of the SBLC meeting. These may include:

1. Accommodations/interventions in the regular education classroom.
2. Recommendation for a Section 504 evaluation. The 504 evaluation shall be completed within 60 operational days upon receipt of parent/guardian permission. The SBLC conducts the evaluation and determines Section 504 eligibility.
3. If the student does not meet eligibility criteria under Section 504, no further action is required and the student continues in the regular education setting.
4. The SBLC is responsible for referrals to pupil appraisal to determine DESS eligibility. If the committee determines an IDEA evaluation is not appropriate a Notice of Ineligibility will be provided to the parent.

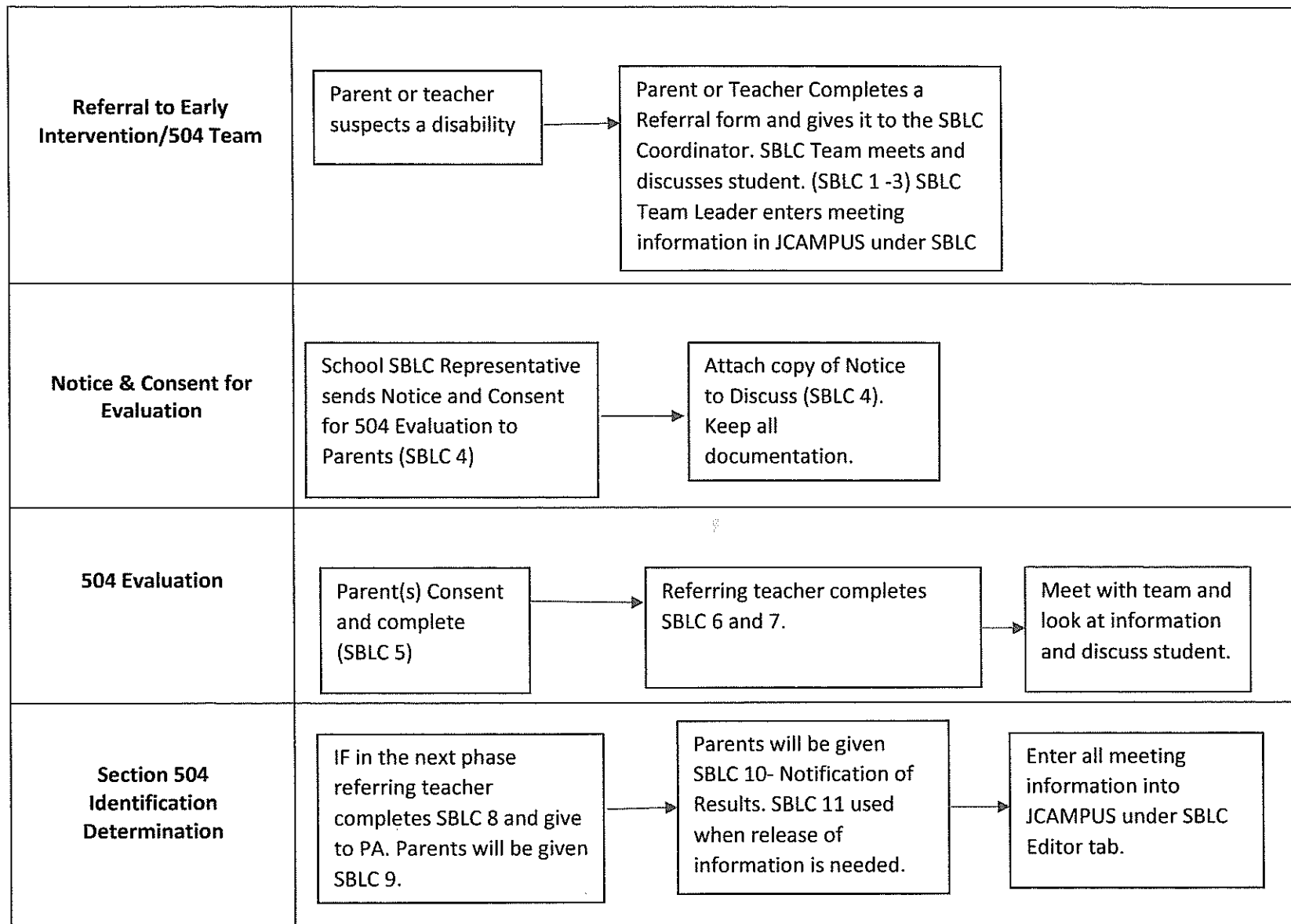
5. A Section 504 reevaluation will be conducted every three years in order to examine the student's current performance and determine the need for continued eligibility.

A Section 504 IAP Review will be conducted annually (one time a year) on or before the anniversary date of the previous IAP, or within a reasonable period of time.

Steps for referring students to SBLC



GENERAL OVERVIEW OF SECTION 504 PROCESS AND PROCEDURES



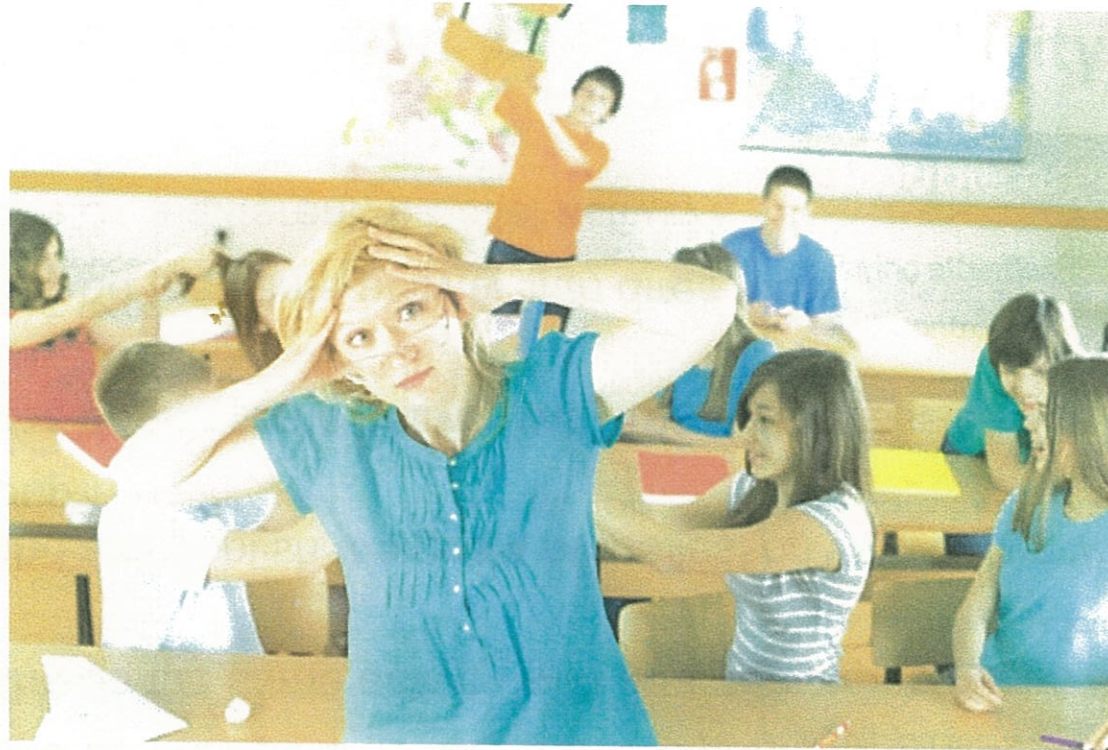
<p>During Meeting</p>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 5px; width: 150px;">Give parents their rights sheet first.</div> <div style="font-size: 20px;">→</div> <div style="border: 1px solid black; padding: 5px; width: 150px;">Have someone take notes on Meeting Summary Page.</div> <div style="font-size: 20px;">→</div> <div style="border: 1px solid black; padding: 5px; width: 150px;">Get all signatures that are needed.</div> </div>
<p>IAP Form</p>	<div style="border: 1px solid black; padding: 10px;"> <p>Complete the IAP Form during Section 504 Identification Determination at the top. Only give the accommodations that are needed. If there is an asterisk -get the signature.</p> </div>
<p>Annual Review & Three-Year Reevaluation</p>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 5px; width: 180px;">Review Section 504 Plan at Least annually</div> <div style="font-size: 20px;">→</div> <div style="border: 1px solid black; padding: 5px; width: 200px;">Reevaluate at least every three years to determine eligibility and need for services.</div> </div>

When to Consider a Referral to SBLC:

1. When a student is referred for a special education evaluation, but is determined not eligible for services under the IDEA the student may be referred to SBLC for consideration of the need for accommodations; or if the school decides not to do an evaluation under the IDEA.

****NOTE: Section 504 eligibility is not an automatic guarantee if a student does not qualify for special education services.***

2. When suspension or expulsion is considered for any student. (Second suspension-refer for behavior)
3. When retention is being considered for any student.
4. When a student shows a pattern of not benefiting from the instruction provided.
5. When a student returns to school after a serious illness, injury, and/or hospitalization (including psychiatric)
6. When a student exhibits a chronic health condition.
7. When a student is identified as “at risk” or shows the potential of dropping out of school. (High school students)
8. When a student is no longer eligible for DESS.
9. Whenever a disability of any kind is suspected.
- ← 10. When new building construction or remodeling may create accessibility issues.
- ← 11. A student is taking medication for ADD/ADHD



- *Kids who misbehave in school have a harder time learning.*
- *Behavior intervention plans (BIPs) aim to prevent behavior that gets in the way of learning.*
- *A BIP is a formal, written plan that teaches and rewards good behavior.*

A BIP can be a single page or multiple pages with three main parts:

- 1. Lists the problem behavior*
- 2. Describes why it's happening*
- 3. Puts in place strategies or supports to help. (Contact Jennifer Ingram)*



Selecting Options

When deciding what accommodations and modifications are appropriate for the student, ask these questions:

- Can the student participate in the activity in the same way as her peers?
- If not, can she do the same activity with adapted materials?
- If not, can she do the same activity with adapted expectations and materials?
- If not, can she accomplish the goals of the lesson by working with a partner or small group?
- If not, can she do the same activity with intermittent assistance from an adult?
- If not, can she do the same activity with direct adult assistance?
- If not, can she do a different, parallel activity?

What is RTI and Why RTI?

Response to Intervention

Students need extra time, extra help, a little more love.

RTI will be replaced by WIN but will still focus on the needs of the students.

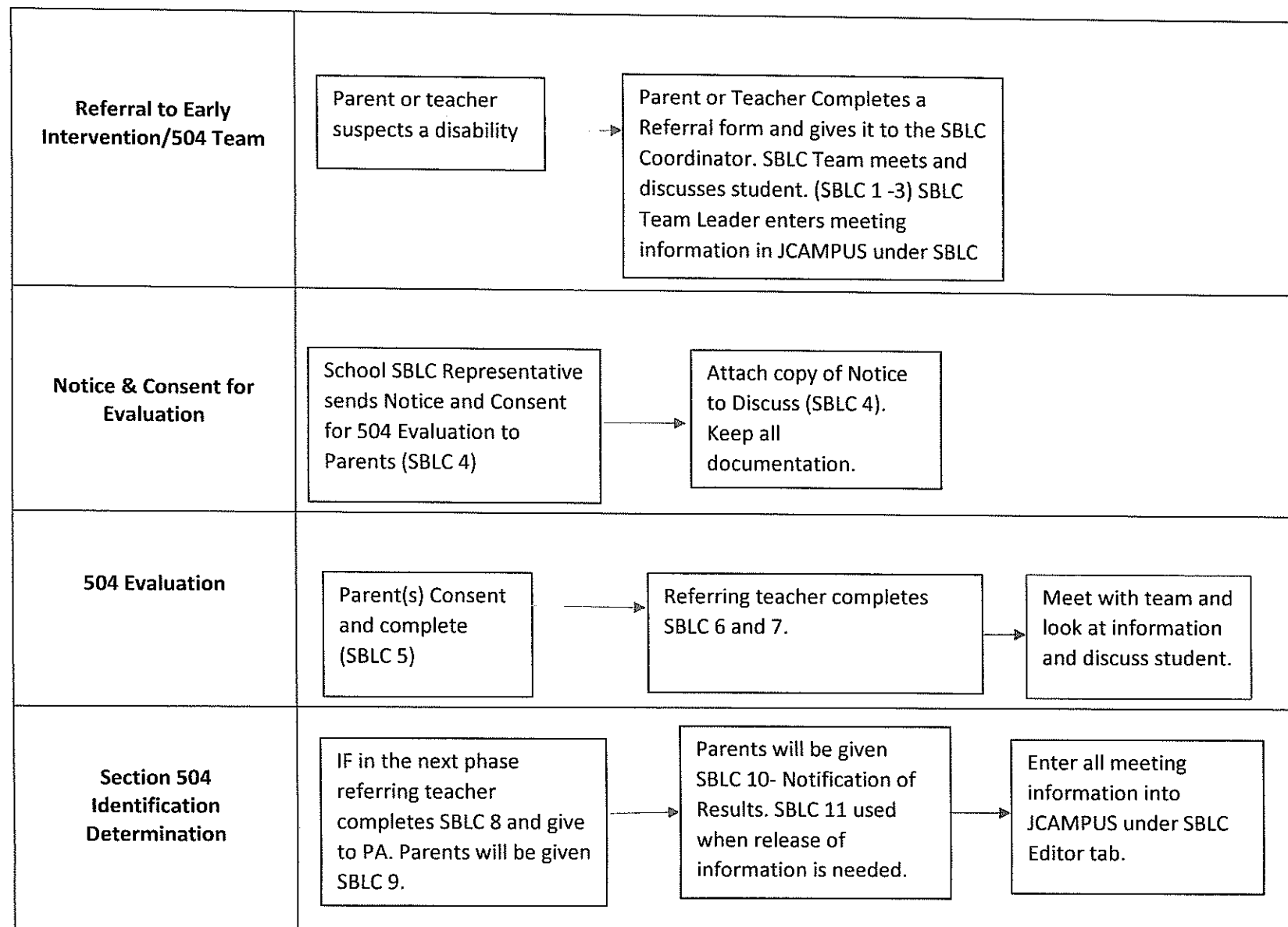
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ADA- Americans with Disabilities Act

ADAAA- Americans with Disabilities Act Amendments Act

ADD- Attention Deficit Disorder

ADHD- Attention Deficit Hyperactivity Disorder

BIP- Behavioral Intervention Plan

DESS- Department of Exceptional Student Services

FAPE- Free, appropriate, public education

IAP-Individual Accommodation Plan (also referred to as Section 504 Plan)

IEP- Individual Education Plan (DESS Students)

IDEA- Individuals with Disabilities Education Act

LD- Learning disability

LRE- Least restrictive environment

OCR- Office for Civil Rights

PA- Pupil Appraisal



Who Do I Contact?

Truancy- Anita Dubois

Student Attempting or Talking About Suicide- Jennifer Ingram

Gifted/Talent Referral- Sarah McElwee

Behavioral Interventions- Jennifer Ingram

504/SBLC – Sandy Irchirl

Testing Information- Sandy Irchirl

IEP Questions- School PA Contact

DESS- School DESS Contact Teacher or PA

Speech Issues-School Level Speech Teacher (for next steps)

Vision and Hearing Issues-School Nurse

Very Very Very Berry Berrrrrrrrrry Important

VIRTUAL LEARNING DOES NOT CANCEL A 504 PLAN REPEAT VIRTUAL LEARNING DOES NOT CANCEL A 504 PLAN!!!!!!!!!!!!!!!

If you have a student with an IAP and they are virtual; those accommodations **must** still be provided.

Have teachers document that they are providing accommodations to those students.

- Make sure teachers who are teaching students with IAPs sign off that they have received the students' accommodations.
- Teachers should make some type of note of accommodations given on "graded assignments" (student was given-an additional day; 30 extra minutes, etc.)
- Make sure that teachers are in communication with the parents and that they are aware of the accommodations that the students are being given.
- Make sure that parents understand that an IAP **does not** mean that a student does not have to do the work, it does not mean that students take as much time as they want to do the work, and it does not mean that they will automatically pass.

Teachers who are teaching virtual students with IAPs and do not understand some of the accommodations should ask and get clarification.

Students who are being taught virtually and are actually trying to do the work and teachers notice that the student would benefit from accommodations can refer a student. The same protocols must be taken as far as gathering student data.

In the case of meeting with parents virtually for meetings you definitely can. Give the parents notice in advance, so that they will be available for the meeting. Let the parents know that you can document virtual attendance on the form if they would like or you can leave it at the front office. Parents must still be given the rights. You can email it to them or mail it to them, but make sure they have it.

Virtual meetings must still have the required members in attendance. Remember to cover yourself and do it correctly.

NATCHITOCHE PARISH SCHOOL BOARD

SECTION 504 ELIGIBILITY FORM

Student Name: _____ Date of Birth: _____

SASID #: _____ School: _____

Definitions:

- Disabled Person – anyone with a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.
- “Major life activities” – daily activities such as learning, caring for one’s self, performing manual tasks, walking, seeing, speaking, breathing, or working.

Does the student meet criteria in the above definition: YES or NO

If “YES,” what is the Section 504 Disability? (Check all that apply)

1. _____ AD/HD Characteristics
2. _____ Dyslexia Characteristics
3. _____ Other (i.e. medical)

What major life activity is affected by this condition? (Check all that apply)

1. _____ Learning
2. _____ Speaking
3. _____ Self-Care
4. _____ Manual
5. _____ Seeing
6. _____ Walking
7. _____ Hearing

What data was used to support this decision? (list all sources or instruments)

How does the disability substantially limit a major life activity? (List areas of difficulty).

Considering the above information, the SBLC recommends the following:

1. _____ Eligible for services under Section 504 for Characteristics of AD/HD.
2. _____ Eligible for services under Section 504 for Characteristics of Dyslexia or Related Disorders.
3. _____ Eligible for services under Section 504 for Characteristics of _____.

Signatures

Position

* A copy shall be given to the parent and one filed in the student’s cumulative folder.

NATCHITOCHE PARISH SCHOOL BOARD
PARENT NOTICE OF DEVELOPMENT & IMPLEMENTATION OF INITIAL SECTION 504/IAP

Notice of Development and Implementation of Initial SECTION 504 IAP

Parents of: _____ Date: _____

As a result of the School Building Level Committee screening results, it has been determined that your child has a disability under Section 504 that requires an accommodation plan to ensure your child has full access to all school activities. In order to develop the 504 Plan your attendance and permission is encouraged. The 504 Committee meeting is scheduled for:

Date: _____

Time: _____

Place: _____

School Phone: _____

If the date and time are inconvenient and you wish to reschedule, please notify the principal or 504 Coordinator.

Sincerely,

SBLC Chairperson

Return this portion to your child's teacher. Student Name: _____

_____ Yes, I will attend the 504 meeting to develop a 504 Plan for my child.

_____ No, I will not be able to attend at this time. I would like to reschedule this meeting. Please contact me at: _____.

_____ No, I will not be able to attend the 504 meeting. Please send me a copy of the plan upon completion.

Parent Signature: _____ Date: _____





**NATCHITOCHE PARISH
SCHOOL BOARD**
TOGETHER WE CAN

Notice of Ineligibility Form

Section 504 Ineligibility

Parents of: _____ Date: _____

Based on the data reviewed by the School Building Level Committee, it has been determined that your child does not meet the eligibility requirements to receive services provided by Section 504 under the Rehabilitation Act of 1973. If you disagree with this decision, you have the right to request an impartial hearing. Enclosed is a copy of your Parent Rights (504-13) and a Request for a Hearing (504-6).

If you have any questions, do not hesitate to contact the School 504 Coordinator at: _____.

Sincerely,

Section 504 Coordinator

Signatures:

School 504 Coordinator Date

Principal/Designee Date

Classroom Teacher Date

Committee Member Date

Parent/Guardian Date

- Make a note if mailed and keep a copy in Student's File.



NATCHITOCHE'S PARISH SCHOOL BOARD
NOTIFICATION OF ANNUAL REVIEW OF 504 ACTION PLAN
on

_____ Student

_____ Date

Parent: _____

Address: _____

Phone: _____

Section 504 Action Plans of Accommodations/Modifications are required by law to be reviewed annually and revised, if necessary.

Date: _____

Time: _____

Place: _____

School Phone: _____

It is the SBLC's hope that you can be present at this meeting and that you participate in this review process. If this time and date are not convenient for you or if you have any questions or need more information, please call me at _____. Thank you for your cooperation in this matter.

Sincerely,

504 Chairperson _____

Return this portion to your child's teacher. Student Name: _____

_____ Yes, I will attend the 504 meeting to develop a 504 Plan for my child.

_____ No, I will not be able to attend at this time. I would like to reschedule this meeting. Please contact me at: _____.

_____ No, I will not be able to attend the 504 meeting. Please send me a copy of the plan upon completion.

Parent Signature: _____ Date: _____

**NATCHITOCHE PARISH SCHOOL SYSTEM
ANNUAL REVIEW OF SECTION 504 ACTION PLAN**

STUDENT _____ GRADE _____ DATE _____

TEACHER _____ SCHOOL _____

The following determination(s) was/were agreed upon by the School Building Level Committee (SBLC) at the annual 504 Review meeting.

The 504 Action Plan dated _____ has been:

_____ reviewed and accepted.

_____ reviewed and current modifications will be continued.

_____ reviewed and changes have been made. A new Action Plan is attached.

_____ reviewed and the decision was made to stop the Action Plan and to exit the student from the program.

_____ reviewed and the decision was made to refer the student to Pupil Appraisal.

Additional Notes:

SIGNATURES:

PARENT(S): _____

TEACHER: _____

SBLC/SECTION 504 CHAIR _____



**NATCHITOCHE PARISH SCHOOL BOARD
SECTION 504 TEACHER VERIFICATION FORM**

Dear Teachers:

Attached you will find classroom accommodations/modifications to be implemented as a result of the SBLC findings regarding the following student:

Name: _____ SASID#: _____

It is imperative that these modifications be implemented for this student so that we are in compliance with Section 504, a federal law which protects the rights of students with disabilities. Failure to comply with the law regarding classroom modifications can result, for example, in an investigation by the Office for Civil Rights (OCR). If OCR determines that the school district has violated federal mandates pertaining to children with disabilities, such rulings can result in loss of all district funds as well as possible personal civil liability of district employees who fail to comply with the law.

CONFIDENTIALITY AND SENSITIVITY dictate that the student's disability and the accommodations/modifications be discussed and implemented privately between teacher and student without making others in the classroom aware of either the disability or accommodations/ modifications. In some instances, it will be impossible for others in the room not to be aware of certain accommodations/modifications. However, please handle as discretely as possible to protect the student's rights to confidentiality.

Thank you for your continued efforts on behalf of all students.

I have read the above compliance and received the 504 Action Plans of Accommodations/ Modifications.

Signature of Receipt:

Date:



SECTION 504 MANIFESTATION DETERMINATION FORM

Student Name: _____ Student #: _____
School: _____ Grade: _____
Date of Current 504 Evaluation: _____ Date of Current IAP: _____
504 Disability: _____ Date of Manifestation Determination: _____

Describe the behavior or incident that is subject to disciplinary action: _____

List sources of information and diagnostic information used to describe the student's disability.

What accommodations or services are indicated on the current 504 Plan? _____

Check the following statements that the 504 Team determines to be true:

Yes **No**

- The 504 Team has reviewed and considered all of the above information.
- The 504 Plan is appropriate and current for the student.
- All of the accommodations on the 504 Plan have been provided.
- The student's disability does not impair his/her ability to control the misbehavior.
- The student's disability does not impair his/her ability to understand the consequences of the misbehavior.

All boxes must be checked "Yes" in order for it to **not** be a manifestation. If any answer is checked "No," the student's behavior is a manifestation.

Check the following statement that the 504 Team determines to be true:

_____ The current behavior under consideration IS a manifestation of the student's disability and any disciplinary change of placement shall be withdrawn.

_____ The current behavior under consideration IS NOT a manifestation of the student's disability and the student may be disciplined in the same manner as a student without disabilities.

Parent Signature

Principal/Disciplinarian

Section 504 School Coordinator

Section 504 District Coordinator

Person Knowledgeable of Disability

Committee Member

**NATCHITOCHE PARISH SCHOOL BOARD
SECTION 504 GRIEVANCE**

Date: _____

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Name of Student: _____

Your Relationship to Student: _____

School Student Attends: _____

Nature of your Grievance: (Please describe the reason for your grievance.)

Please describe the corrective action you wish to see taken with regard to the grievance:

Signature of Grievant

Date

504 Coordinator's Signature

Date

Return to:
Sandy J. Irchirl
Section 504 Coordinator
Natchitoches Parish School Board
310 Royal Street
Natchitoches, LA 71457





PARENTAL RIGHTS

Section 504 of the Rehabilitation Act of 1973

The following description of the rights granted by federal law to parents of students with disabilities is intended to keep you, the parent(s), fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

You have a right:

- to have your child take part in, and receive benefit from, education programs or activities without discrimination based on his/her disability;
- to have the school district advise you of your rights under Federal regulations;
- to receive notice with respect to the identification and evaluation of your child and the determination if your child is a qualified individual requiring accommodations necessary to provide access to educational programs and activities;
- to have your child receive a free appropriate education in the least restrictive environment;
- to have your child receive services and be educated in facilities comparable to those provided to nondisabled students;
- to have evaluation, educational, and placement decisions made based on a variety of information sources, and by persons who know your child and who are knowledgeable about the evaluation data and placement options;
- to have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
- to have the opportunity to review relevant educational records under the Family Education Rights and Privacy Act (FERPA);
- to request a hearing before an impartial hearing officer by notifying the school principal and Natchitoches Parish Section 504 Coordinator should you disagree with the group/teams/committee making decisions regarding the evaluation and accommodation plan for access to educational programming and/or facilities.

If you wish to contest an action taken by the Section 504 Committee by means of an impartial due process hearing, you must submit a Notice of Appeal or a Request for Hearing to the District's Section 504 Coordinator at the address below:

Sandy Irchirl
SBLC/504 Coordinator
Natchitoches Parish School Board
310A Royal Street
P.O. Box 16
Natchitoches, LA 71457
Phone: (318) 352-8389 Fax: (318) 357-0653
e-mail: sirchirl@nat.k12.la.us



**NATCHITOCHE PARISH SCHOOL BOARD
SECTION 504 STUDENT ACCOMMODATION REFUSAL FORM**

Student's Name: _____ Date: _____ Grade: _____

School: _____ Teacher: _____

The student and parent must sign this form if the student chooses not to accept accommodations as specified on the Section 504 Individual Accommodation Plan.

Student:

I understand that my parent/guardian will be notified and must approve of my decision by signing this form. I select not to accept class and test accommodations as recommended by the Section 504 Committee.

I, _____, (student's name) will not accept the accommodations as specified on my Individual Accommodation Plan.

Signature of Student

Date

Parent/Guardian

The parent/guardian must sign acknowledging and approving the student's decision.

I am the parent/guardian of _____ (student's name).
I approve of the student's decision not to accept accommodations as specified on his/her Section 504 Individualized Accommodation Plan. I reserve the right to request a review of my child's Section 504 I Individual Accommodation Plan Individual Accommodation Plan.

Signature of Parent/Guardian

Date

**Copy to parent, student, and original in Student 504 folder.

Natchitoches Parish School Board
State Assessment
Section 504 Student Accommodation Refusal Form

The **student and parent** must sign this form if choosing **not** to accept accommodations as specified on the Section 504 – Individual Accommodation Plan for any state assessments. No testing can begin or proceed until this form is completed.

Student's Name: _____ Date: _____

School: _____ Grade: _____

I, the parent of _____, am requesting that my student not receive any accommodations for any state assessments. The accommodations that I am rejecting are those specified on my student's Section 504 Individual Accommodation Plan. I reserve the right to request a review of my child's Section 504 Individual Accommodation Plan.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Section 504 School Coordinator's Signature _____ Date _____

School Test Coordinator's Signature _____ Date _____

***Copy to parent, student, School Test Coordinator, and original in Student's 504 folder.



NATCHITOCHEES PARISH SCHOOL BOARD
SECTION 504
MEETING AGENDA

1. Introduction/roles
 - a. Sign meeting notice
 - b. Procedural safeguards

2. Evaluation
 - a. Statement of areas of classroom problems or concerns
 - b. Parent input
 - c. Sources of data reviewed
 - d. Physical or mental impairment
 - e. Substantial limitations of major life activity
 - f. Determination of the need to accommodate educational program
 - g. Signatures

3. Section 504 Accommodation Plan (if eligible)
 - a. Description of the problem/concern
 - b. Basis for determination of disability
 - c. Description of how the disability affects a major life activity
 - d. Accommodations
 - e. Other relevant information
 - f. Parent rights
 - g. Signatures

Instructions: Complete the form for students with a 504 disability requiring accommodation(s):

- Accommodation(s) does not change the construct being measured by the test
- Student receives the accommodation(s) in the classroom on a regular basis
- Accommodation(s) must be entered at the local level and be reflected in SIS
- Please refer to the LEAP 2025 Accommodations and Accessibility Manual for LEAP 2025 and EOC guidance on the use of appropriate accommodations, access for all features, and accessibility features.

Local Educational Agency (LEA): _____

STUDENT				
Last Name:	First Name:	10 Digit LA Secure I.D.:	DOB:	Grade:
School:		504 Chairperson:		
Meeting Date:		Date of Most Recent Section 504 Evaluation (within 3 years):		
Triennial Review Due Date:				
First Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____				

PART A. SECTION 504 DISABILITY (Check all that apply): Identified impairment that *substantially limits* one or more major life activities: (More than one source of supporting data needed. Attach any additional information.)

ACADEMIC/LEARNING CHARACTERISTICS OF	
Documentation of evidence-based intervention(s) should be provided.	
<input type="checkbox"/> 01 DYSLEXIA (<i>Bulletin 1903</i>) <input type="checkbox"/> 02 DYSGRAPHIA	<input type="checkbox"/> 04 OTHER ACADEMIC/LEARNING DISABILITY (Select all that apply): <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Other If other, specify: _____

Cite evidence used in identification process. Attach any additional information.

SOCIAL/EMOTIONAL CHARACTERISTICS OF	
Multiple sources of documentation of characteristics required.	
<input type="checkbox"/> 03 ADD/ADHD <input type="checkbox"/> 05 BEHAVIOR DISORDER <input type="checkbox"/> 06 OPPOSITIONAL DEFIANT DISORDER <input type="checkbox"/> 07 ANXIETY DISORDER	<input type="checkbox"/> 26 DISRUPTIVE MOOD DYSREGULATION DISORDER <input type="checkbox"/> 08 BIPOLAR DISORDER <input type="checkbox"/> 09 AUTISM SPECTRUM DISORDER (ASD) <input type="checkbox"/> 24 OTHER (none of the above applies) (Specify): _____

Cite evidence used in identification process. Attach any additional information.

MEDICAL	
Evidence of diagnosis by authorized provider required.	
<input type="checkbox"/> 10 DIABETES/HYPOGLYCEMIA/OTHER RELATED DISORDER <input type="checkbox"/> 11 SEVERE ASTHMA OR OTHER RESPIRATORY CONDITION <input type="checkbox"/> 12 SEVERE ALLERGIES OR ANAPHYLAXIS <input type="checkbox"/> 13 CHRONIC FATIGUE SYNDROME <input type="checkbox"/> 14 MIGRAINE HEADACHES <input type="checkbox"/> 15 BROKEN (expected 6+ months duration) OR MISSING BODY PART <input type="checkbox"/> 16 EYE ABNORMALITY/VISION IMPAIRMENT <input type="checkbox"/> 17 EAR ABNORMALITY/HEARING IMPAIRMENT	<input type="checkbox"/> 18 DIGESTIVE OR EATING DISORDER <input type="checkbox"/> 19 BLADDER DISORDER <input type="checkbox"/> 20 NEUROLOGICAL DISORDER <input type="checkbox"/> 21 CIRCULATORY/ENDOCRINE DISORDER <input type="checkbox"/> 22 OTHER SYNDROME OR RARE DISEASE (Specify): _____ <input type="checkbox"/> 23 DRUG OR SUBSTANCE ABUSE RELATED <input type="checkbox"/> 25 OTHER (none of the above applies) If other, specify: _____

Specify all supporting data considered including doctor's name, diagnosis, and date of diagnosis as well as any other information used in the eligibility determination process. Attach any additional information.

DOCUMENTATION	
(27) Behavior Management/Intervention Plan is attached (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Additional Supporting Data:
(28) Medical Plan/IHP is attached (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	
(29) Other relevant documents are attached (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Local Educational Agency (LEA): _____

STUDENT

Last Name: _____

First Name: _____

10 Digit LA Secure I.D.: _____

School: _____

CLASSROOM ACCOMMODATIONS AND MODIFICATIONS

*Below are accommodations and modifications that can be utilized within the classroom, classroom tests, and district assessments. These should be aligned to the accommodations for state assessments in Part I to the extent possible.

None. If no accommodations are necessary, go directly to Part J.

PART B. AREA(S) WHERE IAP IS NEEDED: *(Teachers responsible for the subjects checked must receive a copy of this IAP.)*

- | | | | | | |
|----------------------------------|------------------------------------|---|---|---|--|
| <input type="checkbox"/> Math | <input type="checkbox"/> Art/Music | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Vocational Electives | <input type="checkbox"/> English | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Spelling | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Library | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Gifted/Talented |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Science | <input type="checkbox"/> Health | <input type="checkbox"/> Other: _____ | | |

Specify the rationale for accommodations for the indicated setting(s), including the data used to make the determination. Attach any additional information.

*The listed accommodations must be appropriate and must not subvert the purpose of the test.
The District 504 Coordinator should be consulted for appropriateness of other accommodations not listed below.*

PART C. ACCOMMODATIONS FOR SETTING

- | | |
|--|---|
| <input type="checkbox"/> (01) Assign preferential seating | <input type="checkbox"/> (09) Change location to increase physical access |
| <input type="checkbox"/> (08) Post or provide visual cues and/or markers | <input type="checkbox"/> (11) Stand near student when giving directions/redirection |
| <input type="checkbox"/> (13) Instruction: <input type="checkbox"/> Individual, <input type="checkbox"/> Small Group, or
<input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> (07) Other
Specify reason: _____ |

PART D. ACCOMMODATIONS FOR PRESENTATION/RESPONSE

- | | |
|---|--|
| <input type="checkbox"/> (01) Use graphic organizers as teaching/learning tools | <input type="checkbox"/> (21) Do not count off for spelling when grading content |
| <input type="checkbox"/> (03) Use teacher-initiated signal to redirect attention | <input type="checkbox"/> (23) Computer-assisted instruction |
| <input type="checkbox"/> (05) Break tasks and procedures into sequential steps | <input type="checkbox"/> (25) Alter format of materials on page (e.g., font/spacing/color) |
| <input type="checkbox"/> (08) Modify assignments (e.g. vary length, limit number of items) | <input type="checkbox"/> (15) Use virtual/multisensory modes to reinforce instruction |
| <input type="checkbox"/> (09) Color code material | <input type="checkbox"/> (36) Monitor assignments daily |
| <input type="checkbox"/> (37) Provide study assistance (Select all that apply): <input type="checkbox"/> Peer notes <input type="checkbox"/> Photocopies of teachers notes <input type="checkbox"/> Study guide <input type="checkbox"/> Other
If other, specify: _____ | |
| <input type="checkbox"/> (38) Assign (Select all that apply): <input type="checkbox"/> Notetaker <input type="checkbox"/> Peer tutor <input type="checkbox"/> Scribe <input type="checkbox"/> Work buddies <input type="checkbox"/> Other
If other, specify: _____ | |
| <input type="checkbox"/> (12) Provide options for student to obtain information and demonstrate knowledge through use of (Select all that apply):
<input type="checkbox"/> Alternate project <input type="checkbox"/> Interviews <input type="checkbox"/> Oral reports <input type="checkbox"/> Dramatization <input type="checkbox"/> Multiple choice items <input type="checkbox"/> Essay responses <input type="checkbox"/> Other
If other, specify: _____ | |
| <input type="checkbox"/> (13) Appropriate format for instructional/supplemental materials (e.g. audio, digital, large print) (Specify): _____ | |
| <input type="checkbox"/> (14) Other (Specify): _____ | |

PART E. ACCOMMODATIONS FOR TIME DEMANDS

- | | |
|---|---|
| <input type="checkbox"/> (01) Extended Time (Select all that apply): <input type="checkbox"/> Classroom <input type="checkbox"/> Homework <input type="checkbox"/> Projects
If other, specify: _____ | |
| <input type="checkbox"/> (02) Provide timelines for completing tasks in chunks | <input type="checkbox"/> (05) Provide assistance for transitions (Specify): _____ |
| <input type="checkbox"/> (03) Allow breaks during work periods or between tasks | <input type="checkbox"/> (09) Other (Specify): _____ |

Local Educational Agency (LEA): _____

STUDENT			
Last Name:	First Name:	10 Digit LA Secure I.D.:	School:

PART F. ACCOMMODATIONS/PROVISIONS FOR BEHAVIOR CONCERNS

- (02) Establish procedures and routines to help complete activities
- (04) Determine reason for behavior and teach replacement skills
- (05) Visits with counselor or other service personnel
- (06) Develop, implement, and monitor a structured behavior intervention plan (BIP) Note: Required for students who exhibit recurrent problematic behavior and/or have repeated suspensions. (*Behavior Intervention Plan attached*)
- (07) Minimize triggers (Specify): _____
- (08) Other (Specify): _____
- (09) Tiered Positive Behavior Support Program
- (12) Structured social skills training/formal instruction

PART G. ASSISTIVE TECHNOLOGY

- (01) Manipulatives
 - (02) Organizers
 - (03) Highlighters/Markers
 - (24) Text to Speech Program
 - (06) Digital/Electronic Books
 - (25) Speech to Text
 - (08) Digital Recorder
 - (09) Colored reading filters/overlays
 - (10) Adapted grips, pencils, utensils, other tools (Circle)
 - (12) Electronic Scribe/Recorder
 - (13) FM System
 - (11) Calculator ****Only available for students with a disability that severely limits or prevents the ability to perform basic math calculations (i.e., student is unable to perform single digit addition, subtraction, multiplication, or division) even after varied and repeated attempts to teach the student to do so. Refer to the LEAP 2025 Accommodations and Accessibility Manual****
- Specify the math-related disability AND ALL data used to determine the appropriateness of the accommodation. Attach any additional information.

- (07) Word Processor with certain features (Select all that apply): Talking spell checker Grammar checker Word prediction Other
If other, specify: _____
- (26) Other (Specify the technology needed and identify all of the data used to make this determination. Attach any additional information.)

PART H. CLASSROOM ACCOMMODATIONS FOR TESTS/QUIZZES

- (00) Accommodations are needed at this time. Yes No (If no, proceed to Parts J and K)
- (00) Altered testing format is required at this time. Yes No (If yes, specify below)
Altered testing format needed: _____ Reason for altered format: _____
- (01) Prior notice of tests
- (12) Shortened tests
- (10) Allow student to write on tests
- (02) Increased time for written projects:
If other, specify: _____
- (05) Modified test format
I understand that the selected accommodations must be appropriate and must not subvert the purpose of the test. I have consulted with the District 504 Coordinator for the appropriateness of other accommodations not listed above.
Specify modified test format recommended: _____
- (27) Small Group Testing
- (08) Alternate options for demonstrating learning
- (28) Individual Testing
- (09) Increased time for completion:
If other, specify: _____

- (15) Tests read aloud
Note: The required read aloud criteria are only needed for ELA. Refer to the LEAP 2025 Accommodations and Accessibility Manual criteria for use on state assessments in order to ensure alignment.
Specify reading discrepancy: Select One _____
Specify the disability that severely limits/prevents accessing printed text and all data considered when making the decision to provide this accommodation. Attach any additional information.

STATEWIDE ASSESSMENT ACCOMMODATIONS (As aligned with above accommodations and disability)

*The accommodations below must be aligned to the practices within the classroom and must be in place 30 calendar days before the assessment. If a student needs an accommodation that is not noted below, a Unique Accommodation Request must be submitted to the LDOE for approval.

CHECK ASSESSMENTS TO BE TAKEN WITHIN ONE YEAR:

<input type="checkbox"/> (01) Grades 3-8 State Assessments	<input type="checkbox"/> (02) LEAP 2025/EOC (Select all that apply): <input type="checkbox"/> English I, <input type="checkbox"/> English II, <input type="checkbox"/> English III, <input type="checkbox"/> Algebra I, <input type="checkbox"/> Geometry, <input type="checkbox"/> Biology, <input type="checkbox"/> US History	<input type="checkbox"/> (03) ELPT
<input type="checkbox"/> (00) None (Student does not need standardized testing accommodations or has completed all required testing)		

Note: Standardized tests, other than state tests, may have other stipulations for accommodations. Please check with your DTC to access the specific accommodations criteria for each test.

Accommodations such as those listed in Sections C through H enhance academic performance for many students. However, Section 504 accommodations are required for students with a learning, behavior, or health-related condition that significantly reduces the student's ability to obtain a Free Appropriate Public Education.

Section 504 accommodations should be noted on this IAP only if they are consistently needed to provide this student equal access to educational opportunities or to allow the student to learn and demonstrate learning despite his/her disability.

Students may receive standardized testing accommodations listed below if those accommodations are routinely received during the instructional period and do not subvert the purpose of the test. Unique accommodations not specifically listed require approval using the Unique Accommodation Request Form.

Unique accommodations require additional documentation and LDOE approval 30 calendar days prior to state assessments.

PAPER			
Grades 3-4: Math	Grades 3-4: ELA	Grades 3-4: Social Studies	Grades 3-4: Science
PRESENTATION ACCOMMODATIONS			
<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud
<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Kurzweil
<input type="checkbox"/> Recorded voice file	<input type="checkbox"/> Recorded voice file	<input type="checkbox"/> Recorded voice file	<input type="checkbox"/> Recorded voice file
COMMUNICATION ASSISTANCE			
<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System
<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification
<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)
OTHER PRESENTATION ACCOMMODATIONS			
Directions Clarified, Highlighting Tool, Headphones, Noise Buffers, Redirect to the Test, and Extra White Paper are available to all students.			
<input type="checkbox"/> Large Print	<input type="checkbox"/> Large Print	<input type="checkbox"/> Large Print	<input type="checkbox"/> Large Print
<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device
<input type="checkbox"/> Color Overlay	<input type="checkbox"/> Color Overlay	<input type="checkbox"/> Color Overlay	<input type="checkbox"/> Color Overlay
<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics

ONLINE				
Grades 3-8: Math	Grades 3-8: ELA	Grades 3-8: Social Studies	Grades 3-8: Science	LEAP 2025/EOC
PRESENTATION ACCOMMODATIONS				
<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Text-to-Speech (Except Reading Comprehension sections on the Eng III EOC)
<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud (Except Reading Comprehension sections on the Eng III EOC)
COMMUNICATION ASSISTANCE				
<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System
<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification
<input type="checkbox"/> Touch Screen Monitor	<input type="checkbox"/> Touch Screen Monitor	<input type="checkbox"/> Touch Screen Monitor	<input type="checkbox"/> Touch Screen Monitor	<input type="checkbox"/> Touch Screen Monitor
<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)
OTHER PRESENTATION ACCOMMODATIONS				
Directions Clarified, Highlighting Tool, Headphones, Noise Buffers, Redirect to the Test, Change Background Font & Colors, Magnification, Blank Paper, and General Masking are available to all students.				
<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device
<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics

Local Educational Agency (LEA): _____

STUDENT

Last Name: _____ First Name: _____ 10 Digit LA Secure I.D.: _____ School: _____

PAPER

Grades 3-4: Math	Grades 3-4: ELA	Grades 3-4: Social Studies	Grades 3-4: Science
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RESPONSE ACCOMMODATIONS

Communication Assistance

<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text
<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor
<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard
<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device

Calculation Devices (except on fluency items)**

<input type="checkbox"/> Calculator			
<input type="checkbox"/> Manipulatives			
<input type="checkbox"/> Multiplication Chart			
<input type="checkbox"/> 100s Chart			
<input type="checkbox"/> Number Line			

Other Response Accommodations

<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board
<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction
<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools
<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded
<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers

Timing & Scheduling

<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time
<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks

Setting Considerations

<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating
<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location
<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing
<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing

ONLINE

Grades 3-8: Math	Grades 3-8: ELA	Grades 3-8: Social Studies	Grades 3-8: Science	LEAP 2025/EOC
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RESPONSE ACCOMMODATIONS

Communication Assistance

<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text
<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor
<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard
<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device

Calculation Devices (except on fluency items)**

<input type="checkbox"/> Calculator				<input type="checkbox"/> Calculator
<input type="checkbox"/> Manipulatives				<input type="checkbox"/> Manipulatives
<input type="checkbox"/> Multiplication Chart				<input type="checkbox"/> Multiplication Chart
<input type="checkbox"/> 100s Chart				<input type="checkbox"/> 100s Chart
<input type="checkbox"/> Number Line				<input type="checkbox"/> Number Line

Other Response Accommodations

<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board
<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction
<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools
<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded
<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers
				<input type="checkbox"/> Dictionary (English III only)
				<input type="checkbox"/> Thesaurus (English III only)

Timing & Scheduling

<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time
<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks

Setting Considerations

<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating
<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location
<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing
<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing

****Only available for students with a disability that severely limits or prevents the ability to perform basic math calculations (i.e., student is unable to perform single digit addition, subtraction, multiplication, or division) even after varied and repeated attempts to teach the student to do so. Refer to the LEAP 2025 Accommodations and Accessibility Manual****

Local Educational Agency (LEA): _____

STUDENT			
Last Name:	First Name:	10 Digit LA Secure I.D.:	School:

UNIQUE ACCOMMODATION

If the student requires an accommodation that is not listed as an option above and does not change the construct being measured by a test, the school may request approval for the use of the accommodation on statewide testing by submitting the Unique Accommodation Request Form.

- The accommodation to be requested and the reason needed must be described in the space below.
- The accommodation will only be approved by LDOE if used routinely in the classroom as documented here.

Unique Accommodation: _____

Describe how the accommodation is used routinely in the classroom: _____

PART J. INSTRUCTIONAL SERVICES/INTERVENTIONS

List instructional services/interventions. Documentation is required.

PART K. SPECIAL CONSIDERATIONS

- (01) Parent programs or agency involvement suggested (Specify): _____
- (02) Alert bus driver or other personnel (Specify): _____
- (03) In-service school personnel involved with the student on the disability: _____
- (04) Suggest interventions strategies for periods of transition (e.g., changing classes, PE, cafeteria et al) (Attach any additional information.): _____
- (05) Other: _____

The listed accommodations must be appropriate and must not subvert the purpose of the test or violate test security. Check with the District Section 504 Coordinator, School Test Coordinator, and/or District Test Coordinator for the appropriateness of other accommodations not listed above.

PART L. SIGNATURES OF 504/SBLC MEMBERS PARTICIPATING IN THE INDIVIDUAL ACCOMMODATION PLAN

Parent/Guardian First Language: English Spanish French Vietnamese Chinese Other: _____

[*Required Signatures]

*Teacher/Subject X	Date:
*Teacher/Subject X	Date:
*Principal/Designee X	Date:

Parent(s) X	Date:
504/SBLC Coordinator X	Date:
Student X	Date:

**School Test Coordinator X	Date:
<i>**Signature optional pursuant to LEA procedures.</i>	

**LEA 504 Coordinator/Designee X	Date:
<i>**Signature optional pursuant to LEA procedures.</i>	

PART M. NOTIFICATION OF PARENT RIGHTS must be documented on this form or on alternate form and maintained with confidential records at all times. Please attach alternate form that documents notification of parental rights (if applicable).

I have received a copy of Notice of Parent Rights.

*Parent X	Date:
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The LDOE does not discriminate on the basis of age, color, disability, national origin, race, religion, sex, sexual orientation, gender identity, political affiliation, or genetic information.

SBLC FORMS

- SBLC 1 Initial Review Request Form
- SBLC 2 Referring Teacher's SBLC Meeting Notification/Checklist
- SBLC 3 SBLC Pre-screening Data Worksheet
- SBLC 4 Parent Notice to Discuss Concerns
- SBLC 5 Parent Interview
- SBLC 6 Sensory Processing Screening Checklist
- SBLC 7 Sensory Processing Intervention Strategies
- SBLC 8 Screening Checklist Before Referral for 504/IDEA/P.A.
- SBLC 9 Minutes
- SBLC 10 Parent Notifications of SBLC Results
- SBLC 11 Release of Information
- SBLC 12 Accessing Crisis Intervention Services
- SBLC 13 ADHD Initial Screening Checklist
- SBLC 14 ADHD Second Screening Checklist



Initial Request to the School Building Level Referral Committee

(to be completed after the RTI Team has made recommendations to move student into referral team process for SBLC)

School: _____ Teacher: _____ Date: _____

Student: _____ Date of Birth: _____ Grade: _____

Person Requesting Review: _____

Relationship to Child: _____ Teacher _____ Parent _____ Guardian _____

CW&A Officer _____ Court Officer _____ Other (Specify) _____

Reason (s) of Referring Review: _____

Signature of Referring Person

Signature of Person Receiving Request*

Give this information to the Chairperson, SBLC for scheduling _____

Date Received by SBLC Chairperson

Date of Next SBLC Meeting: _____

Signature of SBLC Chairperson

SBLC 2

Referring Teacher's SBLC Referral Meeting Notification/Checklist

(to be completed after RTI phase is complete and ready for referral team to review)

Teacher _____

SBLC Referral Meeting Date and Time _____

Concerning the following student: _____

Please bring the following items and any other information you feel is pertinent to this student:

From your records

Grade Book

Student's Cumulative Folder

Data Notebook (Must include all components for specific grade level)

- Fountas and Pinnell (Benchmark and Progress Monitoring)
- Interventions Provided from RTI Notebook (Minutes and dates student received intervention and Progress Monitoring graphs and results)
- TS Gold Portfolio (Pre-School)
- ACT 1120 Screening (Grades K-3)-Universal Screening Results (F&P)
- Academic Accommodations/Modifications Record Form (if applicable)
- Work Samples
- LEAP 360 Diagnostic and Interim reports (Grades 3-8)

From cover or card of cumulative folder:

Standardize test results (LEAP 2025, E.O.C.)

Grade progression and cumulative grades

From office records and/or MTS printout

Current report cards grades

Discipline records

Attendance records

Other Information

Vision and Hearing screening

Medical information

Screening Checklist SBLC 8

Other pertinent information

Summary of your conferences with parents

Sincerely,

SBLC Chairperson

*When the SBLC Chairperson has documented that all information is provided, they will then, contact Pupil Appraisal to set up meeting for PA to complete their part of the evaluation and data review.**All documentation must be vetted by SBLC chairperson before contacting P.A.**

SCHOOL BUILDING LEVEL COMMITTEE PRE-SCREENING DATA WORKSHEET (to be completed by RTI Team leader/members before referral process begins*do not contact pupil appraisal until this has been completed and all documentation is attached)

Date: _____ Teacher: _____ School: _____
Student's Name: _____ Grade: _____
DOB: _____ Sex: _____

Directions: This form is to be completed by the teacher or other appropriate school personnel before a child is screened with Pupil Appraisal for SBLC. All children referred to SBLC must have at least one comprehensive and documented regular education intervention appropriate to the student's age and learning/behavioral problems. The intervention documentation must include pre and post measurement of the targeted objective.

Preparation for SBLC Meeting:

1. Be prepared to further explain referral concern.
2. Be prepared to discuss parent conference regarding concern.
3. Bring work samples, grade book, cumulative file, health file.
4. Be prepared to discuss progress/result of intervention.

.....
Is the child currently eligible for services under:

_____ IDEA _____ 504 _____ Dyslexia Law Stop!!!! Review Records

Most Current Vision Screening Date: _____ (Circle one: pass fail at risk)

Any known Medical Condition:

Any Known Medications:

Parent Contact (Date) _____ Comment: _____

Number of Retentions _____ Grades Retained In _____

Number of Retentions due to Excessive Absences _____

Is this child currently in danger of retention? Yes No At Risk

Performance in the General Education Curriculum

** Attach current LEAP 2025 scores or E.O.C. scores, Fountas and Pinnell results, RTI Binder Screening/Lessons results, current grades, transcript, and other screens.

ELA: _____

MATH: _____

SOCIAL STUDIES: _____

SCIENCE: _____

Attendance: Previous Year: _____ Present Year: _____

Discipline: Office Referrals _____ Suspensions _____ Previous FBA/BIP ___ Yes ___ No



**NATCHITOCHE PARISH
SCHOOL BOARD**
TOGETHER WE CAN

Parent Notice to Discuss Concerns/General Invite

Date _____

Dear _____

This letter is to advise you that your child, _____, has been referred to the School Building Level Committee (SBLC) to discuss one of the following: classroom performance; social or emotional behavior; attendance; communication; or health concerns.

The SBLC team will meet on _____ at _____ to discuss concerns and possible assistance. It is extremely important that you attend this meeting.

Please sign and return this letter to the school as soon as possible, so that we will know if you will be able to attend the meeting.

If you have any questions, please feel free to contact us.

Sincerely,

SBLC Chair Coordinator

School Name _____

School Phone Number _____

Printed Name of SBLC Chair _____

Please sign and return:

_____ I will be able to attend the meeting as scheduled.

_____ I will not be able to attend the meeting and would like to set up a different date and time.

Parent Signature and phone number: _____

SBLC 4 ATTACH FORM PAS 19 TO THIS LETTER:

SBLC 5

Student: _____ Date of Birth (MM/DD): _____

JC SID NO: _____ STATE ID NO: _____ School: _____ Grade: _____

Parent/Guardian(s): _____ Phone: _____

Address: _____

Dear Parent (s),

The SBLC at your child's school has referred your child to Pupil Appraisal Personnel for Support Services. Services may be provided by assigned Educational Diagnostician, School Psychologist, School Social Worker, Speech/Language Pathologist, Occupational Therapist, Physical Therapist, or Adapted P.E. teacher. The major goal of support services is to assist the student in remaining in the regular education classroom.

Services provided may include, but are not limited to the following:

- | | |
|---|--|
| <input type="checkbox"/> Classroom Observation | <input type="checkbox"/> Behavioral/Social Screening |
| <input type="checkbox"/> Parent Conferences | <input type="checkbox"/> Behavioral/Social Intervention Planning |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Speech Screening and/or RtI |
| <input type="checkbox"/> Academic Screening | <input type="checkbox"/> Occupational Therapy Screening |
| <input type="checkbox"/> Academic Intervention Planning | <input type="checkbox"/> Physical Therapy Screening |
| <input type="checkbox"/> Other (specify): | |

All information collected during this process remains confidential and will only be used by those persons who are involved in the provision of appropriate educational services for your child. Your participation in this process is important. If you have any questions, please contact: _____ at 318-352-2358.

Permission Given

_____ Date _____
Parent/Legal Guardian

Permission Denied

_____ Date _____
Parent/Legal Guardian

Parent Interview

SBLC 5

Date: _____

Name of Student: _____ School: _____ Grade: _____ DOB: _____

Completed By: _____

Parent's Names: _____

Informant: _____

Address: _____

Phone: _____

To aid in assessing the problems your child is experiencing in school and to detect the possibility of dyslexia, please answer each of the following questions.

YES NO FAMILY HISTORY

___ ___ Have any other members of the family had learning problems?

___ ___ Did your child attend preschool?

___ ___ Did your child attend kindergarten?

___ ___ Has your child received any type of additional help for class work? Explain:

___ ___ Has your child repeated a grade?

___ ___ Do you have to help your child with homework? How much help? Explain:

YES NO PHYSICAL HISTORY

___ ___ Has your child ever been critically or chronically ill? Explain:

___ ___ Has your ever had an extremely high fever?

___ ___ Does your child have any physical problems which you feel may cause difficulty in learning? (Such as AD/HD)

___ ___ Does your child have allergies?

___ ___ Has your child ever had a severe blow to the head?

___ ___ Is your child currently taking medication? Explain: _____

___ ___ Does your child seem to have trouble hearing?

___ ___ Does your child seem to have trouble seeing?

YES NO BEHAVIOR OBSERVATIONS

- Do you have to often repeat instructions to your child?
- Does your child seem to have difficulty following directions?
- Does your child seem to spend more time than is appropriate on homework?
- Does your child seem to have needed an extraordinary amount of help with homework?
- Does your child seem to have more difficulty in reading, writing, and spelling than in most other subjects?
- Do your child's grades in reading, writing, and spelling seem low compared to his ability to think and understand?
- Do you spend time reading to your child?
- Does your child seem to enjoy being read to?
- Does your child hesitate to read to you?
- Does your child talk favorably about school?
- Does your child have any history of emotional problems?
- Has your child demonstrated difficulties in the following areas: (circle if yes)

Getting along with peers getting along with siblings Respect for authority figures Discipline problems

Please include all additional information which might help us to help your child.

Explain any answer of yes: _____

SENSORY PROCESSING SCREENING

Instructions for Use

1. Prior to the first SBLC meeting, the **Sensory Processing Screening Checklist (SPS1)** is completed.
2. The SBLC chairperson reviews the completed screening checklists to determine if there are difficulties that require intervention according to the **Sensory Processing Screening Criteria (SPS2)**.
3. When interventions are necessary, the SBLC targets the sensory area of greatest concern.
4. **Sensory Processing Intervention Strategies (SPS3)** are then selected to address the targeted area of concern.
5. Intervention strategies are implemented by the student's teacher(s) for the length of time designated by the SBLC.
6. Following the intervention period, the teacher records the intervention results on the **SPS2**.
7. Intervention results are reviewed by the SBLC.
8. For students who are "at risk" for sensory processing deficits, but are not suspected of having a disability, the SBLC targets additional interventions to be implemented by the classroom teacher(s).
9. For students who are suspected of having a disability, the SBLC obtains a second **Sensory Processing Screening Checklist** (following intervention) to determine if further assessment is warranted according to **Sensory Processing Screening Criteria (SPS2)**.

Student: _____ Teacher: _____ Date: _____

Sensory Processing Universal Screening Checklist –to be completed by classroom teacher SPSC1

Check the column that best describes how frequently the student exhibits each behavior. SPSC1

SENSORY AREAS	Almost Never	Occasionally	Frequently	Almost
	<25%	<50%	<75%	>75%
VISUAL				
Visual details/stimuli interfere with task completion				
Unable to locate and/or organize materials and supplies				
Reacts to small changes in classroom				
Comments:				
AUDITORY				
Overreacts to loud or unexpected noises (e.g., intercom, fire drill)				
Exhibits distress during lunch, P.E., assemblies				
Background noises hinder task completion				
Talks incessantly				
Requires repeated oral directions in class more than others				
Comments:				
TACTILE				
Overreacts to unexpected or light touch				
Withdraws/isolates self from others				
Touches people or their things to the point of irritation				
Fidgets with objects				
Has difficulty standing in line or close to other people				
Uses only fingertips to manipulate classroom materials				
Refuses to participate in messy activities				
Comments:				
VESTIBULAR/PROPRIOCEPTIVE				
Exhibits movement which interferes with classroom functioning/unable to stay in designated area/walks around				

Fidgets during activities (e.g., wiggles in seat, taps on desk)			
Leans out of desk or seat/rests head on desktop			
Becomes overly excited after movement activity			
Bumps/pushes/hits/runs into things or others			
Withdraws from active environments or situations			
Avoids climbing or playground equipment			

Comments:

OLFACTORY AND GUSTATORY

Chews/eats non-edible items (e.g., clothing, pens, pencils)			
---	--	--	--

Comments:

BEHAVIORAL RESPONSE

Has tantrums for no apparent reason			
Has difficulties with changes in routines			
Is rigid or set in his/her ways			
Overreacts or is dramatic compared to peers			

Appears lethargic

Comments:

SENSORY PROCESSING SCREENING CRITERIA (SPS2)

Based upon the results of the **Sensory Processing Screening Checklist (SPS1)**, the following screening criteria are used to determine when:

- a. Interventions are necessary
- b. Further assessment is needed should the student be referred for evaluation

CRITERIA

The student exhibits:

- 8 or more behaviors in the “Almost Always” category

OR

- 11 or more behaviors in the “Frequently” and “Almost Always” categories combined.

Suggested interventions for each sensory area (i.e., visual, auditory, tactile, etc.) are included in the Sensory Processing Intervention Strategies (SPS3). The intervention(s) should initially target the sensory area of greatest concern and may require more than one strategy.

Sensory Processing Intervention Strategies to be completed by referring teacher(s) (SPS3)

Student: _____ Teacher: _____

	Date Intervention Starts	Date Intervention Ends
Visual		
Limit/eliminate visual clutter within classroom such as busy bulletin boards, artwork items, hanging from ceiling, etc.		
Organize classroom materials in bins or behind curtained shelves		
Provide preferential seating for better view of blackboard as well as to reduce visual distractions		
Color code and clearly label materials and supplies		
Modify classroom lighting by dimming lights, closing or opening shades/blinds, etc.		
Provide consistent independent work area with visual boundaries as needed (e.g., use partition, carrel, or tape to provide boundaries)		

Intervention results:

Auditory

Provide white noise or classical music as appropriate to mask background noises		
Cover intercom to mute volume level		
Use headphones or earplugs to muffle sounds		
Provide verbal or visual warning when possible for fire drills, bells, and morning announcements		
Give visual directions rather than verbal		
Teach positive self-talk (e.g., "Its only a fire drill. It won't hurt me").		
Encourage child to put hands over ears and let him/her know "it's ok"		
Place tennis balls on legs of chairs, rugs on classroom floor, or carpet squares under desk to reduce noise		
Provide seating around perimeter of noisy cafeteria or auditorium		
Provide either verbal or physical cue such as touching lips or tapping on shoulder to remind student it is not an appropriate time to talk		
Provide "Talk card" so only student with card is allowed to talk		
Give oral directions when in close proximity to student, breaking directions down into small steps		
Have student repeat directions back to teacher		

Intervention results:

Tactile

- | | | |
|---|--|--|
| Limit amount of touching /warn student ahead of time of possible touch | | |
| Have child who touches too much carry weighted object (e.g., binder, book) | | |
| When walking in line, have all students fold arms or put finger on lips | | |
| Place student either in front of line or back of line to decrease proximity to others | | |
| Use preferential seating to avoid touch (e.g., place desk at outside edge of classroom desks) | | |
| When possible, have students sit at every other seat in cafeteria | | |
| Have wet wipes readily available for immediate clean-up following a messy activity, thereby reducing possible student anxiety about participating | | |
| Allow student to perform non-preferred tactile activities with a tool (e.g., use a brush, popsicle stick, Q-tip, etc.) or while wearing gloves | | |
| Use novel or fun manipulatives to desensitize such as dried beans, Mardi Gras beads, Easter grass, water table, packing peanuts, etc. | | |

Intervention results:

Vestibular/Proprioceptive

- | | | |
|---|--|--|
| DO NOT penalize student by removing recess time as student needs appropriate time for movement such as running, jumping, swinging, etc. | | |
| Provide naturally occurring movement opportunities such as delivering messages, cleaning boards, obtaining and returning heavy materials to/from shelving (e.g., books) | | |
| Have student wear backpack containing his/her books during transitions and movement breaks | | |
| Provide clear boundaries for seating such as taped area carpet square, etc. | | |
| Allow time for student to "chill out" following movement activity (e.g., take three deep breaths before transitioning, allow stretching between activities, allow water breaks) | | |
| Provide appropriate objects for fidgeting | | |
| Have student give self bear hugs, or perform chair pushups | | |
| Assist with decorating bulletin board by stapling decorations or stapling papers for teacher | | |
| Allow use of Ellison cutout machine for bulletin board decorations | | |
| Allow student to help rearrange desks or pick up chairs at end of school day | | |

Intervention results:

Olfactory and Gustatory

Consider letting student chew on candy, gum, tooth brush, straw or coffee stirrer		
Allow crunchy, chewy or spicy snack breaks, (e.g., pretzels, dry cereal, fruit roll ups, hot tamale candies, slim jims, beef jerky, etc.)		
If cafeteria bothers child, consider allowing him/her to eat in another location		
Consider use of flavored chap stick		

Intervention results:

Behavioral Response

Provide verbal warnings about changes in the schedule		
Provide visual schedule		
Help students transition between activities using timers, music or transitional objects, such as using a book to bridge to library time, or a marker to bridge to art time		
Provide a quiet space for calming away from peers NOT THE TIME-OUT AREA		
For lethargic students, increase movement opportunities, incorporate multi-sensory experiences, and spicy/crunchy snacks		

Intervention results:

Screening Checklist-To be completed by referring teacher(s) if in Phase II and ready for Pupil Appraisal-

P.A. will score document

Student's Name: _____ Grade: _____

Date of Birth: ___/___/___ Screening Date: ___/___/___ School: _____

Person(s) Completing Form: _____

Directions: Check "yes" or "no" for the following statements. Please explain any "no" responses.

Physical Functioning/ Motor Abilities		Y	N
1.	The student can sit upright while completing tasks at his/her desk (i.e., not slouched, can hold head upright)		
2.	The student maintains an appropriate posture while seated and actively engaged in a motor task (i.e., keyboarding, cutting).		
3.	The student participates in playing and running activities without atypical postures or movements.		
4.	The student sits on the floor without assuming asymmetrical postures.		
5.	The student has the motor skills and strength necessary to get to/from school and/or get around within the school.		
6.	The student participates in physical activities (structured or independent) and navigates within the classroom without tripping and stumbling.		
7.	The student climbs and descends stairs independently.		
8.	The student is able to open doors independently.		
9.	The student maintains balance while performing an activity (i.e., putting on boots, getting up from the floor).		
10.	The student carries objects while walking independently (i.e., books, papers).		
	Explain any "no" response		
	Fine Motor Skills	Y	N
1.	The student cuts and /or handles scissors independently.		
2.	The student uses writing utensils (i.e., markers, paintbrush, pencil, crayons) independently.		
3.	The student copies materials from a book.		
4.	The student turns pages in a book.		
5.	The student ties shoes, buttons, snaps, and/or uses zippers independently.		
6.	The student operates door handles, water faucets and uses manipulatives.		
7.	The student uses a standard keyboard to access a computer.		
8.	The student draws, forms letters, stays on the line, and/or traces accurately with writing utensils.		
	Explain any "no" response		

Communication		Y	N
1.	The student speaks to communicate (Check the level of the communication development) ___ Fluent Conversation ___ Multiword Phrases ___ Single Word Utterances ___ Vocalizations ___ Other		
2.	The student has adequate receptive & expressive language skills for his/her age.		
3.	The student's voice and fluency are normal.		
4.	The student's mode of communication is understood by others.		
5.	The student is a native English speaker.		
6.	The student articulates sound clearly compared to others his/her age.		
7.	The student responds to speech and noise in the environment.		
Explain any "no" response			
Vision/Hearing		Y	N
1.	The student is able to see printed materials presented in the classroom.		
2.	The student is able to see toys/objects in the classroom environment.		
3.	The student is able to transfer information from a book, chart, and/or chalkboard to paper.		
4.	The student has usable vision.		
5.	The student has usable hearing.		
6.	The student is able to hear speech/noise out of his/her field of vision.		
7.	The student responds best to speech when the stimulus is within six feet of the speaker.		
8.	The student speaks at a normal sound level.		
9.	The student can discriminate between colors.		
10.	The student appears to have normal eye muscle balance.		
11.	The student has NO problem with frequent colds, sinus/allergy issues, or ear infections.		
Explain any "no" response			
Academic Functioning		Y	N
1.	The student understands basic cause/effect.		
2.	The student makes choices.		
3.	The student has the age-appropriate attention span needed to handle school/daily living tasks.		

4.	The student has the age-appropriate activity level needed to handle school/daily living tasks.		
5.	The student has sequencing skills.		
6.	The student can remember the steps necessary to accomplish school/daily living tasks.		
7.	The student visually tracks along a line of print.		
8.	The student reads text independently.		
9.	The student writes legibly.		
10.	The student writes legibly at a reasonable rate.		
11.	The student accomplishes written tasks (e.g., paragraphs, essays, short answers).		
12.	The student correctly spells words needed to communicate in written form.		
13.	The student performs mathematical tasks needed for school and/or for daily living.		
14.	The student takes notes at the level needed in and/or in school and/or daily living.		
15.	The student has had adequate educational opportunities (attended one/few schools, good attendance, etc.)		
16.	The student has been promoted each year.		
17.	The student has had appropriate instruction in reading and math.		
18.	The student seems motivated to learn.		
19.	The student complies with teacher instructional directives.		
	Explain any "no" response		
	Recreation and Leisure	Y	N
1.	The student uses the playground equipment independently.		
2.	The student participates in group recreational activities, such as sports and group games.		
3.	The student participates in activities requiring fine motor skills, such as games or art.		
4.	The student participates in extra-curricular activities, such as clubs.		
	Explain any "no" response		
	Vocational Functioning	Y	N
1.	The student demonstrates sufficient stamina to work in a job.		
2.	The student maintains a position for extended periods of time.		
3.	The student uses a computer without modifications.		
4.	The student holds the telephone and dials independently.		

5.	The student independently uses equipment at a vocational training program.		
	Explain any "no" response		
	General Health	Y	N
1.	The student breathes without difficulty.		
2.	The student demonstrates sufficient stamina to maintain academic involvement throughout the school day.		
3.	The student independently uses stairs, elevators, lockers, etc. within the school/work/community environment		
4.	The student's health condition is adequate for Satisfactory school performance.		
5.	The student demonstrates physical strength needed to participate in school activities.		
6.	The student has no known health or medical problems.		
7.	The student has NO history of drug/alcohol use.		
	Explain any "no" response		
	Medication taken regularly:		
	Self Help Skills	Y	N
1.	The student independently uses a variety of clothing fasteners.		
2.	The student organizes and maintains his/her school supplies and materials.		
3.	The student maintains personal hygiene.		
4.	The student uses restrooms independently.		
5.	The student manages meal-time utensils adequately.		
6.	The student independently files through a lunch line, selects meal items, & proceeds to table.		
	Explain any "no" response		
Assistive Technology Needs		Y	N

1. The student requires assistive technology to follow test directions. What?
2. The student requires assistive technology to respond to test questions. What?
3. The student requires assistive technology to access the test booklet and answer document. What?

Communication Skills Checklist		Y	N
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Articulation

1.	The student's speech contains speech sound errors that are not typical for his/her age and social/cultural background. Sounds in words may be omitted, distorted, or substituted.		
2.	The student's speech is consistently difficult to understand, especially when the topics is not known.		
Voice			
1.	The student's speaking voice is unusually loud or soft.		
2.	The student has an unusual quality to his/her voice (i.e. harsh/hoarse, nasal, breathy).		
Speech Fluency			
1.	The student's speech contains disfluencies that interfere with communication (i.e. stuttering, sound, syllable, or word repetitions, sound prolongations, blocks or abnormal hesitations, abnormal rate of speech).		
2.	The student uses excessive filler phrases (i.e. "um," "uh," "you know").		
3.	The student appears to be frustrated when speaking.		
Language			
1.	The student has difficulty understanding/following age-appropriate directions.		
2.	The student has difficulty answering or responding to age-appropriate questions and other verbal information.		
3.	The student does not comprehend or speak using age-appropriate vocabulary.		
4.	The student does not request clarification when understanding is not clear.		
5.	The student does not answer or understand comprehension questions about age-appropriate stories.		
6.	The student speaks in incomplete sentences and phrases.		
7.	The student's oral language contains numerous grammatical errors that are not typical for students of the same age. (This may not apply to English Language Learners or those known to speak a dialect of English).		
8.	The student has difficulty providing age-appropriate explanations and directions.		
9.	The student does not use age-appropriate conversational skills (i.e. turn-taking, staying on topic, initiating conversation).		
	This student's communication skills (articulation, voice, fluency, and language) appear to be adequate, and this student does not have a communication problem that adversely affects educational progress with regard to grades, behavior, class participation, or oral speaking abilities.		
	In my opinion, this student has a communication problem that adversely affects educational progress in a significant way.		

Skill Area	On Grade Level	Below Level	Describe skill deficits
Phonemic awareness			
Reading recognition			
Reading fluency			
Reading comprehension			
Written expression			
Spelling			
Oral expression			
Listening comprehension			
Math Calculation			
Math Problem Solving			

Social-Emotional-Behavioral		Y	N
1.	The student gets along with peers/adults.		
2.	The student adequately controls emotional reactions.		
3.	The student is honest.		
4.	The student is respectful of others, other's property, and school property.		
5.	The student seems adjusted to the current school setting.		
6.	The student seems emotionally stable (not stressed, anxious, depressed, shy, etc.).		
7.	The student generally follows classroom and school rules and expectations.		
8.	The family environment is essentially stable.		
	Explain any "no" response		
	Environmental and Cultural Background	Y	N
1.	The student comes from the majority cultural background (relative to the school population).		
2.	The student comes from a middle class or above socioeconomic level.		
	Explain any "no" response		

Psycho-Social Stressors - Check all that apply

Severe illness of a parent or family member		Placed in foster care	
---	--	-----------------------	--

Death of a parent or caretaker	Moved from one foster home to another
Divorce or break up of parents/caretaker	Experienced natural disaster
Student has received threat of violence	Changed schools one or more times during a school year
Witness to community violence	Financial problems in the home
Severe illness of student	Alcohol or drug abuse in the family
Experienced child abuse	Student has substance abuse problems
Witnessed domestic violence in home	Student is pregnant or has children
One or more psychiatric hospitalizations	Attempted suicide or has expressed suicidal thoughts
Sexual identity issues	Homelessness
Parent or caretaker incarcerated	Juvenile offender
Chronic health problems	Other, Specify:

SBLC: Review of Screening Results and Recommendations

Screening:	Results/Recommendations:
Assistive Technology	
Communication	
Academic	
Sensory Processing	
Social/Emotional	
Environmental/Cultural	
Psycho-Social	

SBLC Minutes for Phase II-Referrals to P.A./504/IDEA (to be provided to parents)

Student Name _____ DOB _____ Date _____ Mtg. 1 2 3 4

Referring Teacher _____ Subject/Grade _____ School _____

Persons in attendance: (Name and Relationship to student)

Applicable information reviewed: (Attach copies)

- | | | |
|---|---|--|
| <input type="checkbox"/> Screening Checklist | <input type="checkbox"/> 9-wk progress report/grades | |
| <input type="checkbox"/> Sensory processing screening | <input type="checkbox"/> Attendance records | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Cumulative grades | <input type="checkbox"/> Functional Behavior Assessment |
| <input type="checkbox"/> Vision screening | <input type="checkbox"/> RTI Binder scores/graphs | <input type="checkbox"/> Behavioral interventions |
| <input type="checkbox"/> Health screening | <input type="checkbox"/> LEAP 2025, E.O.C. scores | <input type="checkbox"/> Social/emotional screening |
| <input type="checkbox"/> Medical information | <input type="checkbox"/> TS Gold | <input type="checkbox"/> Private evaluation |
| <input type="checkbox"/> Fine/gross motor screening | <input type="checkbox"/> Work samples | <input type="checkbox"/> Parent information |
| <input type="checkbox"/> Speech/language screening | <input type="checkbox"/> Fountas and Pinnell Results | |
| <input type="checkbox"/> Speech/Language interventions | <input type="checkbox"/> Dyslexia and related disorders checklist | <input type="checkbox"/> Academic accommodations/modifications |
| <input type="checkbox"/> Academic interventions | | |
| <input type="checkbox"/> Assistive technology screening | <input type="checkbox"/> ADHD screening checklist | <input type="checkbox"/> 504 Progress reports |
| <input type="checkbox"/> English proficiency | <input type="checkbox"/> Gifted screening | <input type="checkbox"/> Talent screening |

Summary of Screening Data

Area	Describe Concern (use back if needed)
Physical/Gross Motor	
Fine Motor	
Communication	
English is the 2 nd language	
Vision	
Hearing	
Academic Functioning	
Dyslexia and related disorders	
ADHD	
Recreation/Leisure	
Vocational Functioning	
General Health	
Self-help Skills	
Social/Emotional	
Behavior	
Environmental/Cultural	
Assistive Technology	
Sensory Processing	

Student Name: _____

Additional Comments and Notes:

Student Name: _____

Decision(s):

- No further action required at this time. Concern satisfactorily resolved
- Conduct further screening/obtain more information (specify types) _____
- Provide classroom accommodations/modifications (attach accommodations checklist)
- Provide assistive technology (specify) _____
- Continue current intervention(s) and progress monitor through the RTI process
- Conduct additional intervention(s) (specifically describe and assign responsibilities): _____

- Refer to conduct an evaluation to determine Section 504 eligibility for suspected _____
- Refer for student support services for _____
- Refer to Pupil Appraisal to determine eligibility under IDEA (Special Education)

Eligibility determination: Is this student eligible under Bulletin 1903?

(Circle one) **YES, NO, NOT APPLICABLE** Specify area _____

Does this student have a physical or mental impairment which substantially limits caring for themselves, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working? Or Have a record of such? Or Is regarded as having an impairment as per Section 504?

(Circle one) **YES, NO, NOT APPLICABLE**

Signatures: (Of those making this decision **and** in attendance)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of next SBLC meeting (if applicable): _____

SBLC-10

Date _____

Dear _____

This is to advise you that the School Building Level Committee (SBLC) met regarding your child, _____ . The attached SBLC Minutes will give you information on the concerns discussed and recommendations made. Your child's teacher will contact you periodically regarding the success of these modifications/interventions.

Another SBLC meeting will be held in coming weeks to assess the results of these modifications/interventions and to review the results of any recommended screenings. We will again invite you to this meeting.

If you have any questions, please feel free to contact us.

SBLC Chair

Teacher



Natchitoches Parish School Board

School _____
School Address: _____
Phone (318) ____ -- _____
*FAX (318) ____ - _____

CONSENT TO DISCLOSE INFORMATION

Student: _____ DOB: _____ SCHOOL: _____
Address: _____
Phone: _____

To Whom It May Concern:

I hereby authorize Natchitoches Parish School System:

To OBTAIN information FROM **And/OR:** **to RELEASE Information TO**
(School System, Hospital, Physician, Service Agency, School RN, and/or other health provider)

Information requested includes **complete** records of the following:

- | | |
|--|---|
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Medical diagnosis(es) |
| <input type="checkbox"/> IEP <input type="checkbox"/> Evaluation | <input type="checkbox"/> Prescribed medications |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Discharge summary |
| <input type="checkbox"/> Recommendations | <input type="checkbox"/> Other |

<p>The information is to be released for the purpose(s) of :</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evaluation to determine eligibility or continued eligibility for special education services <input type="checkbox"/> Providing physical therapy treatment <input type="checkbox"/> Providing occupational therapy treatment <input type="checkbox"/> Designing an Individual Education Program (IEP) <input type="checkbox"/> Developing an Individual Accommodation Plan (IAP) <input type="checkbox"/> Individualized Health Care Plan (IHP) <input type="checkbox"/> Determining appropriate placement for treatment needs <input type="checkbox"/> _____
--

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the same medical records department receiving this authorization form. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____

If I fail to specify an expiration date, event, or condition, this authorization will expire one year (12 months) from the date of authorization. An authorization is voluntary. I will not be required to sign an authorization as a condition of receiving treatment services or payment, enrollment, or eligibility for health care services. Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected under the Health Insurance Portability & Accountability Act of 1996.

Date
Return to: _____

Signature of Parent or Guardian

Signature of Student (if 18 years of age or older)

Witness

STUDENT PSYCHOLOGICAL SERVICES CRISIS INTERVENTION

The Natchitoches Parish School Board, in an attempt to provide a safe and healthy learning environment, recognizes that the death of a student or staff member, or a threatened, attempted or completed suicide, can have a traumatic effect on the school community.

To minimize trauma when a crisis occurs and to identify students at risk because of the trauma, each school shall form a crisis intervention team consisting of school counselors, school administrators, school substance abuse coordinator, SBLC chairperson, and a staff member trained in CPR and First Aid. Other professional personnel permanently assigned to the school may be added to the Crisis Intervention Team at the discretion of the principal. The Crisis Intervention Team's function in time of crisis shall be to:

1. Obtain emergency medical assistance for the individual, if necessary;
2. Notify and/or involve the individual's parent or guardian;
3. Make referrals to Jennifer Ingram at (318) 352-2358, appropriate professional or agency for treatment, or contact Protective Services if parent contact will increase risk;
4. Maintain the individual's and family's right to privacy;
5. Identify and assist other individuals who may be at risk because of the situation;
6. Involve other professionals in the community and/or school system as needed;
7. Notify the Superintendent.

Attention-Deficit/Hyperactivity Disorder Symptom Rating List

Child's Name _____ Age _____ Grade _____ Date _____
 Completed By _____ Relationship to Child _____ School _____

Place a check mark in just **one** column which best describes the child for every of the items below.

	Not at all	Just a little	Pretty much	Very Much
Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities				
Often had difficulty sustaining attention in tasks or play activities				
Often does not seem to listen when spoken to directly				
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)				
Often has difficulty organizing tasks and activities				
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)				
Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				
Is often easily distracted by extraneous stimuli				
Is often forgetful in daily activities				
Often fidgets with hands or feet or squirms in seat				
Often leaves seat in classroom or in other situations in which remaining seated is expected				
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)				
Often has difficulty playing or engaging in leisure activities quietly				
Is often "on the go" or often acts as if "driven by a motor"				
Often talks excessively				
Often blurts out answers before questions have been completed				
Often has difficulty awaiting turn				

Student: _____ Date: _____

Teacher: _____ School: _____

SECOND AD/HD SCREENING

(Completed by teacher and school screening specialist)

Please circle the score of 0, 1, or 2 for each of the following items to indicate how often the behavior is observed.

<u>NEVER</u>	<u>SOMETIMES</u>	<u>OFTEN</u>	
0	1	2	Fidgets, squirms or seems restless
0	1	2	Has difficulty remaining seated
0	1	2	Is easily distracted
0	1	2	Has difficulty waiting turn
0	1	2	Blurts out answers
0	1	2	Has difficulty following instructions
0	1	2	Has difficulty sustaining attention
0	1	2	Shifts from one uncompleted task to another
0	1	2	Has difficulty playing quietly
0	1	2	Talks excessively
0	1	2	Interrupts or intrudes on others
0	1	2	Does not seem to listen
0	1	2	Often loses things necessary for tasks
0	1	2	Frequently engages in dangerous actions

Examples: _____

How is the student **DIFFERENT** from the other students in the class?

How are the behaviors (indicated by 1 or 2 above) affecting the student's academic achievement?

(Use back of sheet for additional comments).

MUSIC TALENT



Referral Process for Music Talent Evaluation

1. Screening of students suspected of meeting the requirements for Talent as outlined in the *Louisiana Bulletin 1508* may be initiated by parent(s), teacher(s), or other school personnel. Referral should be considered for students having musical needs which are not being met in the class in which the student is enrolled. The referring party should read the handout(s) **General Characteristics of Talent Students** and **Characteristics of Music Talent Students (T-1)** before considering screening.
2. Prior to referring a student to the SBLC or completing screening forms, a conference should occur between the referring source and parent(s). If the referral source is the parent, a conference with the classroom teacher is recommended, but not mandatory. The parent must be notified that screening will take place (**T-2**).
3. The referring source should then complete **Characteristics of Music Talent (T-3)**. If the score on the initial screening instrument (**T-3**) meets the guidelines (**90%**), the SBLC Chairperson will schedule supplemental screening(s) (**T-4**) & (**T-5**) to be conducted by Talent Service Provider Teams in Voice, Instrumental, Piano, and/or Strings to determine whether the student is eligible for an individual evaluation in one or more of these areas.
4. The designated Talent Service Provider Team(s) should submit the completed music talent supplemental screening instrument (**T-4**) & (**T-5**) with supporting examples (for any area rated **4+**). SBLC Chairperson will complete the referral form (**PAS1-Talent**) to identify each student's demographic information per Evaluation.
5. If the student is not eligible for further evaluation, the screening process ends at that time. The parent(s) should be notified of the results (**T-6**) per the SBLC Chair. Records are maintained by the SBLC Chairperson.
6. The SBLC Chairperson will have a regular education teacher complete the Teacher Survey (**T-7**) as part of the Supplemental Screening process.
7. If the student is eligible for a full evaluation, the Pupil Appraisal Team Coordinator will be provided the completed screening information for each student by the SBLC Chairperson for that school. The PATC will contact parent(s) regarding the individual evaluation process and obtain parental permission to evaluate.

CHARACTERISTICS OF MUSIC TALENT

- **Demonstrates technical ability on instrument/voice**
- **Seeks out opportunities to participate in musical activities both in and out of school**
- **Is sensitive to the rhythm and changes in tempo of music**
- **Carries tune easily and with confidence**
- **Performs one or more instruments in exceptionally musical manner**
- **Is recognized by peers and professionals as talented**
- **Demonstrates high level of concentration for a sustained period of time while practicing**
- **Is eager to improve and readily accepts new solutions to technical problems**
- **Is eager to attempt new styles period of music**

[Letterhead]

PARENT NOTIFICATION OF DECISION TO SCREEN

Date: _____

RE: _____
(student's name)

Dear _____:

As was discussed in your conference with your child's teacher, screening for possible eligibility for evaluation for Talented will be completed. The referring teacher will complete a screening checklist and submit it with supporting information to the School Building Level Committee (SBLC). If the scores on the screening meet initial guidelines, then the SBLC, including you, will review this information to determine whether further screening is warranted.

Please be sure to provide the student's current contact information such as physical mailing address, phone number, and email address to the school secretary.

Sincerely yours,

(SBLC Chair)

CHARACTERISTICS OF MUSIC TALENT

Student _____ School _____ Referral Source _____ Date _____

Circle One:

1-Seldom/Never 2-Occasionally 3-Often 4-Almost Always 5-Always

1-Exceptional ability in music	1	2	3	4	5
2-Intense appreciation of music	1	2	3	4	5
3-Seeks out opportunities to participate in musical activities	1	2	3	4	5
4-Demonstrates unusual ability on instrument/voice	1	2	3	4	5
5-Sensitive to the rhythm and changes in tempo of music	1	2	3	4	5
6-Performs one or more instruments in exceptionally musical manner	1	2	3	4	5
7-Carries tune easily and with confidence	1	2	3	4	5
8-Is recognized by peers and professionals as talented	1	2	3	4	5
9-Is eager to improve and accepts new solutions to technical problems	1	2	3	4	5
10-Attempts different styles of music and interpretations	1	2	3	4	5

Total Points _____

MUSIC SUPPLEMENTAL SCREENING INSTRUMENT

Student: _____ School: _____

Grade: _____ Homeroom Teacher: _____

Referred for: (circle) Voice OR Instrument: (list) _____ OR Both _____

Individual completing form: _____ Job/Position: _____

*Student currently receiving services as: Gifted Talented or Disabled (circle all that apply)?

DIRECTIONS: Your ratings should be based on the student’s actual observable behavior. Please rate the student on each of the following items by circling the appropriate number in the column on the right. *Each rating of four or above should be justified by concrete examples as justification*

BEHAVIOR	SELDOM OR NEVER	OCCASIONALLY	AVERAGE	USUALLY	ALMOST ALWAYS
1. Shows interest and enjoyment of musical activities	1	2	3	4	5
Justification:					
2. Is eager to participate in musical activities	1	2	3	4	5
Justification:					
3. Is sensitive to the rhythm of the music; Responds through body movements to changes in tempo of the music	1	2	3	4	5
Justification:					
4. Shows exceptional and/or fluent use of original, creative, or divergent idea	1	2	3	4	5
Justification:					
5. Plays one or more musical instruments (or expresses a desire to); and/or sings with confidence	1	2	3	4	5
Justification:					
6. Demonstrates a high level of concentration for sustained period of time	1	2	3	4	5
Justification:					
7. Is recognized by peers as talented in music	1	2	3	4	5
Justification:					
SUBTOTALS					
TOTAL RATING:					

[Letterhead]

PARENT NOTIFICATION OF SCREENING RESULTS

Date: _____

Dear _____:

This is to advise you that on _____, the School Building Level Committee has completed screening on your child, _____.

_____ The results of this screening indicated that your child may meet guidelines for talented programming. In order to determine eligibility an individual evaluation process must be completed by Pupil Appraisal Services. It will be necessary for you to give your written permission for this evaluation.

The School Building Level Committee would like to meet with on _____ at school to discuss a referral for evaluation.

_____ The results of this screening indicated that your child did not meet guidelines for talented evaluation.

Should you have any questions about this matter please contact me at school.

SBLC Chairperson

VISUAL ART TALENT



Referral Process for Visual Art Talent Evaluation

1. Screening of students suspected of meeting the requirements for Talent as outlined in the *Louisiana Bulletin 1508* may be initiated by parent(s), teacher(s), or other school personnel. Referral should be considered for students having artistic needs which are not being met in the class in which the student is enrolled. The referring party should read the handout(s) **General Characteristics of Talent Students** and **Characteristics of Visual Art Talent Students(TVA1)** before considering screening.
2. Prior to referring a student to the SBLC or completing screening forms, a conference should occur between the referring source and parent(s). If the referral source is the parent, a conference with the classroom teacher is recommended, but not mandatory. The parent must be notified that screening will take place (**TVA2**).
3. The referring source should then complete **Characteristics of Visual Art Talent (TVA3)**. If the score on the initial screening instrument (**TVA3**) meets the guidelines (**90%**), the SBLC Chairperson will schedule supplemental screening(s) (**T-4**) & (**T-5**) to be conducted by Talent Visual Art Service Provider(s) to determine whether the student is eligible for an individual evaluation.
4. The designated Talent Service Provider(s) should submit the completed visual art talent supplemental screening instrument (**TVA4**) & (**TVA5**) with supporting examples/portfolio (for any area rated **4+**) with information from SBLC/or Teacher(s) as appropriate. SBLC Chairperson will complete the referral form (**PAS1**) to identify each student's demographic information per folder.
5. If the student is not eligible for further evaluation, the process ends at that time, the parent is notified of the results (**TVA6**) per the SBLC Chair, and records are maintained by the SBLC Chairperson.
6. The SBLC Chairperson will have a regular education teacher complete the Teacher Survey (**TVA7**) as part of the Supplemental Screening process.
7. If the student is eligible for a full evaluation, the Pupil Appraisal Team Coordinator will be provided the completed screening information for each student by the SBLC Chairperson for that school. The PATC will contact parent(s) regarding the individual evaluation process and obtain parental permission to evaluate.

Characteristics of Visual Art Talent

The Talented Visual Art Program serves students who meet eligibility as established by the Louisiana Department of Education (LDOE). Talented in Art is defined as possession of demonstrated abilities that give evidence of superior performance in Art as compared to children of similar age.

- Exceptional ability in visual art which is superior to children of similar age
- Intense appreciation of visual art
- Highly creative thinking, vivid imagination, sees unusual details unobserved by most
- Expresses from unusual perspectives and arrives at unique solutions to artistic problems
- Self-motivation and intense power of concentration on an art task until completed
- Capability of working productively on art with minimum or no guidance
- Creates richly imaginative ideas as opposed to copying from others
- Sets high standards when working on art projects and is highly critical of their own work
- Likes to experiment with a variety of common materials and art materials to create artwork
- May become “turned off” if not given the time and freedom to express through art
- Participates in art activities anytime and anywhere even at home and free time at school
- Often talks about art ideas from self or others

[Letterhead]

PARENT NOTIFICATION OF DECISION TO SCREEN

Date: _____

RE: _____
(student's name)

Dear _____:

As was discussed in your conference with your child's teacher, screening for possible eligibility for evaluation for Talented will be completed. The referring teacher will complete a screening checklist and submit it with supporting information to the School Building Level Committee (SBLC). If the scores on the screening meet initial guidelines, then the SBLC, including you, will review this information to determine whether further screening is warranted.

Sincerely yours,

(SBLC Chair)

CHARACTERISTICS OF VISUALARTS TALENT

Instructions: Person referring the student should check each behavior or attribute you have observed the referred student display. Write additional observations you think may be relevant on the back or attach additional pages.

Student _____ School _____ Referral Source _____ Date _____

Circle One:

	1-Seldom/Never	2-Occasionally	3-Often	4-Almost Always	5-Always
1- Highly creative thinking and vivid imagination	1	2	3	4	5
2- Intense appreciation of visual art	1	2	3	4	5
3- Likes to experiment with a variety of art materials	1	2	3	4	5
4- Demonstrates exceptional ability in visual arts	1	2	3	4	5
5- Ability to pay attention to details unobserved by most	1	2	3	4	5
6- Capability of working productively on art projects	1	2	3	4	5
7- Sets high standards for self when working on art projects	1	2	3	4	5
8- Is recognized by peers and professionals as talented	1	2	3	4	5
9- Shows an interest in the art work of others	1	2	3	4	5
10- Creates richly imaginative ideas as opposed to copying	1	2	3	4	5

Total Points _____

TALENTED ARTS: VISUALARTS SUPPLEMENTAL SCREENING INSTRUMENT

Student: _____ School: _____

Grade: _____ Date: _____ Due Date: _____

Rater: _____ Position: _____

Rater: _____ Position: _____

*Student currently receiving services as: Gifted Talented or Disabled (circle all that apply)?

DIRECTIONS: Your ratings should be based on the student's actual observable behavior. Please rate the student on each of the following items by circling the appropriate number in the column. *Each rating of four or above must be accompanied by three (3) examples or samples of the student's work, whichever is more appropriate. Notations of these must be made in the justification area.*

OBSERVABLE BEHAVIOR	SELDOM/ NEVER	OCCASIONALLY	AVERAGE	USUALLY		ALMOST ALWAYS
1. Draws more than his/her peers	1	2	3	4		5
Justification:						
2. Draws better than his/her peers	1	2	3	4		5
Justification:						
3. Volunteers to do art or art-like activities	1	2	3	4		5
Justification:						
4. Deferred to by other students when drawing or making objects	1	2	3	4		5
Justification:						
5. Brings drawings or art made at home to school	1	2	3	4		5
Justification:						
6. Sets high standards of quality for his/her art work	1	2	3	4		5
Justification:						
7. Reacts with interest and excitement to art activities and information	1	2	3	4		5
Justification:						
SUBTOTALS						
TOTAL RATING (Add all numbers together)*:						

Visual Art Supplemental Screening

Student: _____ School: _____

Grade: _____ Homeroom Teacher: _____

Individual completing form: _____ Job/Position: _____

*Student currently receiving services as: Gifted Talented or Disabled (circle all that apply)?

The student is required to submit a **Display of Art Work Portfolio**.

Portfolio should consist of **3-5** of student's best art pieces.

- Artwork must be original; no cartoons, color book pages, traced, copied, step-by-step or paint by number activities. Artwork executed from a photograph is acceptable.
- Include a variety of media such as pencil, color pencil, pastels, charcoal, ink, paints, collage, and sculptural materials, if possible.
- Include a variety of art forms such as drawing, painting, and printmaking, if possible.
- Include a variety of subject matter such as works from observation (what you see or real life) and from imagination. Examples of subject matter: animals, plants, people, buildings (interiors/exterior), events or activities (sports, circus, festivals), original fantasy scenes, dreams, or expressions of feeling.
- Include at least 1 piece in addition to the shoe and kitchen, in which the student's shading skills are displayed through the usage of a wide range of values on the value scale from very dark shading to very light shading to make objects in the composition look realistic.
- High school students should include pieces such as self-portraits, landscape compositions, interior compositions, interior and exterior perspectives, and figures in action, if possible.
- Include at least 1-2 sketchbooks, if available, in addition to the 3-5 art pieces.
- No artwork needs to be matted or framed

**Student should complete a Written Response for each piece of Artwork in the Portfolio.

[Letterhead]

PARENT NOTIFICATION OF SCREENING RESULTS

Date: _____

Dear _____:

This is to advise you that on _____, the School Building Level Committee has completed screening on your child, _____.

_____ The results of this screening indicated that your child may meet guidelines for talented programming. In order to determine eligibility an individual evaluation process must be completed by Pupil Appraisal Services. It will be necessary for you to give your written permission for this evaluation.

The School Building Level Committee would like to meet with on _____ at school to discuss a referral for evaluation.

_____ The results of this screening indicated that your child did not meet guidelines for talented evaluation.

Should you have any questions about this matter please contact me at school.

SBLC Chairperson

Regular Education Teacher Survey

As part of the talented screening process, input from a regular education teacher is required. Please answer the following questions to the best of your knowledge. Thank you for your help in this process!

Student's name: _____

Talent area: _____

1. What are the student's strengths and weaknesses?

2. How is the student's behavior in the classroom?

3. If you teach the student in a class related to the student's talent area, describe any concerns you may have in regards to the student's talent area, such as technique, sight-reading, or at-home practice.

4. Please provide us with any further comments that you feel would be relevant to the student's participation in the talent program.

JCAMPUS Directions for SBLC and RTI

1. Go to SBLC tab on the left hand side
2. Select SBLC/RTI Editor
3. Click on Ok
4. At the bottom click find and put in student's name
5. Once student comes up click on Referral
6. Choose Referral Type
7. Choose Referral Number
8. Click New Referral
9. Choose yes if using team members or not
10. Once all information has been entered click on Save

