



## Procedures for Student Observation for 504 Plan

**When a student experiences academic or behavioral difficulty in a classroom, the school may seek the support of a Special Education Consultant. The following procedure must be followed.**

1. Student Consultations are requested after the **Initial Steps, First meeting, and Reconvening meeting** have occurred. The consultant will review student observations, student interviews, **Mind and Heart Assessment Systems, Anser Systems, School Strategy Plans, 504 Plans**, and formal and informal assessments that have been collected by the school.
2. Principal or 504 Coordinator makes initial contact with Special Education Office support staff (448-8581) to schedule an observation date and time. Intake information will include:
  - Student name
  - School, homeroom teacher, grade level
  - Specific concern
  - Parents name, phone number, and home address
3. **Parent Consent Form** is completed, kept on file at the school, and provided to the consultant upon arrival. Observations will not take place unless **Parent Consent Form** is complete and on file.
4. On the date of the observation, it is important that time is designated for:
  - the consultant to review records.
  - the consultant to dialogue with the classroom teacher.
  - the consultant to observe the student in an academic setting in which he/she is experiencing difficulty and to dialogue with the student when appropriate.
5. Upon review of all information, a student observation report with various recommendations will be sent to the school. A copy will also be mailed to the parent from the special education office.

**It should be noted that when a parent contacts the special education consultant directly, this procedure will be articulated and the parent will be referred to the school principal.**



## Archdiocese of Louisville Parent Consent Form

### Student Information

Student Name:	Date of Birth:	Age:
School:	Grade:	
Principal:	Teacher:	

### Family History

Parent(s):	Address:	
City:	State:	Zip:
County of Residence:	Phone:	
List with whom the student resides and relationship:		
Is there any current situation that may be impacting the student?		

### Medical History

Vision:	Normal	Wears glasses
Hearing:	Normal	Hearing level is not normal
Other Medical Conditions:		
Does the student routinely take medication? Please name any medications and reason for use.		

**School History**

Past schools attended by student:		
What age did the student start school?		
Retained in any grade? If yes, list grade	Yes	No
History of absentees?	Yes	No
History of behavior concerns?	Yes	No
Has this student been evaluated previously?	Date of evaluation	Name of evaluator
Does the school have a copy of the testing report?		
Other information:		

**Please briefly describe the student's strengths and needs.**

**Strengths/Needs**

Identified Strengths:	Identified Needs:

**Parental Consent for Observation**

I give my consent for the Archdiocese of Louisville Special Education Consultant to review my child's records, to observe and dialogue with my child in the classroom, and to consult with school personnel regarding my child's progress.

Child's Full Name:	Date:
Parent or Guardian:	Parent or Guardian: