

WHAT IS THE DIFFERENCE BETWEEN AN IEP AND A 504?

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All children in the United States are entitled to a Free and Appropriate Public Education (FAPE) which is outlined under the federal regulations of the Individuals with Disabilities Education Act (IDEA). All states must follow IDEA and some states have additional laws (such as Massachusetts) which provide further benefits/accommodations for children with special needs. Some children do not qualify under IDEA for special services, but still have needs requiring classroom modifications. These children fall under the federal Civil Rights Law called Section 504, the rehabilitation act of 1973.

The above information refers to school-aged children aged 3-22. Individual states decide when a child qualifies for school services. Generally, states provide Early Intervention from ages birth – 3 or birth to 5. Children who receive Early Intervention (birth to three or five) are entitled to similar services, but the program is administered from a different governmental agency (generally the Department of Public Health).

What is the Criteria to Qualify for Services:

- **IDEA:** Children must have a formal diagnosis of one or more of the following: Autism Spectrum Disorders, Specific Learning Disabilities, Speech or Language Impairment, emotional disturbance, Traumatic Brain Injury, Visual Impairment, Hearing Impairment, and other Health Impairments).

There are not formal criteria through IDEA of what constitutes the above disorders, but the child must be formally diagnosed to receive services. Children who qualify under IDEA receive an Individual Education Plan (IEP) which is a “contract” between the school district and family for what services and goals the child will receive for a one year period. The IEP is renewed each year and every three years children must have a comprehensive assessment to determine if s/he still has needs that qualify for an IEP.

- Section 504: refers to specific laws that protect students who need accommodations in order to have a “level playing field” – meaning, the student needs accommodations that will give him/her the opportunity for equality. Children who qualify for section 504 may or may not have a formal diagnosis. If they have a formal diagnosis (even if it is one of the diagnoses listed under IDEA), the child’s needs must be met.

What’s the difference between a 504 and IEP?

- a 504 removes barriers to foster equality (i.e., a students who needs preferred seating to keep his/her attention)
- an IEP adds services to foster equality (i.e., providing a child with Speech therapy so s/he can communicate with other students).

Where can I receive more information?

http://www.idonline.org/ld_indepth/legal_legislative/edlaw504.html

IN DEPTH INFO:

<http://www.504idea.org/504resources.html>

EXCELLENT EXAMPLE:

<http://www.dredf.org/section504.html>

Below is information about general strategies and samples of 504 accommodation plans for specific disabilities. These are meant to be general guidelines. Each student's needs should be considered individually. The information below is excerpts from <http://www.slc.sevier.org/>

GENERAL STRATEGIES

Environmental Strategies

- Provide a structured learning environment
- Make separate "space" for different types of tasks
- Possible adapting of non-academic times such as lunch, recess, and physical education
- Change student seating
- Alter location of personal or classroom supplies for easier access or to minimize distraction

Organizational Strategies

- Model and reinforce organizational systems (i.e. color-coding)
- Write out homework assignments, check student's recording of assignments
- Tailor homework assignments toward student strengths
- Set time expectations for assignments
- Provide clues such as clock faces indicating beginning and ending times

Behavioral Strategies

- Use behavioral management techniques consistently within a classroom and across classes
- Implement behavioral/academic contracts
- Utilize positive verbal and/or nonverbal reinforcements
- Utilize logical consequences
- Confer with the student's parents (and student as appropriate)
- Establish a home/school communication system for behavior monitoring
- Post rules and consequences for classroom behavior
- Put student on daily/weekly progress report/contract
- Reinforce self-monitoring and self-recording of behaviors

Presentation Strategies

- Tape lessons so the student can listen to them again; allow students to tape lessons
- Use computer-aided instruction and other audiovisual equipment
- Select alternative textbooks, workbooks, or provide books on tape
- Highlight main ideas and supporting details in the book
- Provide copied material for extra practice (i.e. outlines, study guides)
- Prioritize drill and practice activities for saliency
- Vary the method of lesson presentation using multi-sensory techniques:
 - lecture plus overhead/board demonstration support
 - small groups required to produce a written product
 - large groups required to demonstrate a process
 - audio-visual (i.e. filmstrips, study prints) methods
 - peer tutors or cross-age tutors
 - demonstrations, simulations

- experiments
- games

- 1-to-1 instruction with other available adults
- Ask student to repeat/paraphrase context to check understanding
- Arrange for a mentor to work with student in his or her interest area or area of greatest strength
- Provide peer tutoring
- Simplify and repeat instructions about in-class and homework assignments
- Vary instructional pace
- Reinforce the use of compensatory strategies, i.e. pencil grip, mnemonic devices, “spell check”
- Vary kind of instructional materials used
- Assess whether student has the necessary prerequisite skills. Determine whether materials are appropriate to the student's current functioning levels
- Reinforce study skill strategies (survey, read, recite, review)
- Introduce definition of new terms/vocabulary and review to check for understanding
- Be aware of student's preferred learning style and provide matching instruction materials

Evaluation Methods

- Limit amount of material presented on a single page
- Provide a sample or practice test
- Provide for oral testing
- Provide tests in segments so that student hands in one segment before receiving the next part
- Provide personal copy of test tools and allow for color-coding/highlighting

ACCOMMODATION EXAMPLES FOR SPECIFIC DISABILITIES

Allergies: Example: The student has severe allergic reactions to certain pollens and foods. For purposes of this example the condition substantially limits the major life activity of breathing and may interfere with the student's ability to get to school or participate once there.

- Avoid allergy-causing substances: soap, weeds, pollen, food
- Inservice necessary persons: dietary people, peers, coaches, laundry service people, etc.
- Allow time for shots/clinic appointments
- Use air purifiers
- Adapt physical education curriculum during high pollen time
- Improve room ventilation (i.e. when remodeling has occurred and materials may cause an allergy)
- Develop health care and/or emergency plans
- Address pets/animals in the classroom
- Involve school health consultant in school related health issues
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD): Example: The student does not meet eligibility requirements under IDEA as emotionally disturbed, learning disabled or other health impaired. A doctor regards the student as having ADD, and for purposes of this example, the disability limits the major life activity of learning. The student, because of his disability, is unable to participate in the school's programs to the same degree as students without disabilities and therefore is substantially limited by the disability.



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- Seat the student away from distractions and in close proximity to the teacher
- State classroom rules, post in an obvious location and enforce consistently
- Use simple, concise instructions with concrete steps
- Provide seating options
- Tolerate (understand the need) excessive movement
- Provide a peer tutor/helper
- Teach compensatory strategies
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Monitor for stress and fatigue; adjust activities
- Adjust assignments to match attention span, etc.
- Vary instructional pace
- Vary instructional activities frequently
- Provide supervision during transitions, disruptions, field trips
- Model the use of study guides, organizing tools
- Accommodate testing procedures; lengthy tests might be broken down into several shorter administrations
- Provide counseling and prompt feedback on both successes and areas needing improvement
- Initiate frequent parent communication
- Establish a school/home behavior management program
- Provide training for staff
- Have the student use an organizer; train in organizational skills
- Establish a nonverbal cue between teacher and student for behavior monitoring
- Assign chores/duties around room/school
- Adapt environment to avoid distractions
- Reinforce appropriate behavior
- Have child work alone or in a study carrel during high stress times
- Highlight required or important information/directions
- Provide a checklist for student, parents, and/or teacher to record assignments of completed tasks
- Use a timer to assist student to focus on given task or number of problems in time allotted. Stress that problems need to be done correctly.
- Have student restate or write directions/instructions
- Allow student to respond in variety of different modes (i.e. may place answers for tests on tape instead of paper)
- Give student opportunity to stand/move while working
- Provide additional supervision to and from school
- Adapt student's work area to help screen out distracting stimuli
- Grade for content integrity, and not just neatness/presentation
- Schedule subjects which require greater concentration early in the day
- Supply small rewards to promote behavior change
- Avoid withholding physical activity as a negative reinforcer
- Allow for periodic, frequent physical activity, exercise, etc.
- Determine trigger points and prevent action leading to trigger points
- Provide for socialization opportunities, such as circle of friends



Bipolar Disorder: Example: The student was diagnosed as having a bipolar disorder, however the severity (frequency, intensity, duration considerations) of the condition did not qualify the student for IDEA. A properly convened 504 committee determined that the condition did significantly impair the major life activity of learning and fashioned a 504 plan for the student. Here are some possible accommodations for this scenario.

- Break down assignments into manageable parts with clear and simple directions, given one at a time.
- Plan advanced preparation for transitions.
- Monitor clarity of understanding and alertness.
- Allow most difficult subjects at times when student is most alert.
- Provide extra time on tests, class work, and homework if needed.
- Strategies in place for unpredictable mood swings.
- Provide appropriate staff with training on bipolar disorder.
- Create awareness by staff of potential victimization from other students.
- Implement a crisis intervention plan for extreme cases where student gets out of control and may do something impulsive or dangerous.
- Provide positive praise and redirection.
- Report any suicidal comments to counselor/psychologist immediately.
- Consider home instruction for times when the student's mood disorder makes it impossible for him to attend school for an extended period.

General Behavioral Issues: Example: A student may need an adjusted class schedule to allow time for regular counseling or therapy. For purposes of this example, the condition substantially limits the individual's major life activity of learning.

- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Maintain weekly/daily journals for self-recording of behavior
- Establish home-school communication system
- Schedule periodic meetings with home and treatment specialists
- Provide carry-over of treatment plans into school environment
- Assist with inter-agency referrals
- Utilize behavior management programs
- Develop contracts for student behavior
- Post rules for classroom behaviors; teach expectations
- Provide counseling, social skills instruction
- Reinforce replacement behaviors
- Educate other students/staff/school personnel
- Foster carryover of treatment plans to home environment
- Reinforce positive behavior
- Schedule shorter study/work periods according to attention span capabilities
- Be consistent in setting expectations and following up on reinforcements/consequences
- Provide post-secondary or vocational transition planning

General Learning Disabilities: Example: The student has a learning disability that impacts her ability to read. She has more difficulty with word decoding and spelling than reading comprehension. Thus, completing reading tasks is difficult and slow. She is currently a student receiving special education services.

- Provide lower-readability materials covering course context
- Provide extended time on tests
- Arrange for student/volunteer readers

- Provide information on accessing materials through recordings for the Blind and Dyslexic (i.e. books on tape)
- Allow access to spell checkers and/or word processing
- Provide information on accommodations for college-entrance/qualifying exams (i.e. PSAT)
- Written directions in addition to oral
- Clearly sequenced instruction
- Visual graphs/charts/diagrams to support instruction
- Provision of computer access
- Seating toward the instructor
- Support/suggestions relative to post-secondary/career options
- Support in the use of organizational/time-management strategies
- Support in the use of strategies to assist memory and problem-solving
- Use of multi-sensory instructional methods (i.e. visual graphs and charts to accompany oral presentation)
- Provide post-secondary or vocational transition planning

Students who are auditory learners due to disability:

- Preferential seating
- Adaptations to the physical environment (i.e. consistent room arrangement, removal of obstacles to path of entry)
- Copies of text/reading materials for adaptation
- Modified writing tools (i.e. dark felt tip pens)
- Raised lines on writing paper
- Dark lined writing paper
- Lighting aids
- Desktop slantboard
- Enlarged print materials; textbooks, workbooks, worksheets
- Books on tape
- Audiotape recorder, tapes and organizational location (headphones if needed)
- Oral instead of written tests
- Standardized tests (i.e. CAT, SAT) in large print or Braille
- Tactile maps
- Speech synthesizer for input and output
- Abacus

Tourette's Syndrome: Example: The student exhibits inappropriate gestures and sounds in the classroom and hallways. The condition is substantially limiting in the major life activities of learning and caring for oneself.

- Provide student with a means of catching up on missed lessons
- Pair with a fellow student for study if indicated
- Educate other students about associated outbursts/gestures/tics
- Arrange for frequent parental interaction if indicated
- Monitor administration/side effects of medication
- Implement a behavior management program if indicated; cue student about inappropriate behaviors
- Provide supervision for transition activities, during periods of "acting out"
- Provide alternative/larger work-space or appropriate space for the child to act out if indicated
- Teach compensatory strategies
- Adapt assignments if indicated
- Provide peer/teacher inservice with parent/student permission
- Provide post-secondary or vocational transition planning