**Island City Academy**
**Parent Notice for Consideration of Section 504 Protections**

Student Name: _____ Grade _____ Date _____

To the Parent(s)/Guardian of: _____

I have received a Section 504 Referral regarding your child. As part of our efforts to improve your child's access to his or her education, we would like to meet as a team to determine if your child may qualify for the protections under Section 504 of the Rehabilitation Act. For a student to qualify for Section 504 protection, the student must meet the following criteria: **(1) have a mental or physical impairment, which substantially limits one or more major life activities.** Major life activities include, but are not limited to, breathing, concentrating, walking and/or learning. If a student has an impairment that **substantially limits** a major life activity, the impairment is a qualifying disability if it creates **a significant barrier** to the student's ability to access the same opportunities afforded to students without disabilities in the school setting.

I have included a Section 504 Parent Input Form, as well as a Student Input form, to help us obtain information about your child. Your input and observations of your child will help the team with the determination. Please return the form to the 504 Coordinator at your earliest convenience.

Section 504 provides you with specific rights which are designed to keep you fully informed concerning decisions about your child. These rights are summarized on the "Notice of Section 504 Procedural Safeguards" document enclosed with this letter. If you have any questions or concerns, please contact me.

We look forward to working with you,

_____

Amy Ives: 504 Coordinator
amyives@islandcity.org

Enclosure: Section 504 Parent Input Form
Section 504 Student Input Form
Notice of Section 504 Procedural Safeguards

- ☐ I do not wish to proceed with Section 504 for my child.
- ☐ I **DO** wish to proceed with determining eligibility for a Section 504.

_____ _____ _____
(Signature) (Printed Name) (Date)