

## Iyuanna Pease

---

**From:** Iyuanna Pease  
**Sent:** Tuesday, May 30, 2017 2:30 PM  
**To:** Chris Voisin; Kelda Barker; Tim Griffin; Donna Kaiser  
**Cc:** Megan Molina; Victoria Flores; Gino Dobrescu; Leise Martinez; Matthew Schlager; Peter Lambert  
**Subject:** CONFIDENTIAL-504 PLAN-[REDACTED]  
**Attachments:** final.pdf

Hello All,

Thank you all for your collaborative efforts in supporting [REDACTED]. I have attached her signed 504 plan.

Thank you,

*Iyuanna Pease*

Coordinator, Student Support Center

CK McClatchy High School

P: 916-395-5050 ext. 503428

F: 916-264-4712



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
SECTION 504 PLAN**

Meeting Date 5/17/17	Initial <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	Identified Disability Adjustment Disorder w/ Depressed Mood	Disability Verification Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Recorder's Name Iyanna Pease	Review Date 5/17/18
<b>Personal Data</b>			<b>Describe the student's strengths.</b>			
Name of Student: [REDACTED]			[REDACTED]'s teachers report her as being bright and pleasant in the classroom.			
Gender: F Date of Birth: [REDACTED]						
Parent/Guardian: [REDACTED]						
Phone Number: [REDACTED]						
Address: REDACTED						
Grade: 12			English Proficiency <input type="checkbox"/> Limited <input type="checkbox"/> Fluent			
School Year: 16-17			Track: n/a		Describe the physical or mental impairment at issue and how it was determined. (Attach appropriate documentation.)	
School of Attendance: C.K. McClatchy HS			UC Davis Department of Pediatrics		What major life activity is limited? (Consider functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.)	
S.I.D. Number: [REDACTED]					Learning/Sleeping/Concentration	
Student's Social Security Number						
<b>Team Member Signatures</b>						
Chairperson Name: Iyanna Pease Signature: <i>Iyanna Pease</i>			Describe how the physical or mental impairment does or does not substantially limit the major life activity. (Keep in mind student performance is compared to the average non-disabled child of approximately the same age)			
Teacher Name: various						
Counselor Name: Megan Molina Signature: Not Present			[REDACTED] experiences significant symptoms of depression and anxiety limiting her ability to sleep, concentrate, learn and attend school due to traumatic events experienced.			
Parent/Guardian Name: Signature:						
Parent/Guardian Name: Signature:						
Student Signature: Not Present						
Other - Name: Victoria Flores Signature: <i>Victoria Flores</i>						
Other - Name: Josh Davidson Signature: <i>Josh Davidson</i>						
Distribution:	<input checked="" type="checkbox"/> Original - District Section 504 Coordinator	<input checked="" type="checkbox"/> Copy - Parent/Guardian	<input checked="" type="checkbox"/> Copy - Teacher(s)	<input type="checkbox"/> Copy - Section 504 Plan Service Providers	<input checked="" type="checkbox"/> Copy - Site Section 504 Coordinator	<input checked="" type="checkbox"/> Cumulative File



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
SECTION 504 PLAN (continued)**

Student's Name <b>REDACTED</b>	Age 18	Date of Birth [REDACTED]	Grade 12	School Year 16-17	Identified Disability Adjustment Disorder w/ Depressed Mood
Describe Identified Supports and Services to be Provided to the Student		Expected Outcome			Service Provider
<p>1. Additional time (1.5x) to complete remaining assignments, tests, quizzes and projects without penalty.</p> <p>2. Excused missed assignments due to disability other than examinations remaining in the syllabus as of the effective 504 plan date.</p> <p>3. Finish Economics on independent study. Student to complete Chapter 6 packet (key terms and questions from each section) to be completed by June 2nd.</p> <p>4. Psychology grade will be frozen at current grade of a D. Student will receive credit for the course, complete graduation requirement for course.</p> <p>5. Student is enrolled in two online courses which must be completed by May 29, 2017.</p>		<p>1. Student will be given extra time to finish the assignments, tests, quizzes and projects without penalty.</p> <p>2. Student will not be penalized for completing any and all assignments missed or late due to disability as of the effective 504 plan date.</p> <p>3. Student will be excused from completing any and all tests or other assignments remaining or missed in Economics without penalty, except for the Chapter 6 packet. Student has until June 2, 2017 to complete the key terms and questions from each section of chapter 6. Student will submit completed Chapter 6 assignments to teacher.</p> <p>4. Student's final grade in Psychology will be the same as her grade as of the effective 504 plan date. Student has completed this course effective the 504 date.</p> <p>5. Student will complete online courses in time to receive credit for this academic term.</p> <p>6. If student completes coursework outlined in this 504 Plan, student will receive sufficient academic credit necessary to be awarded a high school diploma at the end of this academic term.</p>			<p>Teachers</p> <p>Teacher</p> <p>Student</p> <p>Teacher</p> <p>Student</p>

- I understand that the Section 504 Team has determined that my child is a student with a disability that substantially limits a major life activity, and that the Team has developed this Section 504 Plan to assist my child. I agree with the above recommended Section 504 Plan.
- I understand that my child is not disabled within the meaning of Section 504 and does not require a Section 504 Plan at this time.
- I disagree with the above recommended Section 504 Plan.
- I have been provided a copy of the District's Parent/Student Rights

Parent/Guardian Name: [REDACTED]

Signature: [REDACTED]

Date: 5/26/17

Distribution:	<input checked="" type="checkbox"/> Original: District Section 504 Coordinator	<input checked="" type="checkbox"/> Copy: Parent/Guardian	<input checked="" type="checkbox"/> Copy: Teacher	<input type="checkbox"/> Copy: Section 504 Plan Service Providers	<input checked="" type="checkbox"/> Copy: Site Section 504 Coordinator	<input checked="" type="checkbox"/> Copy: Cum File
---------------	--	---	---	---	--	--

This document is confidential and may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to FERPA's general consent requirement. (See 34 CFR §§ 99 et seq.)