



CONNECTICUT STATE DEPARTMENT OF EDUCATION

**CT-SEDS
504 Preview Series
June 2022**

Session recorded



CONNECTICUT STATE DEPARTMENT OF EDUCATION

**SESSION 1: 504 Referral, Evaluation,
Eligibility Determination**

Welcome and Introductions

**Bryan Klimkiewicz, Special
Education Division Director**

[New IEP/CT-SEDS](#) (posted
sessions)

**Natalie Jones, Bureau of
Special Education Consultant**



Learning Targets

- Preview of how CT-SEDS supports the creation of the Section 504
 - Referral
 - Notice of Section 504 Meeting.
 - Eligibility Determination



WHY

- 1. To support educators in the transition from their current 504 system/process.**
- 2. To support and assist educators for the Go-Live launch of CT-SEDS on July 1, 2022.**
- 3. To share resources and technical assistance opportunities related to the Section 504 Module.**



CT-SEDS 504 Module Process INTERFACE

504 Process

- Referral For Section 504
- Create Section 504 Meeting Notice
- Evaluation/Reevaluation
- Determination of Eligibility
- 504 Plan Details
- State and District Testing
- Create Draft/Final 504 Plan



CT-SEDS 504 Module INTERFACE: Referral

Referral



This page is used to create the Referral to Determine Eligibility for Section 504 Plan.

Demographic and Parent

Student Name: Penny Carter DOB: 09/30/2015 Age: 6 Grade: KF District ID: 130 SASID: 5302256414

Gender: M Primary Language: English School: Burr Elementary School (510211)

Is the student an English Learner (EL)?

Yes No

Parent/Guardian(s): Dad Carter

Parent/Guardian(s): Mom Carter

Case Manager: CM Three

SAVE



CT-SEDS 504 Module INTERFACE: Referral

∨ Referral to Determine Eligibility



The fields on this panel will be used to populate the Referral to Determine Eligibility for Section 504. When all the fields have been completed, click the button at the bottom of the panel to create the Referral document.

Referral Date (Date received by district)

mm/dd/yyyy



(Required)

Referred By:



(Required)

Nature of Concern

(Required)

CREATE REFERRAL

SAVE

∨ Documents

[ATTACH DOCUMENTATION](#)



View documents that have been created for the student from this page, and create or attach additional relevant documents.



No documents have been generated yet for this student.

CREATE DOCUMENT BATCH

CT-SEDS 504 Module INTERFACE: Referral

▼ Referral to Determine Eligibility



The fields on this panel will be used to populate the Referral to Determine Eligibility for Section 504. When all the fields have been completed, click the button at the bottom of the panel to create the Referral document.

Referral Date (Date received by district)

01/03/2022



Referred By:

School Based Intervention Team



Nature of Concern

The Student's teacher has reported concerns related to the student's level of focus and attention in the classroom and the impact on her academic progress. |



CREATE REFERRAL

SAVE

CT-SEDS 504 Module INTERFACE: Referral

Create Notice of Referral

Document Date 01/03/2022  Referral Date 01/03/2022 

Parent/ Guardian(s)/ Student
 Dad Carter Mom Carter Penny Carter
(Required)

Contact Person Name CM Three Contact Person Title *(Required)* Contact Person Phone Number *(Required)*

Sincerely,
Sender Name CM Three Sender Title *(Required)*

Indicate Attachments
 A copy of Section 504 Procedural Safeguards is being provided to you. If you would like a further explanation of these procedures please contact:
504 ProceduralSafeguardsContact Sec504 Default Contact at 504 ProceduralSafeguardsContactPhone Sec504 Default Phone

 CLOSE SAVE CREATE DRAFT CREATE FINAL

Parent Notice of Referral to Determine Eligibility (504)
CT Training District

DRAFT

Date: 01/03/2022

SASID: 5302256414

Parent/Guardian/Student: Dad Carter, Mom Carter

Mailing Address:

Dear Dad Carter, Mom Carter

The purpose of this letter is to advise you that your child, Penny Carter 09/30/2015
(Student's name) (DOB)

has been referred for consideration of eligibility for Section 504 Plan. The referral was made by:

School Based Intervention Team 01/03/2022
(Person or team making referral) (Date)

The initial step in the Section 504 eligibility determination process is to review current information and obtain additional evaluative information, if necessary, to determine if the student has a physical or mental impairment that substantially limits one or more major life activities. If the student is found eligible, the information gathered will be used to develop an appropriate Section 504 Plan.

This document outlines specific concerns and the information used as the basis for this referral.

Nature of Concern

The Student's teacher has reported concerns related to the student's level of focus and attention in the classroom and the impact on her academic progress.

A copy of Section 504 Procedural Safeguards is being provided to you. If you would like a further explanation of these procedures please contact:

Sec504 Default Contact Sec504 Default Phone

Please be advised that you have the right to review and obtain copies of all records used as a basis for this referral.

If you have any questions, please contact CM Three School Counselor 1-860-888-8888
(Name) (Title)

Sincerely,

Mrs. Jones, School Guidance Secretary
(Name and Title)


Parent Notice
of Section 504
Referral





CT-SEDS 504 Module process INTERFACE




504 Process

 Referral For Section 504


Complete 


 Create Section 504 Meeting Notice





 Evaluation/Reevaluation





 Determination of Eligibility





 504 Plan Details



 State and District Testing




 Create Draft/ Final 504 Plan





CT-SEDS INTERFACE: 504 Meeting Invitation

Create Section 504 Meeting Invitation

 REMINDER: Creating a final of this document will generate a notification to the parent/guardian through EDPlan Connect, if there is an email address in EDPlan for the parent/guardian. If you would like to proceed with creating a final, click 'Create Final.' If you would not like to create a final, click 'Save' to save the data on this page.

To Whom is the Invitation Addressed

- Dad Carter
(Required)
- Mom Carter
(Required)


Scheduling Date
05/31/2022 

Meeting Time:

Meeting Date
mm/dd/yyyy 
(Required)

Hours 
(Required)

Minutes 
(Required)

AM/PM 
(Required)

Meeting Location
(Required)

Meeting Reason (please check all that apply):

- Review Referral and if applicable, design evaluation, determine eligibility, and develop plan
- Annual Review
- Review and/or Revise 504 Plan
- Reevaluation
- Manifestation Determination
- Change of Placement
- Parent/Student Request
- Other
(Required)



CT-SEDS INTERFACE: 504 Meeting Invitation

Individuals Invited



Names of individuals invited:

Penny Carter

Parent/Guardian(s)

Dad Carter

Parent/Guardian(s)

Mom Carter

Administrator or Designee

CM Three



Additional Participant Title

(Required)

ADD MORE

Additional Participant Name

(Required)

Sender Name

504 Contact

Sender Title

504 Title

Sender Phone

504 Phone

Sender Email

504 Email

Procedural Safeguards

- A copy of the Section 504 Procedural Safeguards is enclosed.
- A copy of the Section 504 Procedural Safeguards was provided to you previously this school year. If you would like another copy of the Procedural Safeguards please contact

Parent Notice

- A copy of this notice has been sent to the parent(s). When rights transfer to the student at age 18, meeting notices must be sent to the student with a copy to the parents unless the student withholds consent to disclose this information.

CLOSE

SAVE

CREATE DRAFT

CREATE FINAL

Section 504 Notice of Meeting CT Training District

Date: 01/10/2022

SASID: 5302256414

RE: Penny Carter

DRAFT

Dear: Dad Carter, Mom Carter,

The Section 504 team has scheduled a meeting to plan for the educational needs of the above student. You are cordially invited to meet with us to actively participate and discuss any information you feel is relevant. The meeting has been scheduled for the following purpose on the date, time and at the location indicated below:

Date: 01/13/2022

Time: 10:00 AM

Location: Elementary School

The purpose of this meeting is to:

Review Referral and if applicable, design evaluation, determine eligibility, and develop plan

The following individuals have been invited to attend:

Title	Name
Parent/Guardian	Dad Carter
Parent/Guardian	Mom Carter
Administrator	CM Three
General Education Teacher	Mr. Jones
School Psychologist	Ms. Scott

You may be accompanied to this meeting by anyone of your choosing who has knowledge or special expertise about the student. If you are the parent, you may also bring your child to the meeting if you believe it is appropriate. You may also submit any evaluative information that you would like the district to consider. If it is your intention to submit written information, we request that you submit such information in advance of the meeting. If you require an interpreter, translator, reader, a location that is physically accessible, or any other special accommodations, you must notify the district prior to the scheduled meeting in order for the district to make the appropriate arrangements.

We hope that you will make every effort to attend. If this is not a convenient time, please contact me to discuss rescheduling or to arrange for an alternative means of participating such as a telephone or video conference call. If you have any questions or concerns, please do not hesitate to call.

Sincerely,

504 Contact, 504 Title _____

1-860-888-8888, 504email@school.ct _____

Procedural Safeguards

- A copy of the Section 504 Procedural Safeguards was provided to you previously this school year. If you would like another copy of the Procedural Safeguards please contact

Sec504 Default Contact _____

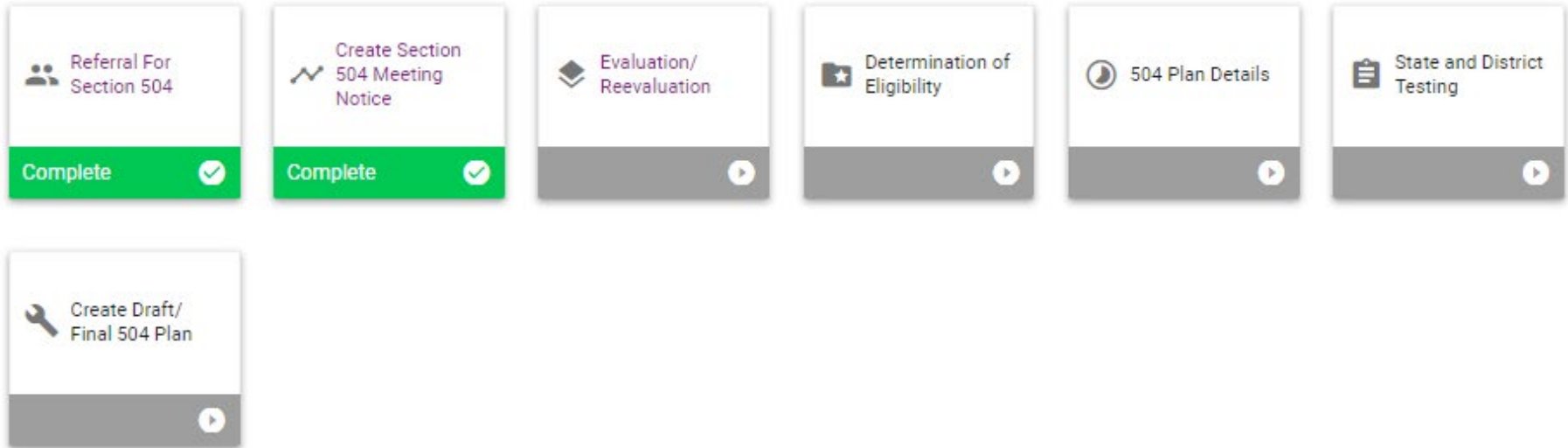
Sec504 Default Phone _____

Notice of Section 504 Meeting



CT-SEDS 504 Module Process INTERFACE

504 Process



CT-SEDS INTERFACE: 504 Evaluation

Demographic and Parent

Student Name Penny Carter Grade KF Student Code 130 SASID 5302256414 DOB 09/30/2015 Age 6

Gender M Primary Language English Ethnicity White School Burr Elementary School (510211)

Parent/Guardian(s) Dad Carter, Mom Carter

SAVE

Section 504 Plan Meeting

Section 504 Plan Scheduling Date 01/10/2022 Section 504 Plan Meeting Date 01/13/2022

Meeting Purpose Review Referral and if applicable, design evaluation, determine eligibility, and develop plan

SAVE

Review of Existing Data

1. Is additional evaluation data required before determining the student's eligibility for a Section 504 Plan?

Yes

No

(Required)

CT-SEDS INTERFACE: 504 Evaluation

Review of Existing Data

1. Is additional evaluation data required before determining the student's eligibility for a Section 504 Plan?

Yes No



You have indicated that no additional evaluations are required in order to determine the student's eligibility for Section 504. You will be asked to describe and upload supporting documents in the eligibility section.

SAVE

Review of Existing Data

1. Is additional evaluation data required before determining the student's eligibility for a Section 504 Plan?

Yes No

SAVE



CT-SEDS INTERFACE: 504 Evaluation Plan

Assessment Plan

i Choose the areas of assessment and test/evaluation procedures that will be part of the student's evaluation, and indicate who the evaluator will be.

Tests/Evaluation Procedures

Area of Assessment	Test/Evaluation Procedure(s)	Evaluator
<input type="checkbox"/> Academic	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Adaptive Behavior	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Assistive Technology	<input type="text" value=""/>	<input type="text" value=""/>
<input checked="" type="checkbox"/> Behavioral/Social/Emotional	<input type="text" value="Behavior Assessment System for Children 2nd E"/>	<input type="text" value="Administrator/Certifier"/>
<input type="checkbox"/> Communication (Speech/Language)	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Development (Gross)	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Developmental	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Health	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Intellectual/Cognitive Functioning	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Motor Development (Fine)	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Observation	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Vocational/Transition	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

No adaptations/accommodations required
 Adaptations/accommodations required



CT-SEDS INTERFACE: 504 Evaluation Consent

∨ Create Consent to Evaluate Document

The District is Asking for your Consent to Conduct:

- An initial evaluation of the student.
The district will not proceed with an initial evaluation without your written consent.
- A reevaluation of the student

Select relevant option for parent signature

- The parent is in the meeting and will sign the document digitally.
- The document will be sent electronically to the parent portal for signature.
- The parent will sign a hard copy of the document.



CREATE CONSENT DOCUMENT

SAVE



CT-SEDS INTERFACE: 504 Evaluation Consent

Create Consent to Evaluate for 504 ✕

i Note: This option should only be selected when you've obtained the parent's Consent or Denial during the meeting using CT-SEDS Signature. Finalization of this document captures if Consent was received or denied.

Parent or Adult Student Approval

I give my consent for the CT Training District to conduct the evaluations described above. I understand that this consent may be revoked at any time.

I do not give my consent for the CT Training District to conduct the evaluations described above.

(Required)

CLEAR SIGNATURE

CANCEL **CREATE DRAFT** **CREATE FINAL**



**Notice and Consent to Conduct an Initial Evaluation/Reevaluation
CT Training District**

Date Sent: 05/31/2022

SASID: 5302256414

Dear Dad Carter, Mom Carter

Your child, Penny Carter 09/30/2015 has been referred to the Section 504 team for an evaluation to determine if
(Student's Name) (DOB)
there is a physical or mental impairment that substantially limits one or more major life activities. A copy of the Section 504 Procedural Safeguards has been provided to you.

The proposed evaluation will draw upon information from a variety of sources, which may include, but is not limited to: a review of student records, observations of the student in school, student interviews, parent interviews, shared medical or other evaluation records, and the collection of classroom assessment data. These evaluation activities may be conducted by the classroom teacher, counselor, school nurse, or other relevant staff. Any additional evaluation activities listed below were recommended by the Section 504 Team:

Assessment Plan

Assessment Area	Test/Evaluation Procedure	Evaluator
Behavioral/Social/Emotional	Behavior Assessment System for Children 2nd Edition - Parent Rating Scale Ages 6-11 (BASC-2 PRS)	Administrator/Certifier

Special Accommodations

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

- No adaptations/accommodations required

The District is Asking for your Consent to Conduct:

- An initial evaluation of the student.
The district will not proceed with an initial evaluation without your written consent. Failure to provide consent within 30 calendar days will constitute a denial of consent.

Parent or Adult Student Approval

- I give my consent for the CT Training District Public Schools to conduct the evaluations described above. I understand that this consent may be revoked at any time.
- I do not give my consent for the CT Training District Public Schools to conduct the evaluations described above.



Parent/Guardian or Adult Student Signature

05/31/2022

Date

**Consent to
Conduct a
Section 504
Evaluation**



CT-SEDS 504 Module Process INTERFACE

504 Process



504 Process

- Referral For Section 504**
Complete ✓
- Create Section 504 Meeting Notice**
Complete ✓
- Evaluation/Reevaluation**
Complete ✓
- Determination of Eligibility**
- 504 Plan Details**
- State and District Testing**

Create Draft/Final 504 Plan



CT-SEDS INTERFACE: 504 Eligibility Determination

i To be eligible, students must have a qualifying physical or mental impairment and that impairment must substantially limit a major life activity. Answer all questions. In Question 2, please indicate impairment when 'Other' is selected.

Physical or Mental Impairment

1. Does the student have a qualifying physical or mental impairment? **i**

Yes

2. What is/are the student's physical and/or mental impairment(s)? **i**

Impairment
504 - ADD/ADHD

Description/Details

ADD MORE

SAVE

Major Life Activities

3. Does the student's physical or mental impairment substantially limit a major life activity? **i**

Yes

Add all major life activities from the dropdown list that apply.

Life Activity
Concentrating

Description/Details

ADD MORE

SAVE






CT-SEDS INTERFACE: 504 Eligibility Determination

▼ Evaluation Procedure, Test, Record or Report(s) and other Supporting Documents

4. Identify each specific evaluation procedure, test, record, or report used to make this determination.

Describe 

5. Supporting documents completed by

Name Ms. Scott	Title School Psychologist	Date of Report 02/10/2022		Attached Yes	▼
Name	Title	Date of Report mm/dd/yyyy		Attached	▼
Name	Title	Date of Report mm/dd/yyyy		Attached	▼
Name	Title	Date of Report mm/dd/yyyy		Attached	▼
Name	Title	Date of Report mm/dd/yyyy		Attached	▼

SAVE

▼ Individual Health Plan

Does the student currently have a Individual Health Plan (IHP)?

StudentOnIHP

Yes No

SAVE



CT-SEDS INTERFACE: 504 Eligibility Determination

Eligibility Determination

In accordance with Section 504 eligibility standards, this student

The student **meets** the eligibility criteria requirements for Section 504.

Impairment
504 - ADD/ADHD

Eligibility Determination Date
02/28/2022

The student **does not** meet the eligibility criteria requirements for Section 504.

i If the student was found **not eligible** for Section 504, the Not Eligible Determination date will conclude this evaluation process.



FINALIZE DETERMINATION

SAVE

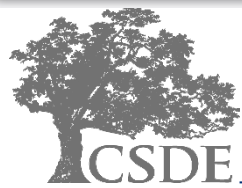
Documents

[ATTACH DOCUMENTATION](#)

i View documents that have been created for the student from this page, and create or attach additional relevant documents.

! No documents have been generated yet for this student.

CREATE DOCUMENT BATCH



CT-SEDS INTERFACE: Consent for Initial Provision of 504

∨ Create Consent for Initial Provision of 504 Services



Indicate the Section 504 Procedural Safeguards information if applicable, and select how the parent will sign the consent form, then create the Consent for Initial Provision of 504 Services document from this panel.

Procedural Safeguards

A copy of Section 504 Procedural Safeguards is being provided to you. If you would like a further explanation of these procedures please contact:

ProceduralSafeguardContact
Sec504 Default Contact

ProceduralSafeguardTitle
Sec504 Default Title

at

ProceduralSafeguardContactPhone
Sec504 Default Phone

Select relevant option for parent signature

- The parent is in the meeting and will sign the document digitally.
- The document will be sent electronically to the parent portal for signature.
- The parent will sign a hard copy of the document.

(Required)

CREATE CONSENT DOCUMENT

SAVE



**Section 504 Parent Notice and Initial Consent for Provision of Services
CT Training District**

Date Sent: 05/31/2022

I. Identification Information

Student Name: Penny Carter

School: Burr Elementary School (510211)

Grade: KF

Date of Birth: 09/30/2015

SASID: 5302256414

Parent/Guardian: Dad Carter, Mom Carter

Dear Dad Carter, Mom Carter,

The purpose of this notice is to inform you, in writing, of the school district's proposal regarding the identification of the above student.

As a result of the initial eligibility determination meeting, the Section 504 Team has identified the above student as an individual with a disability under Section 504.

At this time, the student's disability requires accommodations/services/support in the school setting as indicated on the Section 504 Plan. In order for the student to receive the recommended accommodations/services/support, the school district must have your written consent for the initial provision of services under Section 504.

II. Written Consent

- I grant consent for the initial provision of services under Section 504 as recommended by the Section 504 Team
- I do not grant consent for the initial provision of services under Section 504 as recommended by the Section 504 Team.

Parent/Guardian or Adult Student Signature

Date

Date received by school district:

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. Parental failure to respond within 10 school days from the date of this notice shall be construed as refusal of consent.
- C. Parents have the right to utilize due process proceedings if they disagree with the identification, evaluation or educational placement of or the provision of a free appropriate public education (FAPE) to their child.

**Consent for
initial
provision of
services
Section 504**



CT-SEDS INTERFACE: Consent for Initial Provision of 504

Consent for Initial Provision of 504 Services Status

ENTER CONSENT FOR INITIAL PROVISION OF 504 SERVICES DATE

Consent for Initial Provision of 504 Services Date



SAVE

Enter Consent for Initial Provision of 504 Services Date



Note: Select the appropriate parent response.

Consent Granted?

Yes

(Required)

No

Date Received

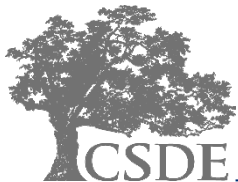
mm/dd/yyyy

(Required)



CLOSE

SAVE



CT-SEDS INTERFACE: Revocation of Consent



✓ Consent for Initial Provision of 504 Services Status

[ENTER REVOCATION OF CONSENT FOR INITIAL PROVISION OF 504 SERVICES](#)

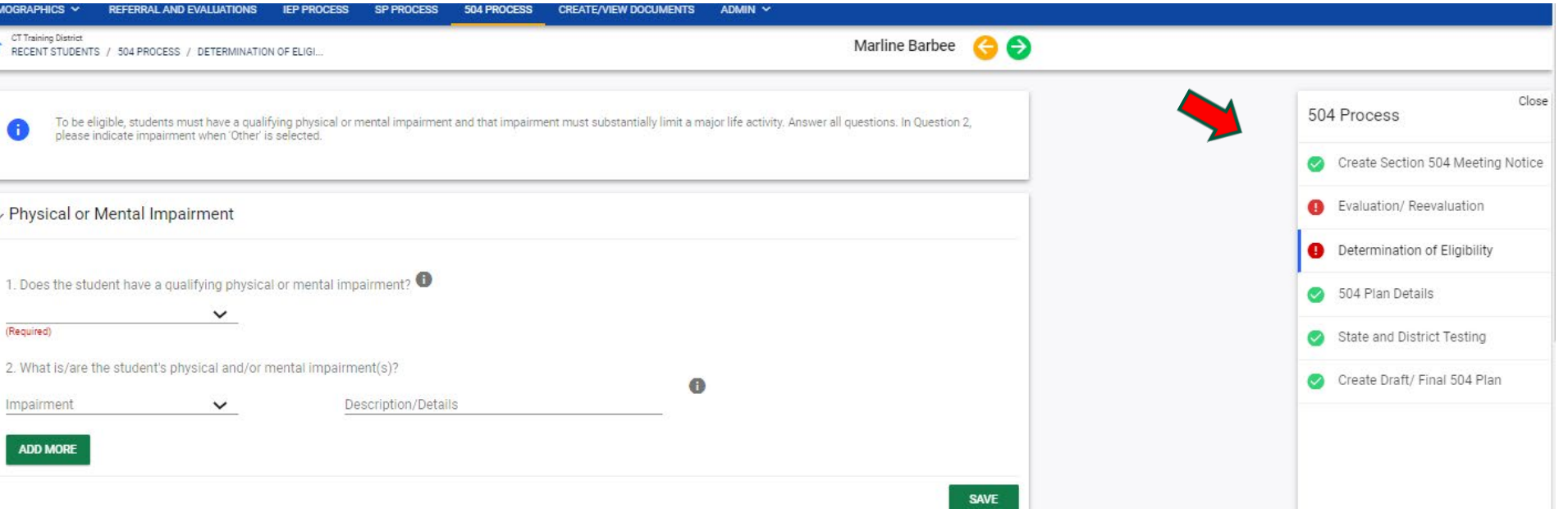
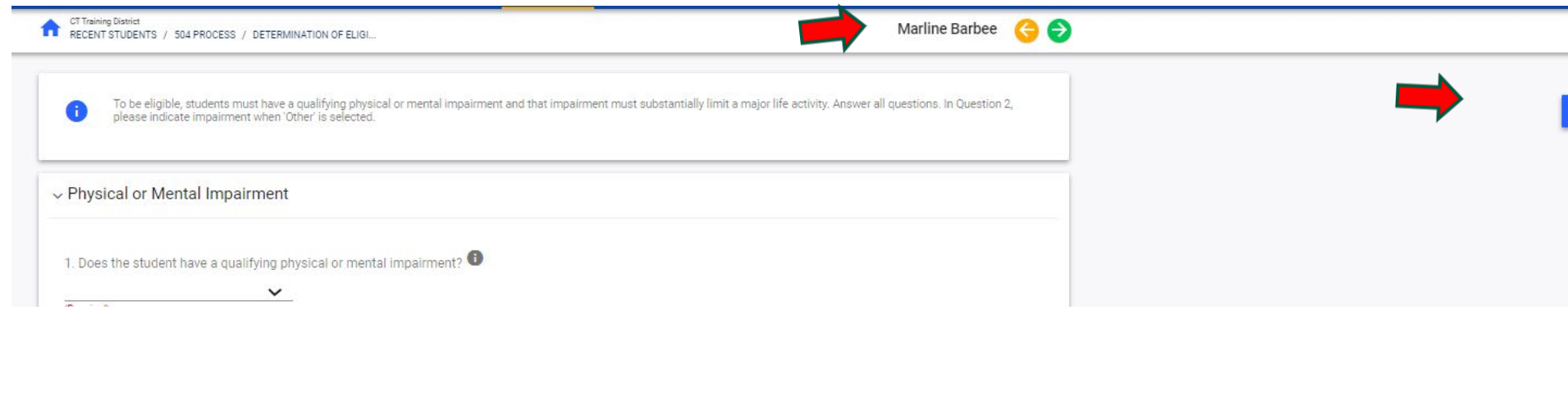
Consent for Initial Provision of 504 Services Date

05/31/2022

SAVE






CT-SEDS 504 Module INTERFACE: Navigation




CT-SEDS 504 Module Navigation Information

Navigation through the Section 504 Process is the same as other processes:

- The green arrow  runs an error check on the page and directs the user to the next step of the process
- The yellow arrow  returns the user to the previous page without saving the data on the current page
- The side navigation panel will allow the user to navigate to any page in the process

The  button is available on select pages and will allow the user to generate a print view of the section of the Section 504 Plan the user is working on. This can be helpful to proofread and check the user's work.

The  button is available on select pages and will provide the user with a translated view of that section of the Section 504 Plan (if the student has *Document Language* set on the Student Information Page).

Summary

- Preview of how CT-SEDS supports the creation of the Section 504
 - Referral
 - Notice of Section 504 Meeting.
 - Eligibility Determination



Thank You!



CONNECTICUT STATE DEPARTMENT OF EDUCATION

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