

Celebrating 50 Years



CHARLES  
ARMSTRONG  
SCHOOL

# IEP / 504

## Instructions and Information

For more information contact:  
Margie Curran at  
[mcurran@charlesarmstrong.org](mailto:mcurran@charlesarmstrong.org)

## **Private and Public School Testing Terms**

### **Psycho-educational Evaluation (Private)**

- Students who experience difficulty in learning benefit from an in-depth analysis of their strengths and weaknesses. To accomplish this, testing is administered in the following areas; intellectual, academic, emotional, memory, improved perceptual motor, learning style, attention and concentration.
- The psycho-educational evaluation assesses the student's cognitive potential in their achievement.
- The written report outlines the test results and gives recommendations for the student, the family and the school to follow. The trained educational therapist or a psychologist can administer a psycho-educational evaluation.

### **Individual Education Plan (IEP) Public**

- An Individualized Educational Program (IEP) is a written agreement between the parents and the school outlining the student's needs and what will be done to address those needs.
- As stated in the Individual with Disabilities Education Act (IDEA), formally PL 94–142 this is a document that is written in a team meeting. The professionals who administer the tests (special-education teacher/psychologist) along with the classroom teacher, parents and student (if appropriate) develop the IEP in a team meeting.
- In addition to the test results, goals and objectives are written in the plan. It also includes the date the services will begin, how long they will last, and the way in which students progress will be evaluated.

### **504 Plan (Public)**

- Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 are major federal legislative acts that are designed to protect the civil rights of individuals with disabilities.
- The main reason these acts become important in the school setting is because they use a different definition of disability and a different approach to eligibility than does that IDEA of 1990, resulting in many more students who are not eligible under the IDEA being protected by section 504 and the ADA.
- The definition of disability under Section 504 is significantly broader than the definition used in the IDEA. Under 504, a person is considered to have a disability if that person has a physical or mental impairment that substantially limits one or more of the persons major life activities, has a record of such impairment or is regarded as having such impairment. For many students their major life activity affected is learning.
- A student who does not meet the eligibility for IEP under the IDEA but needs accommodations in order to “maintain the average performance in the general population” can achieve services through a 504 Plan.
- A 504 Plan is a written plan that must be designed to meet the needs of the individual student including specific accommodations and modifications that are necessary to meet the “free appropriate public education” (FAPE) requirement.

# PUBLIC SCHOOL IEP/504 PROCESS

## A Step by Step Guide

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Step #1:

### Everyone to Complete

1. Charles Armstrong Authorization of Release of Confidential Information
  - a. Under **Information Released To**, please **add the school district** (i.e. Belmont Redwood Shores School District, your home district or both), the school, evaluators and testers, psychologists, and any other professionals that **you know** may want to observe or test your child as part of the IEP/504.
    - i. Note: **if you do not know the names of all of the professionals** who may request to assess your child, if you list **the school district name(s)**, all of the professionals associated with that district will be covered within this release of information.
  - b. **Check all of the boxes in the first column** in order to allow on-campus observations and testing, teachers to respond to assessment requests and the release of all associated information required to complete the IEP/504 process.
  - c. Add any additional information you authorize to be released in the **other section**.
2. Return signed form to Student Services

**AUTHORIZATION OF RELEASE OF CONFIDENTIAL INFORMATION FORM  
FOLLOWING THIS PAGE**





## Authorization of Release of Confidential Information

**Information requested from (please list school districts, assessors and/or other professionals):**

-----Charles Armstrong School-----

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

**Information released to (please list school districts, assessors, and/or other professionals):**

\_\_\_\_\_

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

At my request, I, \_\_\_\_\_, hereby authorize the disclosure of the information checked below from the records of:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> School Information                     | <input type="checkbox"/> Psychologist's Status or Progress |
| <input type="checkbox"/> Teacher Reports/Evaluations            | <input type="checkbox"/> Psychiatric Reports/Evaluations   |
| <input type="checkbox"/> IEP/Evaluations                        | <input type="checkbox"/> Confidential Health Information   |
| <input type="checkbox"/> Academic Status or Progress            | <input type="checkbox"/> Other (Specify)                   |
| <input type="checkbox"/> On-campus Classroom Observations       | _____  |
| <input type="checkbox"/> On-campus Testing                      | _____  |
| <input type="checkbox"/> Counselor Reports/Evaluations          |  |
| <input type="checkbox"/> Communication between Schools/Agencies |  |

Purpose of disclosure is to help determine educational programming, or may be beneficial to help determine appropriate intervention by other agencies/professionals.

I may revoke this consent to release information in writing at any time except to the extent that action has been taken or information disclosed pursuant to signed consent. Once information is disclosed it may no longer be subject to HIPAA protections.

This consent shall remain in effect for a period of one year from signature date. To revoke this authorization, I should contact: Charles Armstrong School, 1405 Solana Drive, Belmont, CA 94002. This form has been revised to comply with HIPAA regulations of 4/14/03.

\_\_\_\_\_  
Signature of Lawful Custodian

\_\_\_\_\_  
Date

# PUBLIC SCHOOL IEP/504 PROCESS

## A Step by Step Guide

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Step #2:

If you **LIVE IN** San Mateo County

Request an IEP/504 from your local district

1. Send a Certified Letter to the Director of Special Education at your Elementary District, even if your child will be transitioning to high school
2. On the letter CC and send a copy to:
  - a. Charles Armstrong School and
  - b. The Director of Special Education:  
Belmont Redwood Shores School District  
2960 Hallmark Drive  
Belmont CA 94002

SEE SAMPLE LETTER FOLLOWING THIS PAGE



(if you LIVE OUTSIDE of San Mateo County,  
do not complete this step, go to step #3

# PUBLIC SCHOOL IEP/504 PROCESS

## A Step by Step Guide

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### Step #3:

### If you **LIVE OUTSIDE** of San Mateo County

1. Families may request an IEP/504 for your child at Belmont Redwood Shores School District. You can choose to use your home district if you prefer.
2. Use following letter as a guide to write a letter to BRSSD
3. On letter, CC to:
  - a. Charles Armstrong School (mail or drop off copy of cover letter to Armstrong) and
  - b. the Director of Special Education at your District of residence (send copy of cover letter to them)
    - Remember this is the elementary district even if your child will be transitioning to high school.
4. Fill out Forms: SELPA, Referral for Assessment, Intake (4 pages)
5. Add documentation including previous testing results, report cards (obtained through Blackbaud), IEP, ISP or 504, etc.
6. **Mail this entire packet (excluding a copy of the letter you send to your district and a copy to Armstrong, along with the Armstrong Release):**

Mail to: Lara Goldman  
Director of Special Education  
2960 Hallmark Drive,  
Belmont, CA 94002

**NOTE:** It is recommended you mail the packet with proof of receipt or hand deliver with signature verification.

SEE SAMPLE LETTER FOLLOWING THIS PAGE



**SAMPLE LETTER:**  
**REFERRAL FOR SPECIAL EDUCATION**  
**If you live IN San Mateo County**

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Date

Director of Special Education  
Local Unified School District  
Address  
City, State, Zip

Dear \_\_\_\_\_,

I am the parent of \_\_\_\_\_ who is currently enrolled at the Charles Armstrong School in Belmont, CA. This school delivers specialized instruction to children with a diagnosed Learning Disability. I am planning to transition my child back to Local School in the fall of 2017.

I am writing to make a referral for assessment for special education services for \_\_\_\_\_ as required by 5 C.C.C. Sec. 3021(a). He/she may be eligible for special education services. I am requesting that \_\_\_\_\_ be given a comprehensive assessment by the school district and that an IEP meeting be schedule for him/her.

I look forward to receiving an assessment plan within 15 days. If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance.

Sincerely,

\_\_\_\_\_

CC: Belmont Redwood Shores School District  
Lara Goldman  
Director of Special Education Services  
2960 Hallmark Drive  
Belmont, CA 94002

CC: Charles Armstrong School  
Attention: Margie Curran  
1405 Solana Drive  
Belmont, CA 94002-3653

**SAMPLE LETTER:**  
**REFERRAL FOR SPECIAL EDUCATION**  
**If you live OUTSIDE San Mateo County**

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Date

Lara Goldman  
Director of Special Education  
Belmont Redwood Shores School District  
2960 Hallmark Drive  
Belmont, CA 94002

Dear Sir/Madame,

I am the parent of \_\_\_\_\_ who is currently enrolled at the Charles Armstrong School in Belmont, CA. This school delivers specialized instruction to children with a diagnosed Learning Disability. I am planning to transition my child back to Local School in the fall of 2017.

I am writing to make a referral for assessment for special education services for \_\_\_\_\_ as required by 5 C.C.C. Sec. 3021(a). He/she may be eligible for special education services. I am requesting that \_\_\_\_\_ be given a comprehensive assessment by the school district and that an IEP meeting be schedule for him/her.

I look forward to receiving an assessment plan within 15 days. If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance.

Sincerely,

\_\_\_\_\_

CC: Local Unified School District  
Director of Special Education  
Their Name Here  
Address  
City, State, Zip

CC: Charles Armstrong School  
Attention: Margie Curran  
1405 Solana Drive  
Belmont, CA 94002-3653

**\*\*YOU MUST INCLUDE THE FORMS FOLLOWING THIS PAGE ENTITLED:  
1) SELPA, 2) Referral for Assessment to Belmont-Redwood Shores School District, 3)  
Belmont Redwood Shores INTAKE Form (4 pages) and 4) copies of previous evaluations**



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