

Radford City Public Schools

1612 Wadsworth Street
PO Box 3698
Radford, VA 24141
540-731-3647

Student ID:
FTE Number:
Date of Birth:

504 Notification

Date: _____

Re: _____

Student No: _____ Date of Birth: _____

Dear Parent(s)/Student:

On _____, the Eligibility Committee met to discuss school related information on _____. After reviewing all relevant information, it was determined that your child is eligible for accommodations and programming through Section 504.

Before our school division can provide these special services for your child, we must have your written consent. We request your involvement in the writing of a 504 Plan. A meeting has been scheduled as follows:

Date: _____ Time: _____

Location: _____

Participants:

If this time is not convenient for you, please contact _____ at _____ to discuss another time.

You have the right to invite anyone you believe has knowledge or special expertise.

Enclosed with this letter is a copy of your rights as the parent of a child who requires accommodations and special programming through Section 504. We look forward to meeting with you.

Sincerely,

Principal/Designee

Radford City Public Schools

1612 Wadsworth Street
PO Box 3698
Radford, VA 24141
540-731-3647

Student ID:
FTE Number:
Date of Birth:

Excused Team Members

Student's Name: _____ ID#: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Home School: _____

Parent/Guardian/Surrogate Name: _____

Address: _____ Home#: _____ Work#: _____

There is a meeting in reference to your child to be held on (date) _____ at (time) _____
at (place) _____

The following team members have requested excusal from the meeting:

Name	Title	Reason

If the member's area of the curriculum or related service will not be discussed, the member may be excused without submitting comments in writing. If the member's area of curriculum or related service will be discussed, they may be excused but must provide comments in writing and submit this to the team in lieu of their appearance.

I agree to excuse the above team members from the meeting.

I do not agree to excuse the above team members from the meeting.

Signature of Parent

Date

Signature of District Representative

Date

Radford City Public Schools

1612 Wadsworth Street
PO Box 3698
Radford, VA 24141
540-731-3647

Student ID:
FTE Number:
Date of Birth:

504 Plan

504 From _____ to _____
Date of Review: _____

Notification Date:
Letter: _____
Phone: _____

Student Name: _____ Date of Birth: _____ Grade: _____ School: _____

Student No: _____ SSN: _____

504 Eligibility Date: _____ Race: _____

Frequency/duration of services: _____

Individual Responsible: _____

Modifications:

Yes (see attached sheet) No modification needed

Standardized Testing Participation:

Yes Yes, with modifications (see attached) No N/A

I. Present Instruction Level

A. Reading _____
B. Written language _____
C. Math _____

II. Educational Performance

A. Strengths

B. Needs

III. Current Year Goals (see attached sheet)

IV. Strategies (see attached sheet)

V. Responsibilities of Parents _____

VI. Case Manager _____

VII. Participants

Parent
 504 Rights Received

Parent
 504 Rights Received

Consent Denial of Consent

Radford City Public Schools

1612 Wadsworth Street
PO Box 3698
Radford, VA 24141
540-731-3647

Student ID:
FTE Number:
Date of Birth:

Annual Goals

Student's Name: _____ Date: _____
Student ID Number: _____ Disability: _____

1 Annual Goal: _____
By _____, _____ will

Critical Life Skill

How will progress toward this goal be measured? (check all that apply)

Measurement frequency selection boxes (vertical columns of checkboxes).

Report of Student Progress: Monthly Quarterly Yearly Other

Progress of Goals:	1	2	3	4	5	6	7	8
Date of Review:								
Progress toward goal:								

Progress on this goal will be reported using the following codes.

1 Annual Goal: _____
By _____, _____ will

Critical Life Skill

How will progress toward this goal be measured? (check all that apply)

Measurement frequency selection boxes (vertical columns of checkboxes).

Report of Student Progress: Monthly Quarterly Yearly Other

Progress of Goals:	1	2	3	4	5	6	7	8
Date of Review:								
Progress toward goal:								

Progress on this goal will be reported using the following codes.

Radford City Public Schools

1612 Wadsworth Street
PO Box 3698
Radford, VA 24141
540-731-3647

Student ID:
FTE Number:
Date of Birth:

Objectives/Benchmarks

Student's Name: _____ Date: _____

Student ID Number: _____ Disability: _____

Goal #: 1 Area of Need: _____

Short Term Objectives or Benchmarks

Objective/Benchmark #: _____

By _____, _____ will

Comments:

Last Updated: _____

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Objective/Benchmark #: _____

By _____, _____ will

Comments:

Last Updated: _____

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Student ID:
 FTE Number:
 Date of Birth:

Accommodations/Modifications

Student's Name: _____ Date: _____

Student ID Number: _____

This student will be provided access to the general education, special education, other school services and activities including non-academic activities and extracurricular activities, and education related settings:

- with no accommodations/modifications
- with the following accommodations/modifications

Accommodations/modifications provided as part of the instructional and testing/assessment process will allow the student equal opportunity to access the curriculum and demonstrate achievement. Accommodations/modifications also provide access to non-academic and extracurricular activities and educationally related settings. Accommodations/modifications based solely on the potential to enhance performance beyond providing equal access are inappropriate.

Accommodations may be in, but not limited to, the areas of time, scheduling, setting, presentation, and response. The impact of any modifications listed should be discussed. This includes the earning of credits for graduation.

Accommodations/Modifications (please list, as appropriate):

Accommodation(s)/Modification(s)	Frequency	Location	Duration m/d/y to m/d/y

State and District-Wide Assessments

This student's participation in state or district-wide assessments must be considered and discussed. During the duration of this IEP:

- Will the student be at an age or a grade level for which the student is eligible to participate in state or district-wide assessment? No Yes
- Will the student be enrolled in a course for which there is a SOL End-of-Course test or district-wide-assessment? No Yes
- Will the student be participating in a SOL remediation recovery program? No Yes
- Will the student need to take a state assessment as a requirement to earn a Modified Standard Diploma, Standard Diploma, or Advanced Studies Diploma? No Yes

If Yes to any of the above, check the assessment(s) considered and attach the assessment page(s), which will document the assessments and decisions made about participation and any needed accommodations and/or modifications.

- State Assessments
 - SOL Assessments and retake (SOL)
 - Virginia Grade Level Alternative (VGLA)*
 - Virginia Substitute Evaluation Program (VSEP)*
 - Virginia Alternate Assessment (VAAP)**
 - Other State Approved Substitute(s): _____

Radford City Public Schools

1612 Wadsworth Street

PO Box 3698

Radford, VA 24141

540-731-3647

Student ID:
FTE Number:
Date of Birth:

Accommodations/Modifications

District Wide Assessments (list)

* Refer to Procedures for Determining Participation in the Assessment Component of Virginia's Accountability System and the Procedural Manuals for VGLA and VSEP.

**Refer to Virginia Alternate Assessment Program (VAAP) Participation Criteria and Procedural Manual.

Student ID:
FTE Number:
Date of Birth:

Virginia Grade Level Alternative and Virginia Substitute Evaluation Program participation criteria

Student's Name: _____ Date: _____

Student ID Number: _____

Virginia Grade Level Alternative (VGLA) Assessment Participation Criteria:

The VGLA is available for students in grades 3 - 8 as an alternative for SOL testing. To qualify for the VGLA, a student's IEP team committee must answer the following questions for each content area considered: (a "No" for any question indicates that the student is NOT eligible for the VGLA for that content area). Decisions about participation are made on a test by test and individual basis.

1. Does the student have a current IEP plan?
 Yes **No**

2. Does the student demonstrate his/her individual achievement of Standards of Learning content through means other than multiple-choice formats?
 Yes **No**

3. As a result of a disability, is the student unable to demonstrate his/her individual achievement on the Standards of Learning test for the assigned grade level using available standard and/or non-standard accommodations and/or formats?
 Yes **No**

Refer to the Virginia Department of Education's VGLA Procedural Manual

Virginia Substitute Evaluation Program (VSEP) Participation Criteria:

The VSEP is available for students taking any course with an associated End of Course (EOC) SOL test and for the literacy and numeracy tests associated with the Modified Standard Diploma.

1. Does the student have a current IEP plan?
 Yes **No**

2. The student is enrolled in a course that has a Standards of Learning End of Course test and/or the student is pursuing a Modified Standard Diploma and seeking certification for having met the literacy and/or numeracy requirements.
 Yes **No**

3. The impact of the student's disability demonstrates to the IEP team or 504 committee that the student will not be able to access the Standards of Learning assessments even with standard and/or non-standard testing accommodations and therefore requires a substitute evaluation.
 Yes **No**

Refer to the Virginia Department of Education's VSEP Procedural Manual.

Student ID:
FTE Number:
Date of Birth:

VAAP Guidelines

Student's Name: _____ Date of Birth: _____

School Division: _____ Date: _____

A completed alternate assessment shall be submitted for students participating in the Virginia Alternate Assessment Program (VAAP) at the elementary, middle, and high school levels. Alternate assessments shall be completed as follows:

Grades 3, 5, 8 and 11 Reading, Math, Science, History/Social Science

Grades 4, 6, 7 Reading and Math

NOTE: If your school division has a content specific History/Social Science exam during a certain year (check with the local Division Director of Testing) you must have a corresponding VAAP collection that year for History/Social Science.

Directions

The IEP team determines participation in the alternate assessment. Team members must consider current and historical documentation (to be noted on page 2 of this form). Documentation may include, but is not limited to, evaluation data, school records, parent/teacher observations, anecdotal notes, previous IEPs, etc. The following reasons alone are not sufficient for decision-making:

- * Poor Attendance;
- * English as a Second Language;
- * Social, culture, and economic differences;
- * Disruptive behavior;
- * Student's reading level;
- * Expectations of poor performance;
- * Amount of time receiving special education services;
- * Low achievement in general education;
- * Categorical disabilities labels;
- * Place where the student receives services

The IEP Team has the responsibility to determine and document that the student meets ALL of the following criteria by marking the "Y" checkbox for each of the statements. If the team members determine that the student DOES NOT MEET a specific criterion, "N" should be marked. This indicates the student is not a candidate for alternate assessment and participation in a different option in the State Standards of Learning Assessment System.

Student ID:
 FTE Number:
 Date of Birth:

VAAP Guidelines

(Complete for all students considered for the VAAP)

IEP Team Must Answer ALL the Following Questions

- Y N The student has a current IEP or one is being developed.

- Y N The student demonstrates significant cognitive disabilities.
Sources of information: (Learner Characteristics, psychological evaluation, achievement tests, social adaptive behavior test results, observations from parents and teachers, social maturity data, curricular content, etc.)

- Y N The student's present level of performance indicates the need for extensive, direct instruction and/or intervention in a curriculum framework based on Aligned Standards of Learning. The present level of performance or student evaluation may also include personal management, recreation and leisure, school and community, vocational, communication, social competence and/or motor skills.
Sources of information: (Informal and formal assessment results, checklists, data log, work samples, structured or spontaneous observations from teachers and parents, measurable IEP goals, scheduling matrix, curricular content, list of necessary supports.)

- Y N The student requires intensive, frequent, and individualized instruction in a variety of settings to show progress and acquire, maintain, or generalize life and/or functional academic skills.
Sources of information: (measurable IEP goals, scheduling matrix, instructional strategies effectiveness data, list of various inclusive settings, learning style inventory, etc.)

- Y N The student is working toward educational goals other than those prescribed for a modified standard, standard or advanced studies diploma program.
Sources of information: (list of diploma options and requirements, curricular content, measurable IEP goals, transition plan, parent and student discussion, etc.)

Complete for students who meet criteria listed above

The IEP team members agree that _____ meets the participation criteria stated above for the VAAP for the _____ school year and will not participate in other state-wide assessments. This participation decision will be stated on the IEP and is supported by the current and historical data found on the following documents:

Supporting Documentation:

Position/Representing	Signature	Date

Student ID:
 FTE Number:
 Date of Birth:

Virginia's Standards of Learning Assessments

Student's Name: _____ Date: _____

Student ID Number: _____

Participation In The SOL Assessments

For the student who will be (1) in a grade level for which the student is eligible to participate in the SOL Assessment; (2) enrolled in a course for which there is an SOL end-of-course test; (3) participating in a remediation recovery program or (4) needs to take a SOL Assessment as a requirement to earn a Modified Standard Diploma, Standard Diploma, or Advanced Studies Diploma, list each test below. Next determine if the student will participate in the SOL test and then list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered, refer to "Accommodations/Modifications" page of the IEP and the Virginia Board of Education's guidelines.

- State Assessments
 - SOL Assessments and retake (SOL)
 - Virginia Grade Level Alternative (VGLA)*
 - Virginia Substitute Evaluation Program (VSEP)*
 - Virginia Alternate Assessment (VAAP)**
 - Other State Approved Substitute(s): _____

* Refer to Procedures for Determining Participation in the Assessment Component of Virginia's Accountability System and the Procedural Manuals for VGLA and VSEP.

**Refer to Virginia Alternate Assessment Program (VAAP) Participation Criteria and Procedural Manual.

SOL Tests	Participation	Accommodations Modifications	If YES, List Accommodation(s) and/or Modification(s) by Test
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mark any nonstandard administration with an asterisk*. These test scores will be reported as scores that result from a nonstandard administration. A student with a disability who has passed an SOL assessment utilizing any accommodation including a nonstandard accommodation has passed for all purposes.

Student ID:
FTE Number:
Date of Birth:

Virginia's Standards of Learning Assessments

Participation In The Virginia Alternate Assessment Program (VAAP):

Does the student meet the criteria for the VAAP? Yes No If yes, the student will participate in the VAAP.

If the criteria are not met, determine and document above how the student will participate in the SOL assessment program.

Explanation For Non-Participation And How The Student Will Be Assessed:

If no is checked for any test, explain in the space below why the student will not participate in this test, the impact relative to promotion or graduation, and how the student will be assessed in these areas.

Student ID:
 FTE Number:
 Date of Birth:

District-Wide Assessments

Student's Name: _____ Date: _____

Student ID Number: _____

Participation In District Wide Assessments

For the student who will be in a grade level or at an age for which the student is eligible to participate in a district-wide assessment, list each district-wide assessment below. Next determine if the student will participate in the assessment and then list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered, refer to "Accommodations/Modifications" page of the IEP.

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mark any nonstandard administration with an asterisk*.

Explanation For Non-Participation And How The Student Will Be Assessed:

If no is checked for any regular SOL Test, explain in the space below why the student will not participate in this test, the impact relative to promotion or graduation, how the student will be assessed in these areas, and the particular alternate or alternative assessment selected is appropriate.

Radford City Public Schools

1612 Wadsworth Street

PO Box 3698

Radford, VA 24141

540-731-3647

Student ID:
FTE Number:
Date of Birth:

District-Wide Assessments
