

Section 504 Concerns and/or Complaints

Students, employees or residents with complaints or concerns under Section 504 of the Rehabilitation Act of 1973 can obtain a complaint form from the District's 504 Compliance Officer, [Mike Lenzo](#), at [7075 State Route 88, Ravenna, Ohio 44266](#). The phone number is [\(330\) 296-2892](#). The District's grievance procedure may be obtained from the above individual at the address and phone number indicated.

Americans with Disabilities Act (A.D.A.)

The [Maplewood Career Center](#) Board of Education welcomes and encourages any and all comments from individuals interested in the Americans with Disabilities Act (A.D.A) The A.D.A. contains Title I-Employment, Title II-Public Services, and Title III-Public Accommodations. Please contact [Mike Lenzo](#) at [7075 State Route 88, Ravenna, Ohio 44266](#). The phone number is [\(330\) 296-2892](#).

Helping Locate Children with a Disability

School districts throughout Ohio are mandated to identify, locate, and evaluate all children with a disability from birth through age 21. Conditions such as autism, deaf/blind, mental retardation, multiple disabilities, orthopedic impairment and other health impairment, emotional disturbances, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment, deafness and hearing impairments may qualify for services.

Because some parents may not be aware that programs and services are available, we are asking for your help. If you know of a child with a disability, please contact [Mike Lenzo](#) at [7075 State Route 88, Ravenna, Ohio 44266](#). The phone number is [\(330\) 296-2892](#).

Section 504

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

SUSPECTED DISABILITY REFERRAL

STATEMENT OF SUSPECTED SECTION 504 DISABILITY

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities. (See below)

A. Check the suspected physical or mental impairments and state any evaluative/data sources supporting the diagnosis.

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergy _____ | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Developmental Aphasia | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other: _____ | | |

B. Identify any major life activities that are limited.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Caring For Oneself | <input type="checkbox"/> Lifting | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Reading | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Seeing | <input type="checkbox"/> Working |
| <input type="checkbox"/> Major Bodily Functions _____ | | |
| <input type="checkbox"/> Other: _____ | | |

C. Describe how the major life activities identified above are substantially limited.

D. Provide a summary of all interventions done prior to the child's referral for a Section 504 evaluation:

Signature of Person Making Referral Relationship to Student Date

Signature of Person Receiving Referral Date Received

Title of Person Receiving Referral