

# Section 504 Plan Manual



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“We're doing everything to help your student succeed...”

### **504 Program Summary**

Section 504 of Rehabilitation Act of 1973 prohibits the discrimination against persons with disabilities. It is a federal civil rights law which requires that students with disabilities be provided with a free and appropriate education. Students who have a physical or mental impairment that limits one or more major life activity may qualify for a 504 plan. To determine 504 eligibility, a student must demonstrate: as a result of an evaluation, to have a physical or mental disability/impairment (or having a history of a physical or mental disability/impairment) that substantially limits one or more major life activities. A major life activity includes the following: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, and learning.

At the Georgia Cyber Academy, we are committed to providing an exemplary individualized and engaging educational experience to all of our students. This policy and procedure manual has been created to assist staff as they work with our families who may need a 504 plan for their children.

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## **504 Plan Overview**

### **Legal Overview**

According to the Office of Civil Rights (OCR), “Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (ED). Section 504 provides: ‘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. . . .’” (U.S. Department of Education, 2018)

### **Positions/Roles and Responsibilities**

**Section 504 District Manager** - The Section 504 District Manager is a highly qualified, state certified educator responsible for ensuring students with disabilities, identified by Section 504, are receiving specific and individualized course content based on their 504 Plan, in an online environment, to ensure compliance with all state, federal, and local requirements.

### **Instructional Responsibilities:**

- Utilizes Child Find and similar services to pull new 504 plan referrals; schedules and facilitates meetings; follows up with all three school levels
- Oversees Hospital Homebound (HHB) plans for general education services and facilitates meetings for all general education students.
- Oversees the completion of Manifestation Determination Review (MDR) meetings for 504 students who are on Academic Review Board (ARB) at all three school levels
- Plans and facilitates all 504 district trainings
- Conducts bi-weekly meetings with School Level Coordinators
- Addresses teacher and administrator concerns in a timely manner
- Assists School level coordinators with any 504 inquiries
- Receives and distributes transfer plans from previous schools
- Ensures implementation of the school district approved 504 process
- Collects and maintains all 504 data
- Ensures 504 plan accommodations are accurate and coded into the designated school testing platform prior to testing

- Serves as Point of Contact (POC) for 504 questions during testing
- Maintains GCA 504 Manual - annual review and amendments
- Collects data for monthly reports
- Attends all meetings; program, department, school, and district

**Section 504 School Level Coordinator** - The Section 504 School Level Coordinator is a highly qualified, state certified educator responsible for ensuring students with disabilities, identified by Section 504, are receiving specific and individualized course content based on their 504 plan, in an online environment.

**Instructional Responsibilities:**

- Facilitates school-level 504 plan renewal meetings and plan transfer meetings;
- Facilitates school-level 504 amendment meetings for all active 504 students approved for Hospital Homebound (HHB) Services;
- Facilitates Manifestation Determination Review (MDR) meetings for school-level 504 students before they are suspended or expelled; assembles committee, schedules meeting, sends parents notice of meeting, provides Notice of Rights of Student and Parents. The committee gathers information and data during the MDR and determines if the behavior is a manifestation of the student's disability and next steps;
- Facilitates the collection and maintenance of student medical documentation; uploads documentation in designated school platforms (i.e. Infinite Campus, SharePoint, OneNote);
- Verifies and uploads testing accommodations into designated school platforms
- Responds to flags in Infinite Campus and online platforms; and documents the communication into school contact log.
- Communicates with parents/Learning Coaches, and teachers regarding all 504 inquiries;
- Monitors all supports for school-level 504 Hospital Homebound (HHB) students;
- Conducts classroom visits to monitor implementation of 504 plan accommodations for students;
- Completes medical forms for eligibility;
- Facilitates school-based teacher training and answers questions when necessary;
- Works with the special education team to facilitate eligibility for special education;

- Reviews, processes, and monitors all special education referrals; attends students' eligibility meetings for Special Education
- Attends weekly open offices with the compliancy specialist to review data for students;
- Attends monthly and weekly district, school and department meetings;
- Provides communication and updates regarding 504 to teachers via school newsletter and/or email blasts;
- Prepares data and attend monthly Data meetings and update information;
- Meets with school-level leads, administration, collaborating teachers, students and parents/Learning Coaches to discuss student progress and instructional supports through examination of 504 plan

## Chapter 1: Glossary of Commonly Used Terms

**Accommodation:** An accommodation is a change in how or where your child is taught—or the materials used for teaching. Accommodations can help kids who are struggling work around their weaknesses. For instance, kids who have trouble writing may be allowed to answer test questions orally. Even with accommodations, kids are expected to learn the same content as their peers.

**Americans with Disabilities Act (ADA):** This is a federal civil rights law that prohibits discrimination against individuals with disabilities. It covers schools, the workplace and public places. ADA works in tandem with Section 504. Section 504 applies only to K–12 public schools. If your child has a disability, ADA will cover him in the workplace and as an adult.

**Disability:** Section 504 defines a disability as a physical or mental impairment that substantially limits a person’s ability to participate in a major life activity, such as learning. Section 504 has a broad definition of “disability.” This is why kids who aren’t eligible for an Individualized Educational Program (IEP), including some children with ADHD, might be eligible for a 504 plan.

**General education curriculum:** This is the knowledge and skills that all students are expected to master. The curriculum varies from state to state. The goal of Section 504 is to make sure that students with disabilities have access to, or can take part in, the general curriculum.

**Least restrictive environment (LRE):** Students with disabilities must be taught in the same setting as students without disabilities as much as possible. The school must offer services or supports that can help her succeed in a general education classroom.

**Major life activity:** These can include functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This list is not exhaustive. A child’s disability may substantially limit one or more major life activities. If this is the case, they need to be addressed in the 504 plan.

**Modification:** A modification is a change in what a student is expected to learn. For example, instead of reading a book at his grade level, your child might read a book written for two grade levels lower. In general, a child who needs modifications would have an IEP, not a 504 plan.

**The Rehabilitation Act of 1973:** This is a civil rights law that prohibits disability discrimination. It requires reasonable accommodations for people with disabilities. Section 504 is the part of this law that applies to public K–12 schools.

**Supplementary aids and services:** These are supports to help a child learn in the general education classroom. Examples of this are equipment or assistive technology, such as audiobooks or highlighted classroom notes. (Understood)

## **Chapter 2: Processes and Procedures**

### **2.1: Child Find**

1. If a child is not identified during the intake process as having a 504 plan, the designated teacher will double check with the family during the initial call while completing the CFQ.
2. If a family indicates that the child has a 504 or if the teacher is informed that the student has a disability that is impacting their access to learning due to the conversation, the teacher should reach out to the 504 school level coordinator with the student's name and student identification number.
3. The 504 school level coordinator will contact the parent to explain the 504 eligibility process which includes providing medical documentation of the student's disability or a valid 504 Plan from the student's previous school.
4. Documentation can include medical documentation which states a diagnosis along with the doctor's name, signature, and identification number, a copy of the child's former 504 plan from his/her previous school, or sufficient evaluation data that supports there may be a medical impairment.
5. Once the parent sends the required medical documentation, the 504 school level coordinator submits a referral in Infinite Campus and a meeting will be scheduled *within sixty school days*.

### **2.2: 504 Referrals**

1. If information comes to a staff member that a child may have a physical or mental impairment, they should find out how this condition is affecting the student's ability to access their education.
2. The staff member should email the student's name; student identification # to the 504 school level coordinator to let them know they were informed the student may have a physical or mental impairment impacting their access to learning.
3. The 504 school level coordinator will gather as much information as possible. This information should include but not be limited to medical/psychological documentation, test scores, accommodations being made by the learning coach and/or the teachers.
4. The 504 school level coordinator will explain the eligibility process and email the GCA Medical Form. Once the required documentation is received, the school level coordinator will submit an initial referral in Infinite Campus.
5. A meeting will then be scheduled *within sixty instructional days with the District Level 504 Coordinator*.



## **Making a 504 Referral in Infinite Campus**

- All 504 referrals for initial meetings will be put in Infinite Campus by the School Level 504 Coordinator.
- In Infinite Campus (IC), search for the student.
- Click on Student Information
- Click on the **504 Tab**
- At the top of the page, click on the 18-19 **504 Referral Tab**.
- Click on **+New Status** at the top of the page.
- Fill in the required sections. **Red** fields must be completed.
- Be sure to attach the appropriate documentation: GCA medical documentation, click on the Green **Upload Documents button**
- Click **SAVE** when you have completed the form. The 504 Coordinator will schedule a meeting within sixty days of a completed referral with documentation.

### **2.3: Requests for 504 Evaluation**

Parent must submit appropriate medical documentation of the student's diagnose(s) which details how the condition impacts the student's access to learning. School Level Coordinator will review all paperwork and submit a 504 Plan Referral to request a meeting with the District 504 Plan Manager; evaluations can consist of reviews of current student data and/or formal academic & behavioral testing: If no formal testing is required to support eligibility, the District Coordinator should schedule a 504 eligibility meeting.

#### **Is evaluation necessary to determine 504 eligibility?**

Under Section 504, no formal testing is required. The 504 Committee will look at grades over the past several years, teachers' reports, information from parents or other agencies, state assessment scores or other school administered tests, observations, discipline reports, attendance records, health records and adaptive behavior information. Schools must consider a variety of sources. A single source of information (such as a doctor's report) cannot be the only information considered. Schools must be able to assure that all information submitted is documented and considered.

#### **Is a medical report always necessary to determine 504 eligibility?**

The 504 Committee should attempt to get as much information as possible regarding the student's condition, a physician's statement is not required to determine eligibility. If the committee determines that a formal evaluation of any type is necessary to determine eligibility, consent for evaluation is required and the evaluation must be provided at no cost to the parents.

## **2.4: Evaluation Process**

According to the U.S. Department of Education, Office of Civil Rights, at the elementary and secondary school level, determining whether a child is a qualified disabled student under Section 504 begins with the evaluation process. Section 504 requires the use of evaluation procedures that ensure that children are not misclassified, unnecessarily labeled as having a disability, or incorrectly placed, based on inappropriate selection, administration, or interpretation of evaluation materials.

### **What is an appropriate evaluation under Section 504?**

Recipient school districts must establish standards and procedures for initial evaluations and periodic re-evaluations of students who need or are believed to need special education and/or related services because of disability. The Section 504 regulatory provision at 34 C.F.R. 104.35(b) requires school districts to individually evaluate a student before classifying the student as having a disability or providing the student with special education. Tests used for this purpose must be selected and administered so as best to ensure that the test results accurately reflect the student's aptitude or achievement or other factor being measured rather than reflect the student's disability, except where those are the factors being measured. Section 504 also requires that tests and other evaluation materials include those tailored to evaluate the specific areas of educational need and not merely those designed to provide a single intelligence quotient. The tests and other evaluation materials must be validated for the specific purpose for which they are used and appropriately administered by trained personnel.

### **How much is enough information to document that a student has a disability?**

At the elementary and secondary education level, the amount of information required is determined by the multi-disciplinary committee gathered to evaluate the student. The committee should include persons knowledgeable about the student, the meaning of the evaluation data, and the placement options. The committee members must determine if they have enough information to make a knowledgeable decision as to whether or not the student has a disability. The Section 504 regulatory provision at 34 C.F.R. 104.35(c) requires that school districts draw from a variety of sources in the evaluation process so that the possibility of error is minimized. The information obtained from all such sources must be documented and all significant factors related to the student's learning process must be considered. These sources and factors may include aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, and adaptive behavior. In evaluating a student suspected of having a disability, it is unacceptable to rely on presumptions and stereotypes regarding persons with disabilities or classes of such persons. Compliance with the IDEA regarding the group of persons present when an evaluation or placement decision is made is satisfactory under Section 504. (Protecting Students With Disabilities. (2018, September 25). Retrieved May 05, 2019, from (U.S. Department of Education 2018)

## Chapter 3: Accommodations Manual

### 3.1: Research

**Accommodations:** General program accommodations/adjustments or services are always made on a case-by case basis and individualized. Accommodations are to be reasonable and are intended to provide persons with disabilities compensation for their functional limitation(s) due to a mental or physical impairment. Where Section 504 is concerned, accommodations are made to bring a student with a disability to the same starting point as a non-disabled student. (*Warm Line Family Resource Center, [www.warmlinefrc.org](http://www.warmlinefrc.org)*)

### 3.2: Commonly Used Accommodations

#### Allergies

##### **Possible Accommodation and Strategies:**

- Small group or Individual work environment as needed
- Extended Time (Time and a half)
- Frequent monitored breaks

##### **At Home Strategies:**

- Student will self-manage to ensure a clean work environment.
- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.

##### **Medical Health Plan:**

- Allergy statement: there is no guarantee that students will not come into contact with allergens at State testing.
- Parent or guardian will remain on site with EpiPen or other medications needed.
- In case of severe allergic reaction, call 911

#### Arthritis

##### **Possible Accommodation and Strategies:**

- Small Group
- Preferential Seating
- Extended Time (Time and a half)
- Frequent monitored breaks
- Use a modified physical education assignments/activities.

##### **At Home Strategies:**

- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.

##### **Medical Health Plan:**

- Parent or guardian will remain on site with medications needed.

## **Asthma**

### **Possible Accommodation and Strategies:**

- Preferential seating
- Small group
- Frequent monitored breaks
- Extended time (Time and a half)
- Optimal time of day for instruction

### **Medical Health Plan:**

- There is no guarantee that students will not come into contact with allergens at state testing.
- Parent or guardian will remain on site with medications needed.
- In case of severe asthma attack, call 911

## **ADHD**

### **Possible Accommodation and Strategies:**

- Small group or Individualized work environment
- Preferential seating
- Frequent monitored breaks
- Extended time (Time and a half)
- Instructions will be repeated and/or paraphrased for clarity.
- Optimal time of day for instruction
- Adaptive furniture: Chewelry, fidget spinner, balance ball.

### **At Home Strategies:**

- Block Schedule
- Print slides from each class to use for taking notes
- Seat student away from distractions (video games, TV, extra noise)
- Use of a timer to help student stay on task
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Provide a quiet work space for your student.
- Write or print out daily assignments.
- Check for student's completion of assignments.
- Use incentives to help reinforce positive behaviors.
- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.
- Reinforce self-advocating behaviors.

### **Medical Health Plan:**

- Parent or guardian will remain on site with medications needed.

## **Bipolar Disorder/Schizophrenia**

### **Possible Accommodations and Strategies:**

- Small group or individual instruction will be provided when needed.
- Extended time (Time and a half)
- Frequent monitored breaks
- Based on documented diagnosis, student will be allowed to supplement instruction with recordings when needed. Student will email the teacher and access recordings within 24 hours of a missed session.
- Examiner familiar to student (for state testing)

### **At Home Strategies:**

- Provide a quiet work space, free from distractions.
- Block scheduling or chunking assignments.
- Utilize recordings if repetition of instruction is needed.
- Reinforce self-advocating behaviors.
- Write or print out daily assignments.
- Check for student's completion of assignments.

### **Medical Health Plan:**

- Parent or guardian will remain on site with medications needed.

## **Cerebral Palsy**

### **Possible Accommodations and Strategies:**

- Teachers will be aware of health care needs.
- Preferential seating – Student must be seated in an area that accommodates his/her wheelchair or other adaptive needs.
- Use a modified physical education assignments/activities.
- Small group or individual instruction will be provided when needed
- Frequent monitored breaks
- Extended Time (Time and a half)

### **At Home Strategies:**

- Provide a quiet work space for your student.
- Write or print out daily assignments.
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Reinforce self-advocating behaviors.

### **Medical Health Plan:**

- Parent or guardian will remain on site with medications needed.

## **Cystic Fibrosis**

### **Possible Accommodations and Strategies:**

- Based on documented diagnosis, student will be allowed to supplement instruction with recordings when needed.
- Extended time (Time and a half)
- Frequent monitored breaks
- Small group instruction will be provided when needed.

**At Home Strategies:**

- Provide a quiet work space for your student.
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Communicate with teachers how condition is managed with your student.

**Medical Health Plan:**

- If needed at testing, student will be allowed frequent monitored breaks for breathing treatment; administered by the parent.
- If needed at testing student will be allowed a private place for “coughing”.
- Parent/guardian will remain onsite at all times during testing.

**Diabetes**

**Possible Accommodations and Strategies:**

- Small group or individual instruction will be provided when needed.
- Extended time (Time and a half)
- Frequent monitored breaks
- Based on documented diagnosis, student will be allowed to supplement instruction with recordings when needed.

**At Home Strategies:**

- Communicate with teachers how well diabetes is managed with your student.
- Reinforce self-advocating behaviors.

**Medical Health Plan:**

- Student must have access to glucose monitoring supplies as needed.
- Student will have access to snacks and water throughout the day
- Student will have access to bathroom breaks whenever necessary
- Student must have access to Dex-com glucose monitor and cell phone must stay with examiner at testing and be within XXX feet of student at all times.
- Parent/guardian will remain onsite at all times during testing.
- If needed, call 911.

**Anxiety/Depression**

**Possible Accommodations and Strategies:**

- Small group or individual instruction will be provided when needed.
- Extended time (Time and a half)
- Frequent monitored breaks

- Based on documented diagnosis, student will be allowed to supplement instruction with recordings when needed. Student will email the teacher and access recordings within 24 hours of a missed session.
- Examiner familiar to student (for state testing)

**At Home Strategies:**

- Provide a quiet work space, free from distractions.
- Block scheduling or chunking assignments.
- Utilize recordings if repetition of instruction is needed.
- Reinforce self-advocating behaviors.
- Write or print out daily assignments.
- Check for student's completion of assignments.

**Medical Health Plan:**

- Parent or guardian will remain on site with medications needed.

**Student with Special Health Needs**

**Possible Accommodations and Strategies:**

- Teachers will be aware of health care needs.
- Frequent monitored breaks
- Extended time (Time and a half)
- Preferential seating
- Small group or individual instruction will be provided when needed
- Recordings (vs. attending live synchronous sessions)
- Optimal time of day for instruction
- Instructions will be repeated and paraphrased for clarity.
- Adaptive furniture: Chewelry, fidget spinner, balance ball.
- Use a modified physical education assignments/activities.
- Familiar examiner (for State testing)

**At Home Strategies:**

- Block Schedule
- Print slides from each class to use for taking notes
- Use of a timer to help student stay on task
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Provide a quiet work space for your student.
- Write or print out daily assignments.
- Check for student's completion of assignments.
- Use incentives to help reinforce positive behaviors.
- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.
- Reinforce self-advocating behaviors.

**Medical Health Plan:**

- Parent or legal guardian will remain on site with medications.
- If needed, call 911.

## **Encopresis/Enuresis**

### **Accommodations and Strategies:**

- Frequent monitored breaks (Time and a half)
- Extended time on daily assignments and assessments- time and a half. MAP Assessments and Interim assessments must be taken during the regularly scheduled assessment window.

### **At Home Strategies:**

- Change of clothes available.
- Create a plan of response to events.

### **Medical Health Plan Recommendations:**

- Parent remain on site for State testing.
- Provide an additional change of clothes

## **Epilepsy**

### **Accommodations and Strategies:**

- Frequent monitored breaks
- Extended time on daily assignments and assessments- time and a half. MAP Assessments and Interim assessments must be taken during the regularly scheduled assessment window.

### **At Home Strategies:**

- Utilize recordings if repetition of material is needed
- Observe for triggers and let teachers/504 Coordinator know
- Print off notes/slides

### **Medical Health Plan Recommendations:**

- Monitor and assess student for breathing difficulties
- Preferential seating front of room and away from doors and away from flashing/blinking lights because seizures are photo-convulsive; examiner needs to watch for signs of staring off or not being responsive; student may appear to stare off into space but is actually having a seizure; if student is about to have a grand mal seizure and body will become rigid
- If examiner sees student is falling from chair, help get student to the floor; protect their head; turn on their side; and notify parent. Parent will remain on site. If seizure lasts longer than 5 mins, parent will administer emergency med. Parent will let you know if 911 should be called.

## **Hearing Impairment**

### **Accommodations and Strategies:**

- Repetition of directions



- Extended time on daily assignments and assessments- time and a half. MAP Assessments and Interim assessments must be taken during the regularly scheduled assessment window.
- Provide an interpreter for school events (such as graduation) when necessary or requested
- Assistive Technology

**At Home Strategies:**

- Utilize recordings if repetition of material is needed
- Print off copies of notes/slides
- Present information visually when needed
- Assistive Technology
- Provide an audio amplification system
- Desktop Speakers

**Medical Health Plan Recommendations:**

- Audio amplification system

**Leukemia**

**Accommodations and Strategies:**

- Frequent monitored breaks
- Extended time on daily assignments and assessments- time and a half. MAP Assessments and Interim assessments must be taken during the regularly scheduled assessment window.
- Teachers will be aware of health care needs.
- Optimal time of day for instruction
- Use a modified physical education assignments/activities.
- Small group instruction will be provided when needed
- Recordings (vs. attending live synchronous sessions)

**At Home Strategies:**

- Utilize recordings if repetition of material is needed
- Block Schedule
- Print slides from each class to use for taking notes
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).

**Medical Health Plan Recommendations:**

- Parent will remain on site.
- Small group or individual
- Optimal time of day

**Orthopedically Impaired**

**Accommodations and Strategies:**

- Frequent monitored breaks

- Extended time on daily assignments and assessments- time and a half. MAP Assessments and Interim assessments must be taken during the regularly scheduled assessment window.
- Teachers will be aware of health care needs.
- Use a modified physical education assignments/activities.
- Physical Therapy

**At Home Strategies:**

- Print slides from each class to use for taking notes

**Medical Health Plan Recommendations:**

- Parent will remain on site for State testing.

**Tourette's Syndrome**

**Possible Accommodations and Strategies:**

- Teachers will be aware of health care needs.
- Frequent monitored breaks
- Extended time (Time and a half)
- Preferential seating
- Small group or individual instruction will be provided when needed
- Recordings (vs. attending live synchronous sessions)
- Optimal time of day for instruction
- Instructions will be repeated and paraphrased for clarity.
- Adaptive furniture: Chewelry, fidget spinner, balance ball.
- Use a modified physical education assignments/activities.

**At Home Strategies:**

- Block Schedule
- Print slides from each class to use for taking notes
- Seat student away from distractions (video games, TV, extra noise)
- Use of a timer to help student stay on task
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Provide a quiet work space for your student.
- Write or print out daily assignments.
- Check for student's completion of assignments.
- Use incentives to help reinforce positive behaviors.
- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.
- Reinforce self-advocating behaviors.

**Medical Health Plan:**

- Parent or legal guardian will remain on site.
- Small group or Individual Testing
- Preferential seating

## **Traumatic Brain Injury**

### **Possible Accommodations and Strategies:**

- Teachers will be aware of health care needs.
- Frequent monitored breaks
- Extended time (Time and a half)
- Preferential seating
- Small group or individual instruction will be provided when needed
- Recordings (vs. attending live synchronous sessions)
- Optimal time of day for instruction
- Instructions will be repeated and paraphrased for clarity.
- Allergy statement: there is no guarantee that students will not come into contact with allergens at state testing.
- Adaptive furniture: Chewelry, fidget spinner, balance ball.
- Use a modified physical education assignments/activities.

### **At Home Strategies:**

- Block Schedule
- Print slides from each class to use for taking notes
- Seat student away from distractions (video games, TV, extra noise)
- Use of a timer to help student stay on task
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Provide a quiet work space for your student.
- Write or print out daily assignments.
- Check for student's completion of assignments.
- Use incentives to help reinforce positive behaviors.
- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.
- Reinforce self-advocating behaviors.

### **Medical Health Plan:**

- Parent/legal guardian will remain on site for State testing.

## **Tuberculosis**

### **Possible Accommodations and Strategies:**

- Teachers will be aware of health care needs.
- Frequent monitored breaks
- Extended time (Time and a half)
- Preferential seating
- Small group or individual instruction will be provided when needed
- Recordings (vs. attending live synchronous sessions)

- Optimal time of day for instruction
- Instructions will be repeated and paraphrased for clarity.
- Use a modified physical education assignments/activities.

#### **At Home Strategies:**

- Block Schedule
- Print slides from each class to use for taking notes
- Seat student away from distractions (video games, TV, extra noise)
- Use of a timer to help student stay on task
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Provide a quiet work space for your student.
- Write or print out daily assignments.
- Check for student's completion of assignments.
- Use incentives to help reinforce positive behaviors.
- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.
- Reinforce self-advocating behaviors.

#### **Medical Health Plan:**

- Parent/legal guardian will remain on site for State testing.

### **Visual Impairment**

#### **Possible Accommodations and Strategies:**

- Teachers will be aware of health care needs.
- Frequent breaks
- Extended time (Time and a half)
- Preferential seating
- Small group or individual instruction will be provided when needed
- Recordings (vs. attending live synchronous sessions)
- Optimal time of day for instruction
- Instructions will be repeated and paraphrased for clarity.
- Allergy statement: there is no guarantee that students will not come into contact with allergens at state testing.
- Adaptive furniture: Chewelry, fidget spinner, balance ball.
- Use a modified physical education assignments/activities.

#### **At Home Strategies:**

- Block Schedule
- Print slides from each class to use for taking notes
- Seat student away from distractions (video games, TV, extra noise)
- Use of a timer to help student stay on task
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Provide a quiet work space for your student.
- Write or print out daily assignments.

- Check for student's completion of assignments.
- Use incentives to help reinforce positive behaviors.
- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.
- Reinforce self-advocating behaviors.

**Medical Health Plan:**

- Parent will remain on site for State testing.

**Weight Issues: Diagnosis of Obesity, Anorexia, or Bulimia**

**Possible Accommodations and Strategies:**

- Teachers will be aware of health care needs.
- Frequent monitored breaks
- Extended time (Time and a half)
- Preferential seating
- Small group or individual instruction will be provided when needed
- Recordings (vs. attending live synchronous sessions)
- Optimal time of day for instruction
- Instructions will be repeated and paraphrased for clarity.
- Allergy statement: there is no guarantee that students will not come into contact with allergens at state testing.
- Adaptive furniture: Chewelry, fidget spinner, balance ball.
- Use a modified physical education assignments/activities.

**At Home Strategies:**

- Block Schedule
- Print slides from each class to use for taking notes
- Seat student away from distractions (video games, TV, extra noise)
- Use of a timer to help student stay on task
- Break the list of assignments down into smaller chunks (work on multiple lessons for one subject each day or work in chunks of time).
- Provide a quiet work space for your student.
- Write or print out daily assignments.
- Check for student's completion of assignments.
- Use incentives to help reinforce positive behaviors.
- Reinforce self-monitoring and self-reporting of behaviors.
- Utilize recordings if repetition of material is needed.
- Reinforce self-advocating behaviors.

**Medical Health Plan:**

- Preferential seating.

## **Chapter 4: 504 Manifestation Determination Review (MDR) Meetings**

### **Definition of a Manifestation Determination Review**

A Manifestation Determination Review (MDR) meeting is a process to review all relevant information and the relationship between the student's disability and the behavior which has violated the school's code of conduct or policies. This meeting is to provide the opportunity for the student and legal guardian to inform the team about the student's condition as it relates to the violation.

### **A 504 Manifestation Determination Review is required:**

An MDR meeting is required when a student with a documented disability is being given a discipline of removal from the current school for more than 10 days due to a violation of the school's code of conduct or policies. This includes attendance violations in the form of truancy or not adhering to the school's engagement policy. Any 504 student who is referred to the Academic Review Board (ARB) will have an MDR meeting held within 10 days of the notice to the student. The 504 School Level Coordinator reports the MDR determination to the ARB team for their documentation regarding discipline action.

### **504 Plan MDR Meeting Checklist**

#### **Before the MDR Meeting, the School Level 504 Plan Coordinator:**

- Schedules the MDR meeting
- Sends notification to necessary staff
- Sends notification to Parent along with a copy of parents' rights
- Reviews the 504 and medical documentation in detail and be prepared to discuss
- IF medical documents include private psychological, the school psychologist must attend MDR
- Reviews the student's academic progress
- Reviews disciplinary notes and contact FSL for additional information
- Reviews the student ARB meeting notes
- Prep the MDR form, in IC, with the student's demographic information and infraction

## MDR Form in Infinite Campus

The screenshot shows the Infinite Campus interface. On the left, under 'Student Information', the '504' option is highlighted with a red arrow. The top navigation bar has tabs for 'Summary', 'Team', 'Documents' (highlighted with a red arrow), 'ContactLog', and '1617 504 Referral'. The 'Create New Document Wizard' window is open, showing a dropdown menu with '504 Plan\_MDR Form\_v1' selected (highlighted with a red arrow). The wizard also shows a 'Link to an Enrollment' dropdown set to 'School(08/10/2018-)'. The 'DOCUMENT SELECTED FOR CREATION' is '504 Plan\_MDR Form\_v1'. Buttons for 'Create Document' and 'Cancel' are at the bottom.

### During the MDR Meeting, the 504 Plan Coordinator:

- Explains the purpose of the meeting and allows Administrator to comment
- Types the names of meeting attendees (LG must attend; student must attend if 18+)
- Reviews student's medical impairments, date of last 504 review, and student's infraction
- Allows parent and student to comment regarding possible reasons for infraction
- Reviews relevant student information (make sure to add current grades and important testing data, especially incomplete exams or other relevant engagement data)
- Allows the school psychologist to give input regarding private psych (if in attendance)
- Leads Manifestation Determination Discussion
- Amends the 504 Plan if required
- Analyzes the Results
- Creates an Action Plan
- Asks parent for additional questions or concerns
- Acquires parent or student signature (depends on age of student)

### After the MDR Meeting, the 504 Plan Coordinator:

- Emails a copy of the MDR and amended plan to LG and student (if 18+)
- Emails all teachers if a 504 amendment was completed so they can review and sign-off
- Makes a note in Contact Log on PLP tab in Infinite Campus

The screenshot shows the 'Contact Log Detail' window. It includes fields for 'Date' (12/12/2018), 'Time' (12:19 PM), 'Contacted By' (Deborah Wood), 'Contact Type' (MDR Meeting Notes), and 'Contact' (Note). The 'Details' section contains a text entry: 'Team determined that infraction was a manifestation of the disability. We amended the 504 Plan and gave the student 2 weeks probation. Emailed parent copy of MDR notes and copy of Student/Parent Rights.'

- Updates 504/MDR spreadsheet in One Drive
- Sends an update to ARB team regarding MDR meeting outcomes

## Chapter 5: Supporting 504 Students

### 5.1: Progress Monitoring

504 Coordinator will periodically check in on student to ensure accommodations are being implemented. 504 Coordinators will do this through classroom observations and conversations with teachers. 504 Coordinator will document this.

### 5.2: 504 Amendments

504 Amendments can be made at any time. Parents/Guardians/Students (if over 18) can request an amendment meeting by filing a written request with the school principal, Section 504 school coordinator, or designee or make request via phone.

504 Amendments are made to adjust accommodations or when a student has updated medical information that would change their supports, medications, or testing accommodations needed. 504 Amendments can also be made during a Manifestation Determination Review when team agrees additional accommodations or changes to the 504 should be made to further support student.

When amending a 504 via phone or meeting, add additional date of meeting, add new team members to the invited participants list, and check amendment under Purpose of Meeting:

Names of Invited Participants	Title	Participant's Signatures
Name	School Level Coordinator	Signature
Name	Content Teacher	Signature
Name	Parent/Guardian	Signature
Amendment 05/01/2019		
Name	School Level Coordinator	Signature
Name	Content Teacher	Signature
Name	Parent/Guardian	Signature



Step 1: Purpose of Meeting	
<input type="checkbox"/>	Initial 504 Disability Determination: Complete Steps 2-7.
<input checked="" type="checkbox"/>	Annual Review (held at the beginning of each school year) <div> <div>Initial disability determination date:</div> <div>08/10/2015</div> </div>
<input type="checkbox"/>	Transfer
<input checked="" type="checkbox"/>	Amendment; currently eligible under Section 504; Amendment to plan- copies provided to parent/teachers/etc.
<input type="checkbox"/>	504 Committee will reconvene, to determine 504 eligibility, on _____ after additional information is gathered.

Georgia Cyber Academy Section 504 Determination/Accommodation Form - Confidential Information

504 Coordinators will amend 504 sections as needed and obtain a parent signature at the end of the meeting.

### 5.3: Re-Evaluation Meetings

To qualify for a 504 at GCA, a GCA Medical Form (or Psychological with diagnoses code), must be updated every 3 years. The school level 504 coordinator will reach out to families who need to return updated medical documentation by phone and by email.

It will be the responsibility of the school level 504 coordinator and one teacher from the student's team of teachers to meet with the family during the first conference period (prior to November 1) and update this plan for the year.

All teachers can identify their students with 504 plans by a red flag under 504 in IC.

### 5.4: College Board Accommodations

Any student with a 504 can request accommodations for assessments such as SAT, PSAT, ACT, and AP exams. These exams are through the College Board and the ACT. The 504 Coordinator will submit requests for accommodations through the College Board and the ACT.

Prior to requesting accommodations, parent must complete and return a consent form. This form should be uploaded in IC under PLP Documents.

After a decision is made, the College Board and/or the ACT will send an email to let coordinator know that a decision has been made. A decision letter will be available for download. Coordinator will download the letter, upload to PLP document tab and send a copy to the parent.

## Directions to submit accommodations:

Note: For the College Board requests, a student does not have to be registered for the exam to request accommodations, for the ACT, the student must be registered for the test to apply for accommodations.

## Submitting accommodations for the College Board:

1. Obtain consent from Parent/Guardian
2. Once obtained, upload consent to PLP tab in IC under documents (Date\_CB Consent)
3. Go to <https://ssd.collegeboard.com/ssd/coordinator/SefAction.action>
  - a. Log in

### My College Board Professional Account

#### My Tools And Services

Tool or Service	My Role	Expires* ?
<a href="#">AP® Teacher Community ▶</a>	N/A	N/A
<a href="#">SSD Online - Disabilities Accommodation Management ▶</a>	SSD Coordinator	30-Jun-2040
<a href="#">AP PD Consultant Portal ▶</a>	N/A	N/A
<a href="#">College Board Institutional Ordering ▶</a>	N/A	N/A
<a href="#">Membership Community ▶</a>	N/A	N/A
<a href="#">Test Administration Training for the SAT Suite of Assessments ▶</a>	N/A	N/A

- b.
4. After clicking on SSD Online-Disabilities Accommodations Management, you will be asked to verify your password, click “Verify”
  5. You will now be on the College Board Dashboard. To begin a request for a student, click “Submit Accommodation Request”

6. Next screen says, “Before You Begin” read and review, and click “Continue” at the bottom.

7. Student Details page; review and answer two questions (typically no)

**Student Information**

**Has a Student Request for Accommodations already been submitted for this student?**

- ☐ No  
☐ Yes

**Is this a Transfer Student?**

Is this student a previously approved Transfer Student?

- ☐ No  
☐ Yes

Click submit

8. Complete the Student Information and click “Save & Continue”
9. Answer all questions about the student’s accommodations and medical diagnosis.
  - a. For frequent breaks, reach out to parent and discuss the regularly scheduled breaks and ask if they feel the student would still need additional breaks.
10. Answer questions about requested accommodations.
11. Submit documentation if needed
12. Read and agree to terms
13. Submit

**Submitting accommodations for the ACT test:**

1. Obtain consent from Parent/Guardian
2. Once obtained, upload consent to PLP tab in IC under documents (Date\_ACT Consent)
3. Make sure 504 and any medical documents are saved on computer for easy access to upload; the ACT requires documentation
4. Log into: [www.taa.act.org](http://www.taa.act.org)
5. Click to select GCA:



And click continue

6. You can search for a student’s name or scroll down and look for student.

7. When you have the student, click on the TAA pin:

AJFI7PVJ	ACT National and Special Testing	J
TM0INDCQ	ACT National and Special Testing	F
DAXBKQW3	ACT National and Special Testing	V
AM9GF72S	ACT National and Special Testing	F

8. Once you have selected the student, click on the test:

Test

1	ACT National and Special Testing	T
---	----------------------------------	---

State Student ID ⓘ

State Student ID: 3373706203

R

ACT ID ⓘ

9. Click on the test date (typically this is already selected for you, but in some cases, the deadline has passed, and you have to select the next available test- if this is the case, Coordinator must contact parent to have them contact the ACT to change registration date)

☐ National and Special Testing, July 14, 20
 ☐ National and Special Testing SEP-08-20
 ☐ National and Special Testing OCT-27-20
 ☐ National and Special Testing DEC-08-20
 ☒ National and Special Testing FEB-09-20
 ☐ National and Special Testing APR-13-20
 ☐ National and Special Testing JUN-08-201
 ☐ National and Special Testing JUL-13-201

10. Click “Save and Continue”

11. Answer the questions and select the medical diagnoses and click “Save and Continue”

12. Select “504” and how long the plan has been in place; click “Save and Continue”
13. Select accommodations and click “Save and Continue”
14. Upload 504 and Medical form
15. Review the accommodations and uploaded documents, read and review the list at the bottom, check box and click “submit”

Special cases:

1. If a student is approved for “Special Testing” with the ACT there are a few additional steps:

On the main page, go to students name and click “Certification Needed”:

Approved		
Partially Approved	Certification Complete	03/30/2018
Approved	Certification Needed	01/13/2018
Approved	Certification Complete	08/20/2018

Read the statement and certify.

2. If a student is taking multiple test dates, you must manually add each test and certify:

Click on student’s TAA pin:

AO6Q4A4U	ACT National and Special Testing	[REDACTED]
CAPZBG4J	ACT National and Special Testing	[REDACTED]

At the top you’ll see:

Testing Oct 27, 2019, ACT National and Special Testing National and Special Testing Feb 09, 2019

Test:

Test Date:

[Assign Test Administration](#)

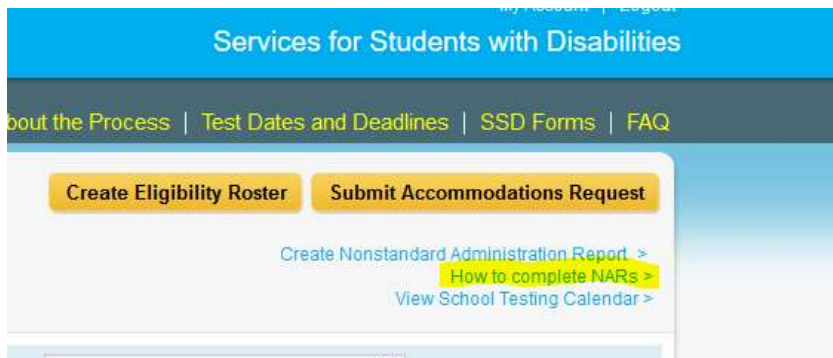
Under “Test” select National and Special Testing; under “Test Date” select the additional test date and click “Assign Test Administration”

It should be certified now, but if not, go back to main page and click “Certificate Needed” and complete.

**Please Note: If a student with a 504 is approved for Special Testing only or School-Based Testing, the 504 team will arrange to examine the student at the Office if they live close to the office. 504 Team will know if the student is approved for Special Testing or National Testing when the decision letter is received from the ACT or the College Board. If they do not live near the office, Coordinator should reach out to family and tell them to contact the College Board or the ACT to help them find a location near them that will provide the Special Testing or School-Based Accommodations.**

For SAT and AP Administration at the Office, a Nonstandard Administration Report (NAR):

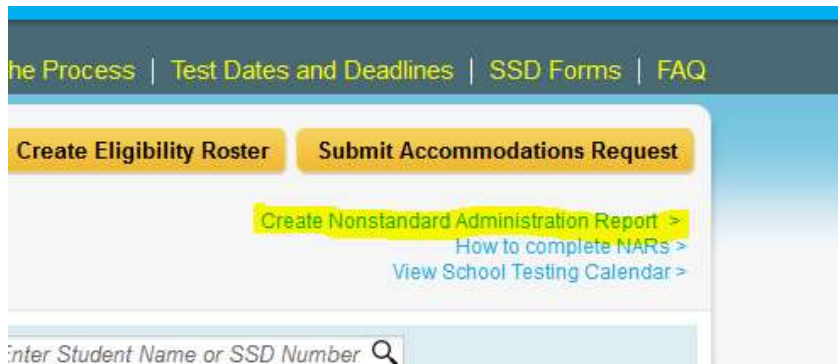
Directions are located under on the Dashboard of the College Board:





To create a NAR:

1. Click:



2. Select the Assessment:






3. For AP, click next to all students taking AP exams as they have been approved for accommodations.
4. For SAT, click SAT, and click Generate Report (it automatically puts the students approved for School-Based accommodations)

### 5.5: Graduation Accommodations


- During renewals in the fall, HS 504 Coordinator should ask seniors about potential accommodations needed for graduation. Make note in IC about graduation requirements.
- In May, once the graduation list is sent out, HS 504 Coordinator should call to confirm with 504 seniors the accommodations they discussed during renewal. Send all notes to the graduation administration team.

### 5.6: Vocational Rehabilitation Referrals

- When a student requests services for transitioning to life after high school, the 504 Coordinator will send the Vocational Rehabilitation Referral packet:

-  Release of Information\_Master
-  Vocational Rehab Parent Guide
-  VR Parent Permission Form\_Master

- Before sending the Release of Information, the 504 Coordinator must complete the highlighted Release of Information for each student:

		
	Name of Client/Patient/Applicant	
	Date of Birth	
	IF AVAILABLE:	
	ID Number Used by Requesting Agency	ID Number Used by Releasing Agency
<b>AUTHORIZATION FOR RELEASE OF INFORMATION</b>		
hereby request and authorize:	<b>Georgia Vocational Rehabilitation Agency</b> <small>(Name of Person or Agency Requesting Information)</small>	
	(Address)	
to obtain from:	<b>Georgia Cyber Academy</b> <small>(Name of Person or Agency Holding the Information)</small>	
And share with:	<b>1745 Phoenix Blvd., Suite 100, Atlanta, Ga. 30349</b>	

- To obtain the address for the Vocational Rehabilitation Unit, 504 Coordinator will locate the county of the student and find their corresponding VR office here:  
<https://gvs.georgia.gov/text-only-location-list>
- PDF this word document and password protect with student's birthday MMDDYY to send to parent with the Parent Guide and Permission Form.
- Once parent has returned the completed form, the 504 Coordinator will:



- Fill out the GCA Referral Form-This will be your top sheet
- Use PDF Fill Tools to merge the following in this order
  - GCA Referral Form
  - Signed documents from family
  - Relevant Education Records (504 plan, Medical Form, Psych if there is one)
- Name the file John D\_VR Combined
- Use PDF Fill Tools to encrypt the above file with a password
  - Name File VR Final Referral\_John D

- You should have already identified the VR Unit to submit referral
- Call this Unit and tell them you are from Georgia Cyber Academy and that you have a student for direct referral.
  - They will need to know what county the student lives in to give you the correct contact within the unit.
- Once you speak with the correct contact, let them know you will be emailing the referral and that it is password protected.
- You can either tell them the password or send a second email immediately after the first.



Be sure to ask them to email a confirmation that they received the referral packet.

- Email the parent and let them know that you have completed the referral, and the county office should be reaching out to family at this point.

## Chapter 6: Hospital Homebound (HHB) Services

Hospital/Homebound (HHB) services are designed to provide continuity of educational services between the classroom and home or hospital for students in Georgia public schools whose medical needs, either physical or psychiatric, do not allow them to attend school for a limited period of time. HHB instruction may be used to supplement the classroom program for students with health impairments whose conditions may interfere with regular school attendance (e.g., students receiving dialysis or radiation/chemotherapy or students with other serious health conditions). Students must be enrolled in a public school in Georgia in order to receive HHB services.

HHB services are not intended to supplant regular school services and are by design temporary. The student must anticipate being absent from school for a minimum of ten consecutive or intermittent school days due to a medical or psychiatric condition. The student's inability to attend school for medical or psychiatric reasons must be certified by the licensed physician or licensed psychiatrist who is currently treating the student for the diagnosis presented. (Georgia Department of Education, 2016)

### **Standard Operating Procedures for STAFF Regarding Virtual HHB Services**

1. Parent/Guardian or student contacts a GCA staff member to discuss the need for Virtual Hospital/Homebound services due to circumstances that lead to extended absence or a chronic qualified health condition.
2. The contacted staff member then directs the parent to where the hospital homebound application can be found online and **forwards the request to the HHB POC: Assistant Administrator for Special Programs with 24 hours of receipt.**
3. The student must be anticipated to be absent from school **a minimum of 10 consecutive days or for intermittent periods of time anticipated to exceed 10 school days during the school year.** Students approved for intermittent HHB services must be absent for three consecutive school days on each occurrence before HHB services will be provided. Chronic illnesses that require long term intermittent absences may require students missing many days, but possibly not three consecutive days will be considered on a case by case basis.
4. The school level POC follows up with the parent/guardian with an email to the parent giving the parent a copy of the hospital homebound application, requesting that the completed application be received back at least 7 days prior to the start of HHB services, if possible, and a cc: to the 504 Coordinator and/or IEP Case Manager POC. The email is to be documented in IC PLP contact log.
5. Parent/Guardian receives the Virtual Hospital/Homebound referral packet reviews the information.
6. The parent/guardian, emancipated minor, or student 18 years of age or older should take the HHB application to the licensed physician or licensed psychiatrist **treating** the student for the medical condition. The **completed application** must be returned to the

school V/HHB contact. An incomplete application may cause a delay in services. Only signed paperwork will be accepted as application for hospital/homebound services.

7. The *Licensed Physician/Psychiatrist Statement and Medical Referral Form* should be legible and completed in its entirety. The licensed physician/psychiatrist should specifically state the nature of the illness, the projected length of absence (anticipated to be absent for 10 or more school days) and that the student is physically unable to participate in **virtual school**. It should indicate how many hours or minutes a student is medically viable to participate in school. ***The licensed physician/psychiatrist signature is required.***
8. The Assistant Principal for Special Programs will review the referral for completion. If the application is complete, within 5 days of receiving the completed application, the IEP team/504 team/ESP team should send notice of a meeting (IEP meeting/504 meeting/ESP meeting) to the parent. If the application is incomplete, the POC should email the parent within 5 school days notifying the parent of the deficiencies and cc the IEP team leader/504 team leader/ESP team leader.
9. Within five school days (day one starts the day after receipt of the **COMPLETED HHB packet**) of system personnel receiving the completed *Licensed Physician/Psychiatrist Statement and Medical Referral Form and completed application*, and the parent, guardian, emancipated minor or student 18 years of age or older will be notified by email **and** phone by school personnel of the date of the meeting to determine if HHB services are needed.

#### **The school team:**

GE (no prior 504)– AA Special Programs, AA of Academics, District 504 Manager, Parent, and General Education teacher. The team will develop an Educational Service Plan (ESP) in conjunction with a 504 consideration meeting for each designated GE HHB student

504 student – AA Special Programs, AA of Academics, District 504 Manager, 504 School Level Coordinator, Parent, and General Education teacher The 504 team will develop an Educational Service Plan (ESP) that is a part of the student's 504 Plan for each designated 504 HHB student

SE student – Special Programs AA, Special Education Case Manager / Facilitator, Parent, and a General Education Teacher (of the student), and Special Education Teacher (of the student) The IEP team will hold an IEP amendment meeting and develop an Educational Service Plan (ESP) that is a part of the student's IEP for each designated SE HHB student.

- This plan must address the disabling condition, anticipated length of absence, accommodations and modifications recommended by the licensed physician or licensed psychiatrist instructional delivery method, place of instruction, adult parent designee if the student is under 18 years of age, team members participating, and strategies for the student's reentry to school upon his or her return.

- The plan does not need to be lengthy, but it must give all parties enough information to adequately serve the student's needs.
- If the doctor does not address reentry on the medical referral form, and a signed HIPAA release is on file, Georgia Cyber Academy can contact the doctor directly. If such information is not provided, the school team can develop the reentry plan without doctor input.
- The ESP shall identify the number of hours necessary to meet the instructional needs of the student. To comply with the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services and meet attendance requirements, **a minimum of three hours of instruction per week must be provided.**
- The ESP shall identify the appropriate course load for the student during the approved period of HHB instruction. It is noted that V/HHB instruction is not structured to supplant the regular school day and may, therefore limit the number and type of classes offered.

#### **Additional Notes:**

- ✓ A team meeting as described above must be convened to determine the needs of students that are found eligible for virtual hospital/homebound services.
- ✓ Students are not eligible for Virtual Hospital/Homebound instructional services if their disease will endanger the health and safety of the instructor or other students with whom the instructor may come in contact.
- ✓ Students may receive HHB services for pregnancy if the pregnancy causes the student to meet the requirements for HHB services.
- ✓ Re-documentation of a chronic or recurring condition is not required but may be requested by the program coordinator.
- ✓ While receiving Virtual Hospital/Homebound instruction, a student will be counted present for the week, when a minimum of three hours of services are delivered within the week.
- ✓ Classroom teachers will be responsible for providing recorded class connect sessions and assigning the student appropriate reduced work in the one of GCA's online learning program (OLS, OHS. USA Test Prep etc.)
- ✓ GCA virtual school teachers provide class connect recordings in which parents will be able to utilize for Virtual Hospital Homebound Instructional Services. (FYI – depends on what IEP/504 Plan requires)
- ✓ *NOTE:* In addition to the Virtual Hospital/Homebound recorded class connect instructional sessions, a Learning Coach must be present during each recorded or live instructional class connect period. At least 3 hours per week of time should be scheduled with the student to meet with the teacher.
- ✓ The parent will notify the POC when the student is ready to return to school. A re-entry IEP/504 team meeting will be scheduled with appropriate stakeholders to discuss student needs.

- ✓ For students who are anticipated to be out of school for 10 or more school days due to accident, surgery, etc. it is not necessary to wait until they have missed 10 days to submit application.
- ✓ A Virtual Homebound form is required to place a student in this program along with a signed copy of the HIPAA Release form (VERY IMPORTANT!)
- ✓ The treating physician completes the last portion of the referral.

**The assigned HHB Teacher will mark all absences** (in alignment with medical documentation dates) as excused in student's OLS/DNL

### **Termination of Services**

A student is released from the HHB program:

- a. When determined by the IEP team/504 team/ESP team. The IEP team/504 team/ESP team should reconvene to consider whether HHB services are still need upon any of the following events:
  - i) When the student is employed in any capacity, goes on vacation, regularly participates in extracurricular activities, or is no longer confined to home.
  - ii) When the student returns to school or is able to return to school for any portion of the school day other than to participate in state-mandated standardized testing.
  - iii) When the parent/guardian cancels three HHB instructional sessions without providing 24 hours notice.
  - iv) When the conditions of the location where HHB services are provided, are not conducive for instruction, or threaten the health and welfare of the HHB teacher.
- b. If the student withdraws or is properly withdrawn from GCA.

## **Frequently Asked Questions about 504**

### **Who is protected by Section 504?**

Any otherwise qualified person who currently has an impairment which substantially limits one or more major life activities is eligible for protection and services under Section 504. Any student who is regarded as having impairment, or who has a record of impairment, is eligible for protection from discrimination.

### **What is a major life activity?**

Section 504 defines major life activities as those activities involving caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

### **What are “substantial limitations”?**

This term is not defined in the act or the regulations and is left to each agency to define. However, the Americans with Disabilities Act suggested that the term “substantially limits” be interpreted to mean that the student “is unable to perform a major life activity that the average student of approximately the same age can perform, or that the student is significantly restricted as to the condition, manner or duration under which a particular major life activity is performed as compared to the average student of approximately the same age.” This interpretation can provide some guidance in defining the phrase.

### **What is “reasonable accommodation”?**

Reasonable accommodation in the school setting is a modification or adjustment of educational programs to afford students with disabilities equal opportunity to access the programs. Reasonable accommodation must be made for persons with disabilities unless the schools can show that the requested accommodations would impose undue hardship.

### **What protections are afforded to those with a “record of an impairment” or who are “regarded as having an impairment”?**

Under these prongs of the act, individuals are only eligible for protection from discrimination. For example, a student who has a record of leukemia but who is currently in remission cannot be denied the opportunity to try out for the football team. Likewise, a student with an orthopedic impairment cannot automatically be regarded as disabled when in reality the student experiences only minimal limitations.

### **Are IDEA (special education) students protected by Section 504?**

Students who are served through special education under IDEA are also covered under Section 504. However, individuals covered by Section 504 are often not covered by IDEA. The determining factor will be the severity of the disability and the need for special education related services.

**Do students who have an Individualized Education Program under IDEA need a 504 Plan as well?**

Yes and no. The student cannot be discriminated against based on history of impairment. If the 504 Committee determines that the student continues to have a disability that substantially limits a major life activity even though he does not meet IDEA eligibility requirements, the student would then be eligible for services and protection under Prong 1 of Section 504.

**Can temporary disability qualify a child for accommodations under Section 504?**

In some instances, students with temporary disabilities are eligible for 504 protections. The committee should consider the nature and severity of the impairment and what its permanent or long-term impact will be.

**What protections are afforded to alcohol and/or drug addicted students?**

Section 504 does not provide protection to persons currently engaging in alcohol/drug use or to casual users. It does protect individuals who have successfully completed rehabilitation programs, persons who are participating in a rehabilitation program, and persons regarded erroneously as drug users.

**Who is responsible for implementing Section 504?**

Section 504 is considered to be a provision of general education. It is therefore the responsibility of classroom teachers and the administrators to assure that Section 504 accommodations are carried out.

**Who makes up the 504 Committee?**

According to the federal regulations: "...placement decisions are to be made by a group of persons who are knowledgeable about the child, the meaning of the evaluation data, placement options, least restrictive environment requirements, and comparable facilities" [34 C.F.R. §104.35(c)(3)]. Individuals who make up the SST are also appropriate for the 504 Committee. Many school systems choose to use the SST as the vehicle for implementation of 504, although it is not required.

**Is evaluation necessary to determine 504 eligibility?**

Under Section 504, no formal testing is required. The 504 Committee will look at grades over the past several years, teachers' reports, information from parents or other agencies, state assessment scores or other school administered tests, observations, discipline reports, attendance records, health records and adaptive behavior information. Schools must consider a variety of sources. A single source of information (such as a doctor's report) cannot be the only information considered. Schools must be able to assure that all information submitted is documented and considered.

**Is a medical report always necessary to determine 504 eligibility?**

The 504 Committee should attempt to get as much information as possible regarding

the student's condition, a physician's statement is not required to determine eligibility. If the committee determines that a formal evaluation of any type is necessary to determine eligibility, consent for evaluation is required and the evaluation must be provided at no cost to the parents.

**Can a student be placed under Section 504 without parental consent?**

No. Parents must always be given notice before their child is evaluated and/or placed under Section 504 (34 C.F.R. §104.36). Parents are provided with a copy of their child's Section 504 accommodation plan if the committee determines that the child is eligible under Section 504.

**What types of accommodations will a student receive if determined eligible under Section 504?**

Each child's needs are determined individually. Determination of what is appropriate for each child is based on the nature of the disabling condition and what that child needs to have an equal opportunity to compete when compared to the non-disabled. There is no guarantee of A's or B's or even that the student will not fail. Students are still expected to produce. The goal of education for all students, with or without disabilities, is to give students the knowledge and compensating skills they will need to be able to function in life after graduation.

**How often will a student with a 504 be re-evaluated?**

Students must be re-evaluated at least once every three years or whenever there is going to be a "significant change in placement." Your school level 504 committee should re-evaluate your child's plan annually (every year) to make sure that his or her accommodation plan is appropriate based on their current schedule and individual needs. The accommodation plan may be revised at any time during the school year if needed.

**Does every child who takes medication at school need a 504 Plan?**

No. Students may have accommodations such as administration of medication without having a formal plan. Local school system policy should be implemented.

**If a student has a 504 Plan, will a teacher or paraprofessional be assigned to come and work with the student?**

In most circumstances, no additional personnel will be assigned to carry out accommodations. Section 504 accommodations are generally carried out by the classroom teacher or other designated personnel within the school. However, a student who is unable to attend school may qualify for Hospital Homebound services.

**Are there any special rules for PE?**

The 504 Committee should determine to what extent a student will be able to participate in PE. Alternate assignments or exemptions should be addressed in the 504 Plan.



**Is it possible for a 504 student to fail a class?**

Yes. 504 protections do not automatically dictate that a student will receive passing grades. The 504 Committee must determine if the accommodations were appropriate and if they were implemented for the student. Team members must keep in mind that many factors influence a student's academic performance.

**How does eligibility for Section 504 affect discipline?**

Students may not be punished for behavior that is caused by a disability. If it is determined that the behavior was not related to the disability, the student could receive the same consequences as a student without a disability. In that case, a manifestation committee will convene for a disciplinary hearing for students with Section 504 plans. A Section 504 Notice of Conference and Section 504 Notice of Parents' Rights will be sent to notify the parent of the conference. The committee will review placement data to determine if current evaluation information is sufficient to make a determination. If placement occurred over a year ago, additional evaluation may be warranted. At the conference, a Section 504 Parents' Rights will be provided, and the Manifestation Determination Conference Report will be completed. If the Section 504 Accommodations Plan is appropriate and there is no causal or substantial relationship, an expulsion process may continue.

**Can the 504 Committee order accommodations to district-wide standardized testing and the Georgia High School Graduation Test?**

Accommodations as outlined in the testing manual can be recommended as part of a 504 Accommodations Plan. However, committees should exercise caution in making these decisions. 504 Plans should not be written for the sole purpose of providing accommodations on standardized testing. In fact, a student may be placed at a disadvantage if an accommodation is introduced for the first time at the administration of a standardized assessment.

**Can the 504 Committee order accommodations to the ACT/SAT?**

The 504 Committee can make recommendations based on accommodations written into the 504 Plan. However, the Educational Testing Service makes all decisions regarding accommodations on an individual basis.

**Can a student be dismissed from a 504?**

Yes. Students who no longer have an impairment are no longer eligible for 504 services. They will continue to be eligible for protection from discrimination based on their history of impairment.

**Can a parent/guardian or adult student age 18 or older revoke consent for 504 placement?**

Yes. A parent/guardian or adult student age 18 or older can revoke consent in writing. Please send your written revocation to the school level 504 Coordinator and/or homeroom teacher.

**Does 504 eligibility automatically guarantee that a student is chosen for extracurricular teams/activities?**

No. Students with disabilities must be given equal access to compete for and participate in these activities with reasonable accommodations. If the student fails to meet criteria for team membership, then he is not considered to be “otherwise qualified”.

Discrimination occurs when the decision not to allow the student to participate is based solely on the fact that the student has a disability.

**What supports does the school offer to disabled parents?**

Providing reasonable accommodations also applies to disabled parents. The school must provide reasonable accommodations to disabled parents, so they are able to participate in the mandatory activities of their child’s education. Therefore, reasonable accommodations (e.g., sign language interpreters for deaf parents) must be provided so that the parent can actively participate in school-initiated conferences and hearings regarding the student’s educational program related to academics and discipline.

## **Bibliography**

Georgia Department of Education, *Hospital Homebound (HHB) Services Guidelines* (April 2016). Retrieved from <https://www.gadoe.org/Curriculum-Instruction-and-Assessment/CTAE/Documents/HHB-Guidelines.pdf#search=hospital%20homebound>

Understood, 504 Plan Terms to Know, Retrieved from <https://www.understood.org/en/school-learning/special-services/504-plan/504-plan-terms-to-know>

U.S. Department of Education, Office for Civil Rights, *Protecting Students with Disabilities* (September 2018). Retrieved from <https://www2.ed.gov/about/offices/list/ocr/504faq.html>

## **Resources**

U.S. Department of Education, Office for Civil Rights, *Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools* (December 2016). Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf> .

## **Appendices**

**Consent Form for Accommodations for The College Board** – The HS 504 Plan Coordinator will send this form to parent or student if 18+ to complete when accommodations are requested for The College Board.

**Consent Form to Release Information to ACT** – The HS 504 Plan Coordinator will send this form to parent or student if 18+ to complete when accommodations are requested for The ACT.

**GCA Medical Form** – When a parent/legal guardian requests a 504 Plan/accommodations, the 504 Plan Coordinator emails this form to the parent/legal guardian to take to the student's doctor to complete.

**Hospital Homebound Forms** – School Level 504 Coordinator or Assistant Principal will send HHB forms to parent when requested for student's physician to complete.

**Inquiry Email** – School Level 504 Coordinator will send this email to parent after attempting to contact by phone.

**Updated Medical Documentation Needed** – School Level 504 Coordinator will send this email at end of school year and beginning of new school before 504 Plan is renewed.

**Vocational Rehabilitation Forms** – HS 504 Plan Coordinator or District 504 Plan Coordinator will send these forms to parent or student if 18+ when vocational rehabilitation services are requested.



Services for Students with Disabilities

## Consent Form for Accommodations Request

### Student Information

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

### Student and Parent/Guardian Signature

I wish to apply for testing accommodation(s) on College Board tests (SAT, PSAT/NMSQT, and/or Advanced Placement Exams) due to disability. I authorize my school: to release to the College Board copies of my records that document the existence of my disability and need for testing accommodations; to release any other information in the school's custody that the College Board requests for the purpose of determining my eligibility for testing accommodations on College Board tests; and to discuss my disability and accommodation needs with the College Board. I also grant the College Board permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals. I agree to the conditions set forth in the student bulletins for the SAT, AP, and PSAT/NMSQT Programs relating to accommodations for disabilities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Parent/guardian signature is required if Student is under 18.)

### Instructions to the School

This form must be used when a request for accommodation(s) is submitted electronically (via SSD Online). The form should be maintained by the school with the student's records. It does not need to be sent to the College Board. You will be asked to verify that a signed Consent Form is on file at the school prior to submitting a request for accommodations.



## Consent to Release Information to ACT

Print the examinee's first and last name.

\_\_\_\_\_  
Examinee First Name

\_\_\_\_\_  
Examinee Last Name

### Examinee/Parent Signature

*I verify that the information provided in the accommodations and English learner (EL) supports request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of documents or other information related to this request by school officials, physicians, or others having such information, if requested by ACT. I understand that any documentation or information provided to ACT will remain with the records related to the request and will not become part of the examinee's permanent score record. If this request for accommodations or EL supports is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations or EL supports.*

\_\_\_\_\_  
Parent or legal guardian signature, or student signature if over age 18

\_\_\_\_\_  
Date

### Telephone Consent

*I verify that I have spoken to the examinee's parent or legal guardian by telephone, and obtained his or her permission to release information to ACT specifically as described above.*

\_\_\_\_\_  
School official's signature

\_\_\_\_\_  
Date



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Atlanta, GA 30349  
Fax: 866-338-8559  
E-mail: [dwood@gacyber.org](mailto:dwood@gacyber.org) or  
[rti504helpdesk@gacyber.org](mailto:rti504helpdesk@gacyber.org)

**Health Care Provider's Certification of Medical Documentation**

**Student Name:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_

As the parent or guardian of \_\_\_\_\_, I hereby consent to the release of the information provided below.

\_\_\_\_\_  
Parent or Guardian Signature/ Date

All of the following medical information is to be completed by a licensed physician.

Medical Diagnosis	Chronic or Acute	Permanent or Temporary	Severity (mild, moderate, or severe)	Date of onset of condition	Expected Duration of Condition

**Medication**

Name	Dosage	Time of Administration	Notable Side Effects

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Health Care Provider's certification of Medical Impairment for

\_\_\_\_\_  
(Name of Student)

**Medical Implications for Instruction:**

Attendance: \_\_\_\_\_  
Alertness: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Vitality: \_\_\_\_\_  
Physical function/ambulation: \_\_\_\_\_  
Daily living activities: \_\_\_\_\_  
Academic limitations: \_\_\_\_\_  
School participation: \_\_\_\_\_  
Communication abilities: \_\_\_\_\_  
Ability to move about, sit, manipulate materials: \_\_\_\_\_

1. What medically necessary actions are required during the school day?
2. What symptoms should we be aware of to indicate potential medical problems?
3. What, if any, emergency procedures are you ordering for this student? Please specify these procedures sequentially below in as much detail as possible. Attach a separate piece of paper if necessary.
4. Is this student able to participate in the regular physical education program without restrictions?  
Yes or No  
If no, please specify needed modifications and/or activities to be avoided.
5. Has the student recently had surgery? If yes, what kind? Date of surgery: \_\_\_\_\_  
What modifications, if any, need to be made to accommodate the student's recuperation period?
6. Is this student's health condition one that may cause him/her to be absent for intermittent periods of time during the school year? Yes or No If yes, please explain.

**Health Care Provider's name**

(print) \_\_\_\_\_

**Health Care Provider Signature:** \_\_\_\_\_

**UPI License#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Date:** \_\_\_\_\_





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**Parent Notice and Summary of Virtual Hospital Homebound Services**

*Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services*

Hospital/Homebound services are not intended to supplant regular school services and are by design temporary. It offers a short-term instructional program for students who are anticipated to be absent **for a minimum of 10 consecutive or intermittent school days and are confined to home or hospital by a medically diagnosed physical or mental condition.** The student's **inability to attend school** for medical or psychiatric reasons **must** be certified by the licensed physician or licensed psychiatrist who is currently treating the student for the diagnosis presented. This program may also be utilized if a licensed physician certifies that a student has a chronic health condition causing him/her to be absent for intermittent HHB service. Three consecutive absences for each occurrence must occur before the student is eligible for HHB services. Students with chronic health conditions should be in the RTI/SST process and have either a RTI/SST plan, a 504 plan or in certain circumstances be considered for a referral to Special Education.

Students are **NOT** counted absent as long as they receive and complete three (3) hours of weekly instruction/online curriculum assignments. This is not retroactive and can only take place after a proper referral is received, has been approved and services have been delivered. Communication with homeroom teachers is critical to ensure accurate reporting of attendance data.

In general, students receiving Virtual Hospital/Homebound instruction are **unable to attend virtual school.** A committee made up of school and system designees, as well as information obtained from the treating physician, parent and or student will determine hospital homebound eligibility. Georgia Cyber Academy shall provide HHB services to students, including students with disabilities, who meet the following eligibility requirements:

Please note the following **state eligibility requirements and Georgia Cyber Academy procedures** for obtaining Virtual Hospital Homebound instruction:

1. The student must be enrolled at Georgia Cyber Academy prior to the referral and for consideration to receive services through the Virtual Hospital/Homebound Program.
2. The student must have a medical and/or psychiatric condition that is documented by a licensed physician.
3. Only a psychiatrist can submit a medical request form for an emotional or psychiatric disorder. The psychiatric condition presented must be listed in the latest edition of the *Diagnostic and Statistical Manual (DSM)*. The referring licensed physician and/or licensed psychiatrist must be the treating physician or psychiatrist for the medical and/or psychiatric condition for which the student is requesting HHB services. Examples include the following:
  - A student with leukemia may not request HHB services with a medical statement from a pediatrician. A statement from the oncologist currently treating the student is required.
  - A student with paranoid delusions may not request HHB services with a medical statement from a psychologist or pediatrician. The medical request must be from the licensed psychiatrist currently treating the student.
4. The student must be anticipated to be absent from school for a minimum of ten consecutive school days **or** for intermittent periods of time anticipated to exceed ten school days during the school year.
5. If the school is on an approved block schedule, then the ten-day minimum requirement is reduced to five consecutive or five intermittent days during the school year.
6. Students who have been declared emancipated by a court or are 18 years of age or older are eligible to sign the *Hospital/Homebound (HHB) Services Request Form* and the *Compliant Authorization for Exchange of Health and Education Information (The Health Insurance Portability and Accountability Act - HIPAA)*.
7. Students who have any form of influenza or other airborne contagious diseases will not be provided services until the licensed physician certifies that the student is no longer infectious.
8. The local education agency (LEA) may require the parent, guardian, emancipated minor, or student 18 years of age or older to sign the HIPAA form relating to the reason for the request for

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HHB services. If the LEA requires the HIPAA form, it must be submitted before services can be provided.

9. Students approved for intermittent HHB services must be absent for three consecutive school days on each occurrence before HHB services will be provided.

**Note:** Chronic illnesses that require long term intermittent absences may require students missing many days, but possibly not three consecutive days. Systems are encouraged to use their discretion and evaluate these cases on an individual basis.

**Please Review:**

**Georgia Eligibility Policies**

- 1) Eligibility for services is based on the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services, and that a medical referral form issued from a licensed physician or licensed psychiatrist is required to determine eligibility.
- 2) The Local Education Agency (LEA) HHB services personnel may contact the licensed physician or licensed psychiatrist to obtain information needed to determine if my child will be eligible for HHB services and provide appropriate instructional delivery.
- 3) A child must be enrolled in a public school prior to the referral for HHB services.
- 4) HHB services are for students confined to the home or hospital due to a medical or psychological condition, which is acute, catastrophic, chronic, or repeated intermittent.
- 5) Parents will be required to sign an agreement regarding HHB services policies and procedures.
- 6) A child eligible for HHB services, my child may be dismissed from the HHB program and may be required to return to school if his or her medical or psychological condition(s) improve as documented by a licensed physician or licensed psychiatrist.
- 7) A child who is eligible for HHB services, he or she is subject to the same mandatory attendance requirements as other students.

**Georgia Cyber Academy Parent Procedures and Agreement**

- 1) A parent, guardian, or an approved adult parent designee as identified in the Educational Service Plan (ESP) shall be present during each entire home instructional period.
- 2) A table or a desk in a workspace that is well ventilated, smoke-free, clean, and quiet (i.e., free of radio, TV, pets, and visitors) must be provided.
- 3) A schedule for student study time between teacher visits will be established and the student will be prepared for each session with the teacher.
- 4) Instructional materials must be obtained from the school, and assignments completed and submitted on time.
- 5) Assignments will be returned to the regular school teacher for grading if the student is on HHB services for a short period of time.
- 6) A parent, guardian, emancipated minor, student 18 years of age or older, or an approved adult parent designee as identified in the ESP must notify the HHB teacher at least **24 hours** in advance if an instructional session must be cancelled. The LEA may, at its discretion, reschedule the cancelled session. The HHB teacher will notify the parent, guardian, or approved adult parent designee if they need to cancel a session and the session may be rescheduled.
- 7) For long-term or intermittent HHB students, the HHB teacher, in collaboration with the regular school teacher, shall assign grades for the work completed.
- 8) The parent/guardian, emancipated minor, or student 18 years of age or older must submit a release form from the licensed physician or licensed psychiatrist upon the student's return to school.
- 9) To extend HHB services beyond the originally identified return to school date, the licensed physician or licensed psychiatrist must submit an updated medical referral request form.





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### **Parent/Guardian Acknowledgment and Service Request for Virtual Hospital Homebound**

Georgia Cyber Academy, under State Board Rule 160-4-2-.31, is authorized to provide instructional services to eligible students who have a medically diagnosed physical or mental condition that confines the student to home or hospital and whose activities are restricted for an extended period of time. To be eligible for services, students must meet the following criteria:

1. A **licensed physician or psychiatrist who is currently treating the condition** must certify that the student is expected to be absent from school due to a physical or mental condition, or due to a repeated intermittent chronic condition, for at least 10 consecutive or intermittent school days and will be unable to participate and benefit from a virtual instructional program. Therefore, virtual hospital homebound is required.
2. The student is under medical care for the illness, which may be acute or chronic in nature.
3. The physician must certify that the student can receive instruction without endangering the health of the instructor or other students with whom the instructor may come in contact. Students are not eligible for Virtual Hospital/Homebound instructional services if their absence is due to communicable disease, except as specified in state board policy JGCC (Communicable Diseases).
4. Re-documentation of a chronic or recurring condition is not required **but may be requested** by the system coordinator.

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#### **PARENT/GUARDIAN AGREEMENT/Virtual HHB Policies**

*Parents - the success of instruction and progress of the Virtual Hospital/Homebound student is contingent upon student cooperation and home planning*

- The parent must ensure that the student completes the minimum **required 3 hours** of instruction/online coursework per week
  - Consistent times for study should be established between scheduled Virtual Hospital/Homebound services.
  - The Learning Coach must be present during instructional time.
  - **The parent/hospital staff must allow Virtual Hospital/Homebound personnel and the treating physician to exchange pertinent information regarding the student's medical condition and the impact on educational programming.** (HIPPA Form)
  - The parent must work with their "Physician" to have the Physicians portion of the referral completed
  - The Virtual Hospital/Homebound student **must** participate in the recorded Virtual Hospital/Homebound sessions and complete a minimum of 3 hours of instruction/online course work per week in order for their absences to be excused. Excessive absences and tardiness may cause students to lose Virtual Hospital/Homebound services.
  - The parent must sign below indicating understanding of procedures and policies, requirements of the Virtual Hospital/Homebound program and to authorize Georgia Cyber Academy to receive information from the treating physician regarding the student's medical condition.
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### **Termination of Hospital Homebound Services**

A student is released from the HHB program:

- a) As of the projected return date on the Application for Hospital/Homebound Services Medical Referral or if the licensed physician or licensed psychiatrist indicates that the medical condition has changed or as defined in the ESP.
- b) If the licensed physician, physician's designated advanced practice provider, or licensed psychiatrist recommends that the student is able to attend Virtual school or can no longer participate or benefit from Virtual HHB services, the student will be removed from the program.
- c) If the student is employed in any capacity, goes on vacation, regularly participates in extracurricular activities, or is no longer confined at home, the student will be removed from the program.
- d) When the student returns to school or is able to return to school for **any** portion of the school day other than to participate in state-mandated standardized testing.
- e) On the last day of school of the regular school year.
- f) If the parent, guardian, emancipated minor, student 18 years of age or older or adult parent designee cancels three sessions without 24 hours' notice, the student will be removed from the program.
- g) When the conditions of the location where HHB services are provided, are not conducive for instruction, or threaten the health and welfare of the HHB teacher

**SECTION I: I have read the Virtual Hospital/Homebound (HHB) services policies for program eligibility and I understand the reasons for possible dismissal from the program. I agree to the policies and eligibility requirements of the program and request Virtual HHB services for my child.**

\_\_\_\_\_  
Parent/Guardian Printed Name Date

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

**SECTION II:** Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

☐ M ☐ F Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Email Address Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Learning Coach if different from Parent/Guardian: \_\_\_\_\_

Student receives the following services: ☐ 504 ☐ IEP ☐ REGULAR EDUCATION

*(Note: The school is responsible for providing assignments and grades to the student until the student is officially enrolled in the HHB program. Parent signs indicating that they understand the requirements of the reduced classroom assignments request and provide Georgia Cyber Academy information from the treating physician regarding the student's medical condition and the impact on educational programming)*



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## Virtual Hospital Homebound Virtual Services Physician Referral Form

### **SECTION III: Licensed Physician/Psychiatrist Statement and Medical Referral Form** **(PLEASE PRINT UNLESS OTHERWISE STATED)**

*(Note: This form must be completed by a licensed physician, psychiatrist, or advanced practice provider)*

\*Physician/Psychiatrist/Advanced Practice Provider Name: \_\_\_\_\_

Physician/Psychiatrist/Advanced Practice Provider License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **Student Information**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

M F Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

#### **Physician/Psychiatrist Statement and Diagnosis**

Patient's Diagnosis: *(Note: Please include a description of the condition.)*

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

**IS STUDENT ABLE TO ATTEND VIRTUAL SCHOOL?** ☐ YES ☐ NO

IF CHECKED YES: *(Note: Please include how virtual instruction will require the following limitations.)*

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

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IF CHECKED **NO**: (Note: Please include how illness will impact the student's ability to receive and or participate in virtual instruction.)

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Approximate Number of Days Student will **Require** Virtual Hospital Homebound Services: (Note: Please include how illness will impact the student's ability to receive and or participate in virtual instruction.)

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**Estimated Duration of HHB Services:**

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Date of Initial Evaluation: \_\_\_\_\_

Date of Next Scheduled Appointment: \_\_\_\_\_

**Physician's Statement:** (Note: Please answer the following questions keeping in mind that the least restrictive environment is preferred.)

Is the student **unable** to attend virtual school for a minimum of ten consecutive school days?

☐ Yes ☐ No

Will the student be able to benefit from an instructional program more specifically virtual instruction during this time of confinement?

☐ Yes ☐ No

Could the student attend virtual school with accommodations? If so, describe.

☐ Yes ☐ No

**Recommendations for Accommodations:**

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Could the student attend virtual school regularly and receive HHB services on an intermittent basis as needed?

☐ Yes ☐ No

Is the student confined to the home or hospital and full-time HHB services are recommended?

☐ Yes ☐ No

Is the student free from communicable diseases, such as flu or contagious airborne diseases?

☐ Yes ☐ No

Can instruction be provided to the student without endangering the health of the teacher or other students whom the teacher may contact?

☐ Yes ☐ No

*(NOTE: You may periodically have to verify that the student remains under your care and continues to qualify for the HHB services program.)*

#### **Treatment and School Reentry Plan**

*(Note: The following information is required to determine eligibility for HHB services and must be completed by the licensed physician or licensed psychiatrist who is currently treating the student for the diagnosis presented.)*

What is the scheduled frequency of treatment/therapy for this student?

☐ Daily ☐ Weekly ☐ Monthly

What is the expected duration of the treatment/therapy? \_\_\_\_\_

Will the student take medication? ☐ Yes ☐ No

Medications student will take for diagnosis	Name of medication Effects on student's ability to comprehend	Effects on student's ability to complete independent assignments

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Could this student return to school on an intermittent basis after his or her medication and condition is stabilized? ☐ Yes ☐ No

Can this student come into contact with other students? ☐ Yes ☐ No

The HHB services program is designed to be a temporary educational program to help students who are unable to attend school for medical or psychiatric reasons. Please describe your time frame and transitional plan for the student's reentry to school (attach additional pages as needed).

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**\*Physician's Certification:** I certify that this student is under my care and treatment for the aforementioned medical condition. I also certify that I understand the student is enrolled in a virtual school and is requesting virtual hospital homebound services indicating they will have the inability to attend virtual school. My recommendation has been based on the medical needs of the patient, keeping in mind that the least restrictive environment is preferred.

\_\_\_\_\_  
\*Physician Printed Name Date

\_\_\_\_\_  
\*Physician Signature Date

\_\_\_\_\_  
Advanced Practice Provider (on behalf of licensed physician) Date

**\*Note:** The Georgia Composite Medical Board provided information on the following statute: O. C. G. A. 43-34-25, regarding Advanced Practice Providers signing health forms for educational purposes. The law states:

(e.1) Except for death certificates and assigning a percentage of a disability rating, an advanced practice registered nurse may be delegated the authority to sign, certify, and endorse all documents relating to health care provided to a patient within his or her scope of authorized practice, including, but not limited to, documents relating to physical examination forms of all state agencies and verification and evaluation forms of the Department of Human Services, the State Board of Education, local boards of education, the Department of Community Health, and the Department of Corrections.

**Note:** The Advanced Practice Provider may only provide this service if the Physician delegates these duties and is in agreement with the diagnosis.



**Compliant Authorization for Exchange of Health and Education Information  
(The Health Insurance Portability and Accountability Act - HIPAA)**

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(This form may be used if the school system requires a release for medical information.)

**A. Information**

**Student Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
\_\_\_\_\_

☐ M ☐ F Date of Birth: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Last First MI

I hereby authorize \_\_\_\_\_  
(Health Care Provider's Name and Title)

at \_\_\_\_\_  
(Health Care Provider's Address and Telephone Number) and

\_\_\_\_\_ **System Virtual Hospital Homebound Coordinator**

(Name and Title of School Official) at

**1745 Phoenix Blvd Suite 100, Atlanta Georgia, 30349**

\_\_\_\_\_  
(Address and Telephone of Local Education Agency)

To exchange health and education information/records for the purpose(s) listed below.

**Description**

The health information to be disclosed consists of the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Georgia Cyber Academy  
Instructional Support Services Department  
Dr. Ahoba Arthur/ District Director  
May 2019**

\_\_\_\_\_

\_\_\_\_\_

The education information to be disclosed consists of the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Educational evaluation and program planning.
2. Health assessment and planning to ensure safe health care services and treatment in school.
3. Medical evaluation and treatment.
4. Other: \_\_\_\_\_

**Authorization:**

This authorization is valid for one year or as specified: \_\_\_\_\_

It will expire on: \_\_\_\_\_

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the local education agency (LEA), may no longer be protected by HIPAA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_  
Parent/Guardian Printed Name Date

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

\_\_\_\_\_  
Student Printed Name Date

\_\_\_\_\_  
Student Signature Date

*\*If a minor student is authorized to consent to health care without parental consent under federal or state law. Only the student shall sign this authorization form.*

## Georgia Cyber Academy

### Hospital Homebound Frequently Asked Questions

The following Frequently Asked Questions (FAQs) are provided to assist with questions regarding Hospital/Homebound (HHB) services. The answers supplied are general in nature and may vary depending upon other facts involved in an individual case. Please see the HHB Coordinator if you have additional questions.

**1. What is the purpose of Hospital/Homebound (HHB) instruction?**

*The purpose of Hospital/Homebound (HHB) instruction is to sustain continuity of instruction for students who will be absent from school for medical or psychiatric reasons for a minimum of ten consecutive school days per year (five school days on an approved block schedule) or intermittent periods of time for a minimum of ten days per year (five school days on an approved block schedule), and to facilitate the student's return to school.*

**2. Can I request homebound services for a child having mental health issues?**

*Yes. Students with absences due to psychiatric and/or emotional disorders as defined in the latest edition of the Diagnostic and Statistical Manual (DSM) are eligible for HHB services for a length of time as determined by the Educational Service Plan (ESP) provided that they satisfy the eligibility requirements as set forth in the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services.*

**3. How do parents request HHB services?**

*The actual procedure for requesting homebound services is not determined by the state, but by each education agency (LEA). Georgia Cyber Academy has developed a HHB referral and approval process*

**4. Who provides HHB instruction?**

*Instruction is provided by a Georgia certified teacher.*

**5. Is homebound instruction the same as home schooling?**

*No. In home schooling parents are responsible for their child's education. The local education agency (LEA) provides HHB services to enrolled students with medical or psychiatric conditions that prevent them from attending school for a minimum of ten consecutive days per school year.*

**6. Can private school or home school students receive HHB services?**

*No. The student must be enrolled at Georgia Cyber Academy*

**7. If a student lives in one LEA in Georgia and attends school in another LEA, which LEA has the responsibility for providing HHB services?**

*The LEA in which the student is enrolled must provide HHB services.*

**8. How much instructional time is provided for a student eligible for HHB services?**

*Although the local school team or IEP team determines the number of hours necessary to meet the instructional needs of the student, the student must receive a minimum of three hours of HHB instruction per school week to be considered present by the school system.*

**9. When students enrolled in a public school are hospitalized in health care or psychiatric facilities that do not provide education services, is the LEA obligated to provide HHB instruction in the health care facility?**

*Yes. Each LEA must provide academic instruction to students who are confined in a health care facility for periods that would prevent them from attending school based upon certification of need by the licensed physician or licensed psychiatrist who is treating the student for the condition for which the student is requesting HHB services.*

**10. When students are hospitalized in out-of-state health care or psychiatric facilities, is the LEA obligated to provide HHB services in the out-of-state facilities?**

*Yes. The LEA is obligated to provide services even if the student is hospitalized out-of-state.*

**11. What courses are available for students approved for HHB services?**

*Core subjects (reading, language arts, mathematics, science, and social studies) are the focus of instructional delivery with students' receiving hospital/homebound services; however, elective courses may be included for graduating seniors.*

**12. Who will provide the grades for HHB students?**

*The classroom teacher (in collaboration with the HHB teacher) is responsible for assigning grades.*

**13. Is it permissible to use medical information/referral submitted by a nurse, dentist, chiropractor, social worker, licensed professional counselor, or psychologist to determine eligibility for HHB services?**

*No. Only the licensed physician (or Advanced Nurse Practitioner) or licensed psychiatrist treating the child for the presenting diagnosis can provide the certification of need (medical referral form) for students to receive HHB.*

**14. Can HHB services be denied if there is reason to believe the medical condition identified for the student to miss school is not legitimate?**

*Only a person licensed to practice medicine under state law can determine if a student is unable to attend school because of illness. School personnel can discuss the situation with the doctor if the parent or guardian has signed the medical release. The school may also request a second medical opinion.*

**15. Can the LEA provide more than three hours of instruction?**

*The number of hours of instruction is determined by the local school team or IEP to meet the specific needs of the individual student as identified in the ESP.*

**16. Does the LEA have to provide HHB services during the summer?**

*Services do not have to be provided during the summer*

**17. Are LEAs required to make-up sessions?**

*Make-up sessions are provided at the discretion of the LEA.*

**18. It is difficult to get doctor's input into the medical referral plan, it will be impossible to get input into a reentry plan.**

*The input of the licensed physician or psychiatrist regarding the student's current physical or psychological condition is important and is part of the medical referral plan; if the attending physician or psychiatrist fails to provide such information, the school team can proceed to develop a reentry plan without the input.*

**19. How are students counted for attendance purposes?**

*A student is counted present for the week if he or she receive three hours of instruction. If the student is unable to receive a scheduled HHB instructional session during the school week due to his or her medical condition as documented by the licensed physician or licensed psychiatrist who is treating the student a make-up instructional session may be provided. Once the student completes the instructional session the student shall be counted in accordance with the attendance rule.*

**20. Is there ever a time when a child is counted present but no HHB service is provided?**

*No. The student must receive a minimum of three hours of instruction to be counted present for that week.*

## **Inquiry Email**

Dear Parent ~

I'm sorry I missed you when I called earlier today. Prior to EOG testing, you inquired about a 504 Plan eligibility meeting for your student. To date, we have not received the required documentation on our GCA Medical Form requested in the email below. Without this form, we cannot schedule an initial eligibility meeting. If you no longer wish to pursue eligibility for a 504 Plan, please indicate that in a return email to me.

I have included another copy of the GCA Medical Form with this email.

### **How to complete the GCA Medical Form:**

If there is a medical issue that is impacting educational performance severely or your student has a medical diagnosis related to learning issues, it must be documented on the **GCA Medical form**. This form is submitted to your student's doctor providing current treatment for the condition. This form will need to be returned so all medical issues can be addressed at the initial 504 meeting. Please make sure the Physician **SIGNS and Dates** the document and includes their **LICENSE NUMBER** on the second page, and completes all portions of the form on BOTH pages. Failure to complete all portions of the form could cause a meeting delay.

Please either email or fax the completed form to:

1-866-338-8559, Attn: Roxane Day; [rday@gacyber.org](mailto:rday@gacyber.org)

Should you have any questions, please contact me via email or phone at [rday@gacyber.org](mailto:rday@gacyber.org) or 404.334.4790 ext. 436.

Kindly,

Roxane Day  
ES 504 Coordinator

## **Updated Medical Documentation Needed**

**ACTION REQUIRED:** Reminder of 504 Plan Renewal Meeting and Medical Documentation

Dear GCA Parent:

You are receiving this email because your student has a current 504 Plan on file with GCA. In order to keep your student's 504 Plan current for the 2019-2020 school year, you will need to

meet with the School Level 504 Plan Coordinator at the beginning of next school year to review and renew your student's 504 Plan accommodations. In August, the School Level Coordinator will contact you to schedule a virtual team meeting in her virtual classroom. It is your responsibility to attend this meeting to ensure that your student's accommodations continue if needed for the new school year.

In order to renew your student's plan in the 2019-20 school year, we must have current documentation on file for your student. **You will need to return a completed GCA Medical Form before the beginning of next school year.** I have attached a copy of the **GCA Medical Form** and included directions for completing the form below. I'm sending this out early, so you will have plenty of time to have your student's provider complete the form. **Please return the form by August 1<sup>st</sup>, if at all possible!**

Please see the instructions below—it is important that the entire form be filled out or we may not be able to use it.

**How to complete the GCA Medical Form:**

If there is a medical issue that is impacting educational performance severely or your student has a medical diagnosis related to learning issues, it must be documented on the **GCA Medical form**. This form is submitted to your student's doctor or psychologist providing current treatment for the condition. This form will need to be returned so all medical issues can be addressed at the renewal 504 meeting. Please make sure the Physician/Psychologist **SIGNS** the document, **DATES** it, includes his/her **LICENSE NUMBER** on the second page, and **completes all portions of the form on BOTH pages**.

Please either email or fax the completed form to:

1-866-338-8559, Attn: Roxane Day

If you have any questions about this, or if you believe you have received this email in error, please email me at [rday@gacyber.org](mailto:rday@gacyber.org) or call me at the number below.

Thank you, and have a great summer!

Kindly,

Roxane Day

Elementary School 504 Coordinator



\_\_\_\_\_  
Name of Client/Patient/Applicant

\_\_\_\_\_  
Date of Birth

IF AVAILABLE:

\_\_\_\_\_  
ID Number Used by  
Requesting Agency

\_\_\_\_\_  
ID Number Used by  
Releasing Agency

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize: **Georgia Vocational Rehabilitation Agency**

\_\_\_\_\_  
(Name of Person or Agency Requesting Information)

\_\_\_\_\_  
(Address)

to obtain from : **Georgia Cyber Academy**

\_\_\_\_\_  
(Name of Person or Agency Holding the Information)

And share with:

**1745 Phoenix Blvd., Suite 100, Atlanta, Ga, 30349**

\_\_\_\_\_  
(Address)

the following type(s) of information from my records (and any specific portion thereof):

School Records, 504 Plan, Psycho-educational Report, Medical Docs, Eligibility Report, Transcripts, Evaluations, Case Notes

for the purpose of: **Determining eligibility, for services, training needs, vocational planning, and assistance with employment**

and

I understand the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for:  
(PLEASE CHECK ONE)

☐ *Ninety (90) days unless I specify an earlier expiration date here:* \_\_\_\_\_

(Date)

☐ *One (1) year.*

☒ *the period necessary to complete all transactions on accounts related to services provided to me.*

*I understand that unless otherwise limited by state or federal regulation and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.*

\_\_\_\_\_  
(Signature of Client/Patient/Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Authorized Representative, if applicable)

\_\_\_\_\_  
(Signature & relation of Witness)

\_\_\_\_\_  
(Date)

USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT

\_\_\_\_\_  
(Date this authorization is revoked by client)

\_\_\_\_\_  
(Signature of client)

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**Georgia Cyber Academy**  
**Instructional Support Services Department**  
*Dr. Ahoba Arthur/ District Director*  
May 2019  
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### COOPERATIVE SCHOOL PROGRAM REFERRAL FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
(Client)

Address Street \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Test Scores: See attached educational records

Disability: \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

Problem Areas That Need Attention:

- ☐ Response to instruction
- ☐ Sense of responsibility
- ☐ Attitude
- ☐ Motivation to work
- ☐ Dependability
- ☐ Personal habits
- ☐ Social competence
- ☐ Emotional stability
- ☐ Other comments: \_\_\_\_\_

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

Signed: Kate Gerstenberger, High School 504 Plan Coordinator

At Georgia Cyber Academy High School



# **. VOCATIONAL REHAB PARENT GUIDE**

- Georgia Cyber Academy is proud to partner with Vocational Rehab in order to provide our students the opportunity to access this valuable resource.





# Georgia Vocational Rehabilitation Agency Partnership with Schools



**2016 / 2017**

Page

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## What is the Vocational Rehabilitation Program?

The Vocational Rehabilitation Program is a combination State/Federal program designed to assist people with disabilities to work. The State of Georgia funds approximately 25% of the cost of the program and the Federal Government provides the other 75%. The agency has been in existence for over 75 years, since after World War I. The initial mission was to assist returning disabled veterans to go to work. Throughout the years there have been many changes in focus and the agency has moved away from a medical treatment model to focus on assisting individuals with disabilities achieve employment. This includes all types of disabilities as long as the individual can benefit from VR services in terms of a successful employment outcome.

The goal of Vocational Rehabilitation is to assist the individual with a disability to work. This is done on an individual basis, assessing the services or training or equipment needed to allow the individual to work. Vocational Rehabilitation services can only be provided to individuals who can and who are willing to work.

### Cooperative School Program Partners

To successfully assist students with disabilities to transition from school to employment it takes a wide variety of services and professionals.

- County School System Team
- VR Program Team
- Community Partners
  - \* Employers
  - \* Post-secondary schools
  - \* Community rehabilitation programs
  - \* Social service agencies (a partial listing)
    - Mental Heal/Developmental Disabilities/Addictive Disease
    - Family Connections
    - Department of Family and Children Services
    - 9<sup>th</sup> District Opportunity
    - Department of Health

## What does the DOE/VR counselor do?

The Vocational Rehabilitation Transition counselor is an employee of the Georgia Vocational Rehabilitation Agency. The counselor works closely with the school system, the student and parents, and prospective employers to assist the student in getting skills and experiences that will allow them to go to work after school completion.

The counselor is responsible for talking with teachers and identify students with employment as part of their transition done during regular staffings, at IEP meetings, transition other agreed upon communications. The counselor can discuss student and, if the student is under 18, parental approval. For ready for referral the Counselor will complete the application information to document the specific disability.



other school staff to plan. This can be meetings, or through needs of each those students deemed process and gather

Each eligible student will have an Individualized Written Work Plan —IWWP. This IWWP or “Work Plan” becomes the basis for identifying the vocational goal and which services will be provided to the student to reach this goal. This document is similar to the IEP used by the schools to set goals and objectives and to measure outcomes. The VR counselor is the case manager for the VR case and works in coordination with the school team. The counselor provides some direct services and arranges for the provision of other services. The student continues to be on the Counselors caseload after graduation until the Work Plan has been completed and the student is successfully employed.

## Who are the members of the Vocational Rehabilitation Team?

The vocational rehabilitation program uses the team approach to providing services. This allows the Vocational Counselor to take advantage of the expertise of different team members based on the needs of each eligible student/client at the discretion of the Counselor.

- The **Job Readiness Specialist** may provide work readiness, job preparation, job coaching, one-on-one or group instruction in job seeking skills and work behavior. He or she may also help with on-the-job intervention.
- The **Employment Specialist** is the liaison with the employer community. The account representative may provide job market information, build relationships with local employers to identify job exploration or community work adjustment sites, and assist the team with job placement.
- The **Assistive Work Technology Team** may provide an assessment to determine if assistive technology would enable a student to participate in post-secondary training or perform job tasks.
- The **Local Community Rehabilitation Facility** may provide work evaluation, job sampling, work adjustment, and summer work exploration programs. These services are funded by the Vocational Rehabilitation program.
- The **Supported Employment Provider** may provide longer-term assistance in learning job skills or on-going assistance with life skills/independence. The Supported Employment Provider provides follow-up after VR case is closed for up to 3 years. The provider coordinates with VR if additional post-employment services are needed.

## Who can receive VR services?

To qualify for VR services an individual must have a permanent disability. The disability must present a barrier to employment and the individual must be able to benefit from the provision of VR services. The individual must also require VR services to prepare for, engage in, retain or regain employment.



Most students who have an IEP and receive Special Education Services or who are being served under a 504 Plan would be considered to have a disability. Types of disabilities that have been served include developmental disabilities, learning disabilities, orthopedic problems, neurological problems, traumatic brain injury and mental disorders. The student must also be able to benefit in terms of employment from the provision of VR services. Some students will have a disability so severe as to limit their ability to work. The VR program can work with other adult service providers to assess the individual's ability to benefit from Supported Employment Services. For some disabling conditions there are other specific criteria that also must be considered.

Some services also require the student to meet Financial Eligibility criteria.

## **What services can be provided?**

There are many services that can be provided to an individual who qualifies for VR services. The primary services provided most often to students in the DOE/VR project seem to cluster around the following things.

- **Evaluation and assessment.** The VR counselor can arrange for evaluations for students who do not know what their interests and aptitudes are. A detailed written report is provided that can often be of assistance to the teacher in working to develop the student's strengths. One type evaluation is a work evaluation in which the student goes to a community facility to be observed in working several types of jobs over a specific period.
- **Counseling and Guidance Services.** The VR counselor can provide the student with information and work with the student to identify possible career choices. The VR counselor can also assist the student who already has a vocational choice to examine the feasibility and the potential job market for this choice. The counselor can assist with information on post-secondary education. The counselor can provide information on applying for and getting financial assistance for attending Tech Schools, Colleges or Universities.
- **Community Work Adjustment Training (CWAT).** CWAT offers the student valuable hands-on training experiences in a structured setting. In CWAT the student is given assistance in locating jobs that they are interested in learning and may be paid Minimum Wage for up to 15 hours per week for a limited period. The student may try several different types of jobs to explore different interest areas. The student is also getting feedback on his or her work habits and ability to get along with co-workers and supervisors. This is particularly useful to a student who plans to transition directly from school to work. This service is usually limited and utilized in the senior year to assist with transitioning from school to work.
- **Post-secondary Training.** Post-secondary training services are also useful to the student planning on a job that requires additional training or education. The VR counselor may offer assistance with tuition, fees, books, and supplies that may not be covered by other financial aid programs such as the Hope Scholarship and the Pell Grant. There are guidelines for provision of these services.
- **Other Services.** Students who will not be able to transition directly to work can be offered other services through appropriate adult service providers in the community such as job coaching and supported employment, independent living services or mental health services.

Keep in mind that these are only a few of the range of services that can be offered to an eligible VR client. The services are based on the needs of the individual.

For more information you may visit the VocRehab website at: <https://gvra.georgia.gov/divisions>

- If you would like your student referred, please contact the High School 504 Plan Coordinator, Kate Gerstenberger, at 404-334-4790 ext 2346, or you may contact our District 504 Plan Manager, Deb Wood, at 404-334-4790 ext 513.
- Please note that referral does not guarantee services. A student must be found eligible by the Voc Rehab Agency in order for services to begin.



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Georgia Vocational Rehabilitation Agency

Date:

Dear Parent or Guardian:

The Georgia Vocational Rehabilitation Agency (GVRA) is working with students at Georgia Cyber Academy who receive services under the Individuals with Disabilities in Education Act and individuals who are considered to have a disability under Section 504 of the Rehabilitation Act. These services are designed to provide your child with opportunities to receive the training and other services necessary to achieve competitive integrated employment.

The services may include any or all of the following:

- Job exploration counseling;
- Work-based learning experiences, which may include in-school, after school, or community-based opportunities;
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education;
- Workplace readiness training to develop social skills and independent living; and
- Instruction in self-advocacy, including peer mentoring.

In order to provide these services to your child, this form must be completed, signed, and returned to Kate Gerstenberger, katgerstenberger@gacyber.org

Your signature below will authorize GVRA to obtain verification that your child has a disability and will also authorize the school to provide GVRA any career/vocational assessments that have already been completed. In addition, GVRA will obtain your child's grades/transcripts to verify progress as a result of receiving services. This information will be held strictly confidential and will not be released by this agency without obtaining your permission.

Any facsimile, copy, or photocopy of the authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect for one year unless I have initialed below:

X The period necessary to complete all services provided to my child while they have an open case at GVRA which may be more than one year from the date below.

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: Georgia Cyber Academy Current Grade Level: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

School Use Only: IEP 504 X Other documentation of disability See Attached Documents