

HEBRON BOARD OF EDUCATION

5012a

Students

ADMINISTRATIVE REGULATIONS REGARDING SECTION 504 OF THE REHABILITATION ACT OF 1973

[The following administrative procedures are not part of the § 504 policy. However, because school districts are required by law to have procedures related to § 504 complaints, this model is included for your convenience.]

Hebron Board of Education Section 504 Grievance/Complaint Procedures

Section 504 prohibits discrimination on the basis of disability. For the purposes of Section 504, the term “disability” with respect to an individual means: (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment.

I. Definitions

Free appropriate public education (FAPE): for purposes of Section 504, refers to the provision of regular or special education and related aids and services that are designed to meet individual educational needs of students with disabilities as adequately as the needs of students without disabilities are met, that are provided without cost (except for fees imposed on nondisabled students/parents), and is based upon adherence to procedures that satisfy the Section 504 requirements pertaining to educational setting, evaluation and placement, and procedural safeguards.

Major life activities: include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity also includes the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

Mitigating Measures: *include, but are not limited to, medication, medical supplies, equipment, appliances, low-vision devices (not including ordinary eyeglasses or contact lenses), prosthetics, hearing aids, cochlear implants, mobility devices, oxygen therapy, use of assistive technology, reasonable accommodations or auxiliary aids or services or learned behavioral or adaptive neurological modifications.*

Physical or Mental Impairment: a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine

or b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

II. Procedures for Grievances/Complaints Alleging Discrimination on the Basis of Disability

- 1) Any eligible person, including any student, parent/guardian, staff member or other employee who feels that he/she has been discriminated against on the basis of disability may submit a written complaint to the district's designated Section 504 Coordinator within thirty (30) school days of the alleged occurrence. Timely reporting of complaints facilitates the prompt investigation and resolution of such complaints. If the complaint is made verbally, the individual taking the complaint will reduce it to writing.
- 2) At any time, when complaints involve discrimination that is directly related to a claim regarding the identification, evaluation, and/or educational placement of a student under Section 504, the complainant may request that the Section 504 Coordinator submit the complaint directly to an impartial hearing officer and request a hearing in accordance with Section III.D. Complaints regarding a student's rights with respect to his/her identification, evaluation and/or educational placement shall be addressed in accordance with the procedures set forth below in Section III.
- 3) Retaliation against any individual who complains pursuant to the Board's policy and regulations listed herein is strictly prohibited. The district will not tolerate any reprisals or retaliation that occur as a result of the good faith reporting or complaint of disability-based discrimination, or as a result of an individual's participation or cooperating in the investigation of a complaint. The district will take necessary actions to prevent retaliation as a result of filing a complaint or the participation in an investigation of a complaint.

[NOTE: Districts should note that while Section 504 does not provide a statute of limitations for filing complaints, Connecticut generally allows such complaints to be filed within three years of the alleged Section 504 violation. We recommend that districts encourage prompt reporting by suggesting that complaints be filed within thirty (30) school days in order to facilitate timely resolution of potential disputes.]

- 4) If the Section 504 Coordinator is the subject of the complaint, the complaint should be submitted directly to the Superintendent who may conduct the investigation or appoint a designee to conduct the investigation in accordance with these procedures.
- 5) Complaints will be investigated promptly within timeframes identified below. Timeframes may be extended as needed given the complexity of the investigation,

availability of individuals with relevant information and other extenuating circumstances. Confidentiality will be maintained by all persons involved in the investigation to the extent possible.

F. The complaint should contain the following information:

1. The name of the complainant;
2. The date of the complaint;
3. The date(s) of the alleged discrimination;
4. The names of any witness(es) or individuals relevant the complaint;
5. A detailed statement describing the circumstances in which the alleged discrimination occurred; and
6. Remedy requested.

However, all complaints will be investigated to the extent possible, even if such information is not included in the complaint. In such circumstances, additional information may be requested by the investigator as part of the investigation process.

G. Upon receipt of the complaint, the individual investigating the complaint shall:

1. Provide a copy of the written complaint to the Superintendent of Schools;
2. Meet with the complainant within ten (10) school days to discuss the nature of the complaint, identify individuals the complainant believes have relevant information, and obtain any relevant documents the complainant may have;
3. Provide the complainant with a copy of the Board's Section 504 Policy, and these administrative regulations;
4. Conduct an investigation that is adequate, reliable, and impartial. Investigate the factual basis for the complaint, including conducting interviews with individuals with information and review of documents relevant to the complaint;
5. Maintain confidentiality to the extent practicable throughout the investigative process, in accordance with state and federal law;
6. Communicate the outcome of the investigation in writing to the complainant, and to any individual properly identified as a party to the complaint (to the extent permitted by state and federal confidentiality requirements), within fifteen (15) school days from the date the complaint was received by the Section 504 Coordinator or Superintendent. The investigator may extend this deadline for no more than fifteen (15) additional school days if needed to complete the investigation. The complainant shall be notified of such extension. The written notice shall include a finding whether the complaint was substantiated and if so, shall identify how the district will remedy any identified violations of Section 504;

7. If a complaint is made during summer recess, the complaint will be reviewed and addressed as quickly as possible given the availability of staff and/or other individuals who may have information relevant to the complaint. If fixed timeframes cannot be met, complainant will receive notice and interim measures may be implemented as necessary (see subparagraph 6);
 8. Ensure that appropriate corrective action is taken whenever allegations are verified. When allegations are verified, ensure that compensatory services and/or other measures to remedy the effects of the discrimination are appropriately considered, and offered, when appropriate. Corrective action should include steps to avoid continuing discrimination.
 9. In the event the investigator concludes that there is no violation of Section 504, the District may attempt to resolve the complainant's ongoing concerns, if possible.
- H. If the complainant is not satisfied with the findings and conclusions of the investigation, the complainant may present the complaint and written outcome to the Superintendent for review and reconsideration within thirty (30) calendar days of receiving the findings. This process provides an opportunity for complainants to bring information to the Superintendent's attention that would change the outcome of the investigation. In submitting the complaint and written outcome for review, the complainant must explain why he/she believes the factual information was incomplete, the analysis of the facts was incorrect, and/or the appropriate legal standard was not applied, *and* how this would change the investigator's determination in the case. Failure to do so may result in the denial of the review.

Upon review of a written request from the complainant, the Superintendent shall review the investigative results of the Section 504 Coordinator and determine if further action and/or investigation is warranted. Such action may include consultation with the investigator and complainant, a meeting with appropriate individuals to attempt to resolve the complaint or a decision affirming or overruling the investigator's conclusions or findings. The Superintendent shall provide written notice to the complainant of her decision within ten (10) school days following the receipt of the written request for review.

III. Complaint Resolution Procedures for Complaints Involving a Student's Identification, Evaluation, and/or Educational Placement

Complaints regarding a student's identification, evaluation, and/or educational placement shall generally be handled using the procedures described below. However, at any time, the complainant may request that the Section 504 Coordinator submit the complaint directly to an impartial hearing officer, and request a hearing in accordance with the provisions of subsection D (below).

A. *Submission of Complaint to Section 504 Coordinator*

1. In order to facilitate the prompt investigation of complaints, any complaint regarding a student's identification, evaluation and/or educational placement under Section 504 should be forwarded to the district's Section 504 Coordinator within thirty (30) school days of the alleged date that the dispute regarding the student's identification, evaluation and/or education placement arose. Timely reporting of complaints facilitates the resolution of potential educational disputes.

[NOTE: Districts should note that while Section 504 does not provide a statute of limitations for filing complaints, Connecticut generally allows such complaints to be filed within three years of the alleged Section 504 violation. We recommend that districts encourage prompt reporting by suggesting that complaints be filed within thirty (30) days in order to facilitate timely resolution of educational disputes.]

2. The complaint concerning a student's identification, evaluation and/or educational placement should contain the following information:
 - a. Full name of the student, age, and grade level;
 - b. Name of parent(s);
 - c. Address and relevant contact information for parent/complainant;
 - d. Date of complaint;
 - e. Specific areas of disagreement relating to the student's identification, evaluation and/or placement; and
 - f. Remedy requested.

However, all complaints will be investigated to the extent possible even if such information is not included in the complaint. In such circumstances, additional information may be requested by the investigator as part of the investigation process.

3. Complaints will be investigated promptly within timeframes identified below. Timeframes may be extended as needed given the complexity of the investigation, availability of individuals with relevant information and other extenuating circumstances.
4. Upon receipt of the complaint, the Section 504 Coordinator shall:
 - i. Forward a copy of the complaint to the Superintendent of Schools;

- ii. Meet with the complainant within ten (10) school days to discuss the nature of his/her concerns and determine if an appropriate resolution can be reached. If a complaint is made during summer recess, the complaint will be reviewed and addressed as quickly as possible given the availability of staff and other individuals who may have information relevant to the complaint;
- iii. If, following such a meeting, further investigation is deemed necessary, the Section 504 Coordinator shall promptly investigate the factual basis for the complaint, consulting with any individuals reasonably believed to have relevant information, including the student and/or complainant; and
- iv. Communicate the results of his/her investigation in writing to the complainant and any persons named as parties to the complaint (to the extent permitted by state and federal confidentiality requirements) within fifteen (15) school days from the date the complaint was received by the Section 504 Coordinator.
- v. In the event that the person making the complaint contends that the Section 504 Coordinator has a conflict of interest that prevents him/her from serving in this role, the complaint shall be forwarded to the Superintendent who shall appoint an investigator who does not have a conflict of interest.

B. Review by Superintendent of Schools

1. If the complainant is not satisfied with the findings and/or resolution offered as a result of the Section 504 Coordinator's review, he or she may present the complaint and the written statement of findings to the Superintendent for review and reconsideration within thirty (30) calendar days of receiving the findings. This process provides an opportunity for complainants to bring information to the Superintendent's attention that would change the outcome of the investigation. In submitting the complaint and written outcome for review, the complainant must explain why he/she believes the factual information was incomplete, the analysis of the facts was incorrect, and/or the appropriate legal standard was not applied, *and* how this would change the investigator's determination in the case. Failure to do so may result in the denial of the review.
2. The Superintendent shall review the complaint and any relevant documents maintained by the Section 504 Coordinator/investigator and shall consult with the Section 504 Coordinator/investigator regarding attempts to resolve the complaint. The Superintendent also shall consult with the complainant. The Superintendent may attempt to resolve the complainant's concerns alone, or with another appropriate administrator.
3. Following the Superintendent's review, he or she shall communicate his/her findings to the complainant within ten (10) school days following his/her receipt of the written request for review.

4. If the complainant is not satisfied with the Superintendent's decision or proposed resolution, he/she may request that the Superintendent submit the matter to a neutral mediator or to an impartial hearing officer. This request for a hearing/mediation should be made within fifteen (15) school days of the Superintendent's decision. Mediation shall only occur by mutual agreement of the parties.

C. Mediation Procedures:

A parent or guardian may request mediation with a neutral mediator to attempt to resolve a disagreement with the decisions made by the professional staff of the school district with respect to the identification, evaluation, and/or educational placement of his/her child.

1. A request for mediation regarding a student's identification, evaluation and/ or educational placement under Section 504 should be forwarded to the district's Section 504 Coordinator within thirty (30) school days of the alleged date that the dispute regarding the student's identification, evaluation, and/or education placement arose.
2. The request for mediation concerning a disagreement relating to a student's identification, evaluation and/or educational placement should contain the following information:
 - a. Full name of the student, age, and grade level;
 - b. Name of parent(s);
 - c. Address and relevant contact information for parent/complainant;
 - d. Date of complaint;
 - e. Specific areas of disagreement relating to the student's identification, evaluation and/or placement; and
 - f. Remedy requested.
3. Upon receipt of a request for mediation, the Section 504 Coordinator shall:
 - i. Forward a copy of the request for mediation to the Superintendent of Schools;
 - ii. Retain a neutral mediator who is knowledgeable about the requirements of Section 504, and has an understanding of a free appropriate public education ("FAPE") under Section 504, and the distinctions between Section 504 and the regulations and requirements of the Individuals with Disabilities Education Act (IDEA).
4. The mediator shall inform all parties involved of the date, time and place of the mediation and of the right to have legal counsel or other representation at the complainant's own expense, if desired.
5. The mediator shall meet with the parties jointly, or separately, as determined by the mediator, and shall facilitate a voluntary settlement of the dispute between the parties, if possible.

6. All statements, offers, or discussions and/or information shared during the mediation process, but not available from other means, shall be confidential, and may not be used in a subsequent hearing or proceeding related to the disagreement that is the subject of the mediation.
7. If the parties are not able to reach a voluntary settlement of the dispute, the complainant may request an impartial hearing, as described below.

D. Impartial Hearing Procedures:

An impartial due process hearing is available to the parent or guardian of a student disagrees with the decisions made by the professional staff of the school district with respect to the identification, evaluation, and/or educational placement of his/her child, or otherwise makes a claim of discrimination relating to the identification, evaluation, or educational placement of the student.

1. Upon receipt of a request for an impartial due process hearing, the Board shall retain an impartial hearing officer. The impartial hearing officer must be someone who is knowledgeable about Section 504, an understanding of a free appropriate public education (“FAPE”) under Section 504, and the distinctions between Section 504 and the regulations and requirements of the Individuals with Disabilities Education Act (IDEA).
2. The impartial hearing office shall schedule a pre-hearing conference with the District and the Parent (or his/her legal counsel) to identify the issue(s) for hearing, set the hearing schedule, and address other administrative matters related to the hearing, including the option for mediation, and the right of the right to have legal counsel or other representation at the complainant’s own expense, if desired;
3. The impartial hearing officer shall inform all parties involved of the date, time and place of the hearing and of the right to present witness(es), other evidence, and to have legal counsel or other representation at each party’s own expense, if desired.
4. The impartial hearing officer shall hear all aspects of the complainant’s complaint and/or appeal concerning the identification, evaluation and/or educational placement of the student and shall reach a decision within forty-five (45) school days of receipt of the request for hearing. The decision shall be presented in writing to the complainant and to the Section 504 Coordinator.
5. An impartial hearing officer under Section 504 does not have jurisdiction to hear claims alleging discrimination, harassment or retaliation based on an individual’s disability unless such a claim is *directly related* to a claim regarding the identification, evaluation, or educational placement of a student under Section 504.

6. The time limits noted herein may be extended for good cause shown, including but not limited to if more time is needed to permit thorough review, presentation of evidence, and opportunity for resolution.

IV. *The Section 504 Coordinator for this district is:*

Director of Special Education
580 Gilead Street
Hebron, CT 06248\
Telephone: 860-228-2577

IV. *Complaints to State and Federal Agencies*

At any time, the complainant has the right to file a formal complaint with the U.S. Department of Education, Office for Civil Rights, 8th Floor, 5 Post Office Square, Suite 900, Boston, MA 02109-0111 (TELEPHONE NUMBER (617) 289-0111); <http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>.

7/59/12/13

HEBRON PUBLIC SCHOOLS

NOTICE OF PARENT/STUDENT RIGHTS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act of 1973 (commonly referred to as “Section 504”) is a non-discrimination statute enacted by the United States Congress. Section 504 prohibits discrimination on the basis of disability. Under Section 504, the school district also has specific responsibilities to identify, evaluate and provide an educational placement for students who are determined to have a physical or mental impairment that substantially limits a major life activity. The school district’s obligation includes providing such eligible students a free appropriate public education (“FAPE”). Section 504 defines FAPE as the provision of regular or special education and related services that are designed to meet the individual educational needs of a student with a disability as adequately as the needs of students without disabilities are met, and that are provided without cost (except for fees imposed on nondisabled students/parents).

A student is covered under Section 504 if it is determined that he/she suffers from a mental or physical disability that substantially limits one or more major life activity such as (but not limited to) caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity may also include the operation of a major bodily function, such as an individual’s immune, digestive, respiratory or circulatory systems.

A student can be disabled and be covered by Section 504 even if he/she does not qualify for, or receive, special education services under the IDEA.

The purpose of this notice is to provide parents/guardians and students with information regarding their rights under Section 504. Under Section 504, you have the right:

1. To be informed of your rights under Section 504;
2. To have your child take part in and receive benefits from the Hebron School District's education programs without discrimination based on his/her disability.
3. For your child to have equal opportunities to participate in academic, nonacademic and extracurricular activities in your school without discrimination based on his/her disability;
4. To be notified of decisions and the basis for decisions regarding the identification, evaluation, and educational placement of your child under Section 504;
5. If you suspect your child may have a disability, to request an evaluation, at no expense to you, to have an eligibility determination under Section 504, and if eligible, placement decisions made by a team of persons who are knowledgeable of your child, the assessment data, and any placement options;
6. If your child is eligible for services under Section 504, for your child to receive a free appropriate public education (FAPE). This includes the right to receive regular or special education and related services that are designed to meet the individual needs of your child as adequately as the needs of students without disabilities are met.
7. If your child is eligible for services under Section 504, for your child to receive reasonable accommodations and services to allow your child an equal opportunity to participate in school, extra-curricular and school-related activities;
8. For your child to be educated with peers who do not have disabilities to the maximum extent appropriate;
9. To have your child educated in facilities and receive services comparable to those provided to non-disabled students;
10. To review all relevant records relating to decisions regarding your child's Section 504 identification, evaluation, and educational placement;
11. To examine or obtain copies of your child's educational records at a reasonable cost unless the fee would effectively deny you access to the records;
12. To request changes in the educational program of your child, to have your request and related information considered by the team, a decision made by the team, and if denied, an explanation for the team's decision/determination;

13. To an impartial due process hearing if you disagree with the school district's decisions regarding your child's Section 504 identification, evaluation or educational placement. The costs for this hearing are borne by the local school district. You and the student have the right to take part in the hearing and to have an attorney represent you at your expense.
14. To file a local grievance/complaint with the district's designated Section 504 Coordinator to resolve complaints of discrimination, but not limited to, claims of discrimination directly related to the identification, evaluation or placement of your child.
15. To file a formal complaint with the U.S. Department of Education, Office for Civil Rights.

The Section 504 Coordinator for this district is:

Director of Special Education
580 Gilead Street
Hebron, CT 06248
Telephone: 860-228-2577

For additional assistance regarding your rights under Section 504, you may contact:

Boston Regional Office
Office for Civil Rights
U.S. Department of Education
8th Floor
5 Post Office Square, Suite 900
Boston, MA 02109-3921

Telephone: (617) 289-0111

Connecticut State Department of Education
Bureau of Special Education
and Pupil Services

P.O. Box 2219
Hartford, CT 06145

Telephone: (860) 807-2030

[The following sample forms may be useful in addressing § 504 issues. They are not meant to be part of the policy and are included for your convenience.]

Section 504 Referral Form

I. Identifying Information

Name: _____ DOB: _____ Age: _____

Date of Referral: _____

___ Male ___ Female Primary Language: ___ English ___ Other: _____

Referring Person: _____ **Relationship to Student:**

Parent/Guardian: _____

Address: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian _____

Address: _____ Home Phone: _____ Work Phone: _____

Current School: _____ Grade: _____

II. Background Information

A. Reason for Referral: (Identifying Areas of Concern)

B. Strategies/Interventions to Date: (attach copies of documentation)

C. Pertinent Evaluative Data: (e.g. test scores, grades, evaluations, etc.)

D. Other Relevant Information:

E. Special Services History

Are you aware of any special services that have been provided to this student in the past?

___yes ___no

If yes, describe the type, location and provider of the service.

4. Parent Notification (if individual other than Parent has made referral):

Has the parent/guardian been notified about your concerns regarding this student?

___ Yes ___ No

If Yes, method of notification: _____

Date(s) parent/guardian was notified: _____

Signed: _____ Date: _____

(Signature of individual completing this form)

SECTION 504 MEETING NOTICE

Date: _____

Parent/Guardian: _____
Street: _____
City/Zip Code: _____

Parent/Guardian: _____
Street: _____
City/Zip Code: _____

Dear _____:

Please be advised that a Section 504 meeting will be convened on behalf of your child,

_____. The meeting is scheduled as follows:
(Child's Name)

Date: _____ Time: _____

Location: _____

The purpose of this meeting is to:

- _____ Plan evaluation/initial evaluation
- _____ Determine eligibility
- _____ Develop Section 504 Plan
- _____ Review new information and/or possible need for re-evaluation
- _____ Review re-evaluation
- _____ Other

The following individuals have been invited to attend:

_____	Administration	_____	Title
Name		Name	
_____	Instruction	_____	Title
Name		Name	
_____	Related Service	_____	Title
Name		Name	
_____	Student, if appropriate	_____	Title
Name		Name	

Please make every effort to attend this meeting. You may bring anyone of your choosing to this meeting. The meeting can be rescheduled at a mutually agreed upon time and place. A COPY OF YOUR RIGHTS IS ENCLOSED. If you have any questions or wish to reschedule the meeting, please contact me:

Sincerely, _____
[Name and Title]

0 A copy of this notice has been sent to the parent(s), as 504 Rights have been transferred to the student at age 18.

7/59/12/13

SECTION 504 PLAN

NAME: _____ DOB: _____ GRADE: _____

SCHOOL: _____

DATE OF MEETING: _____

1. Describe the nature of the concern:

2. Describe all evaluation data gathered:

3. Identify:

4. Describe the basis for determining the disability(ies) (if any):

5. Describe how the disability affects each of the impacted major life activities:

6. Please describe the analysis undertaken to determine the potential impact on a major life activity, without consideration of the ameliorating effects of any “mitigating measures,” except for ordinary eyeglasses or contact lenses. Mitigating measures may include, but are not limited to, medication, medical supplies, equipment, prosthetics, hearing aids and cochlear implants, mobility devices, assistive technology, reasonable accommodations and or learned behavioral or neurological modifications.

Did the team consider the impact of the disability on a major life activity without the potential impact of any mitigating measures (except for ordinary eyeglasses and contact lenses)? For example, if the student is currently using a hearing aid, did the team consider whether the student has a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Yes

No

Please describe:

7. Does the student require accommodations (i.e., regular or special education, and/or related aids and services) under section 504, in order to access his/her education and other programs of the district and/or to receive educational benefit? If so, please describe each accommodation that is necessary:

Accommodation/Service	Frequency (time/daily/weekly)	Responsible staff/implementer	Additional Description

Use this space for narrative descriptions, if necessary:

Next Projected Meeting Date: _____

Next Review/Re-evaluation Date: _____

(must be completed)

Participants (Name and Title)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

cc: Student's Cumulative File

Section 504
Student Eligibility Determination Worksheet

Name: _____ DOB: _____ Age: _____

Male: _____ Female: _____

Date of Meeting: _____ Current School: _____ Grade: _____

Case Manager: _____

Parent/Guardian: _____

Address: _____

Home phone: _____

Work phone: _____

Parent/Guardian: _____

Address: _____

Home phone: _____

Work phone: _____

Reason for Meeting: Initial _____ Review _____ Revise Plan _____

Describe the nature of the concern:

Describe any evaluation procedure, tests, recommendations or documentation used as a basis for the decision:

Cognitive:(dated)_____

Social/Emot./Beh:(dated)_____

Classroom Observation:(dated)_____

Developmental:(dated)_____

Health/Med:(dated)_____

Adaptive:(dated) _____

Communication:(dated)_____

Motor:(dated)_____

Achievement:(dated)_____

Other:(dated)_____

If further medical information is needed in order to determine eligibility, please specify steps to be taken to verify and/or obtain additional information:

_____ Consent to communicate with student's physician/medical provider requested

_____ Request for Parent(s)/Guardian(s) to provide additional medical information

_____ Consultation with school district's medical advisor and/or school nurse requested

_____ Other (please describe):_____

Specify the mental or physical disability:

_____ (as recognized in DSM-~~IV~~5 or other respected source if not excluded under 504/ADA, e.g. illegal drug use)

Indicate the Major Life Activity Substantially Affected by the Disability:

_____ Does Require a 504 Plan

_____ Does NOT Require a 504 Plan

~~11/2009~~

September 2, 2013

D. Eligibility Determination:

A student is eligible to receive services and/or accommodations under Section 504 if it is determined that he/she has a physical or mental impairment that substantially limits one or more major life activities. The team must consider a variety of sources when determining whether a student has such impairment.

1. What sources of information are available at this time? *Check all that apply*
(Include relevant dates and names of evaluators, where appropriate.)

- | | |
|--|--|
| <input type="checkbox"/> School records review (dated) _____ | <input type="checkbox"/> Observations of student (dated) _____ |
| <input type="checkbox"/> Grades & report card review (dated) _____ | <input type="checkbox"/> Teacher reports (dated) _____ |
| <input type="checkbox"/> Parent and/or student report (dated) _____ | <input type="checkbox"/> Informal assessments (dated) _____ |
| <input type="checkbox"/> Medical information (dated) _____ | <input type="checkbox"/> Nursing Assessment (dated) _____ |
| <input type="checkbox"/> Standardized testing (dated) _____ | <input type="checkbox"/> Parent/Student Interviews (dated) _____ |
| <input type="checkbox"/> Checklists/behavior rating scales (dated) _____ | |
| <input type="checkbox"/> Other (dated) _____ | |

2. Is current available information sufficient to make the determination of the presence of a physical or mental impairment that substantially limits a major life activity?

- Yes If "YES," continue to number 3 below.
 No If "No," Specify the type of additional information that is needed: _____

➤ If the team determines additional information is necessary and the information to be obtained includes testing, team must obtain parent consent on *Consent for Section 504 Evaluation* form; tests/evaluations recommended by the team shall be conducted at District expense. Parent may wish to provide outside evaluation and/or testing information from a qualified provider to be considered by the team; such evaluations and/or testing shall be at Parent expense. District shall consider such outside information at team meeting, and must determine whether the information provided by the Parent meets the District's standards for evaluators and evaluations. If it is necessary to communicate with outside providers, the District must obtain a release to communicate with professionals outside of district. Once needed information is gathered, a 504 meeting will be reconvened to continue the process of determining eligibility.

3. Does the student have one or more physical or mental impairments?

A "physical or mental impairment" means a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine or b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

NO YES

If “**NO**”: If no physical or mental impairment exists, the student is not identified as an individual with a disability. Go to Section E of this form.

If “**YES**”: What are the impairments? *Please describe as recognized in DSM5 or other respected source, if possible, if not excluded under Section 504/ADA (e.g., illegal drug use).*

-
2. Attach all supporting documentation to this form. A statement of “YES” without supporting documentation is insufficient to meet this standard.
 3. If the team determines that the student is identified as having one or more physical or mental impairments, continue to the next page to determine whether there is a substantial limitation to one or more major life activities.
 4. *Does the identified impairment substantially limit one or more major life activities? Please describe degree of limitation as compared to other students. Ask: Is the impairment impacting one or more major life activities? Which ones? How is one or more major life activity impacted? What is the impact at school?*

A “major life activity” includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

5. *Mitigating Measures:*

In determining eligibility, the team must consider the impact of the disability without consideration of the ameliorative effects of any “mitigating measures” that the student may be using. For example, if the student is currently using a hearing aid, did the team consider whether the student would have a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Therefore, with respect to this student, did the team consider the impact of the disability on a major life activity without the potential impact of mitigating measures (except eyeglasses or contact lenses)?

Yes No

Mitigating measures may include, but are not limited to, medication, medical supplies, equipment, appliances, low-vision devices (not including ordinary eyeglasses or contact lenses), prosthetics, hearing aids, cochlear implants, mobility devices, oxygen therapy, use of assistive technology, reasonable accommodations or auxiliary aids or services or learned behavioral or adaptive neurological modifications.

Please include any information relevant to consideration of mitigating measures:

E. Does the student have a disability under Section 504?

1. Does the student have or more physical or mental Impairments?
 No Yes
2. Does the physical or mental impairment substantially limit one or more Major Life Activity? No
 Yes

Both questions must be answered YES, based on the preceding review of evaluative data, in order to determine that the student has a disability under Section 504 of the Rehabilitation Act.

3. Based on the answers to #1 and #2 above, does the student have a disability? under Section 504?

Yes

No

If the answer to #3 is "No," skip to Section I. If the answer to #3 is "Yes," continue to Section F.

F. Does the student require a Section 504 Accommodation Plan in order to provide the student with a free appropriate public education and access to the school's programs (e.g. curriculum, extra-curricular activities, facilities, etc.)?

No

Yes

If "Yes," the team must develop a Section 504 Plan.

G. Is this a re-evaluation (i.e. review of current plan/status) before a significant change in placement (e.g., review of new information)?

No Yes [If "NO," skip to Section H]

1. What is the anticipated significant change of placement?

New information received about the student, the impairment or current placement

Graduation

Change in program due to Disciplinary Action

Other (specify) _____

Please describe the updated information considered by the team in conducting the reevaluation.

If additional information, individualized testing and/or evaluations are necessary to determine continued eligibility and/or what is needed in the Student's Plan to provide FAPE, please indicate.

- 2. Consider: Is the student still eligible? No Yes
- 3. If "Yes," does the Plan as currently written provide FAPE? Yes No
- 4. If "No," what changes to the plan are required? Explain basis for each decision in light of information gathered in re-evaluation. _____

H. Other Relevant Information Discussed at Meeting, including any requests rejected, and basis for such rejection.

I. Summary of Actions Taken

- Parent/Guardian (or student if age 18 or over) was provided written notice of rights under Section 504 at the meeting.
- Insufficient information is available to determine student's eligibility. More evaluative information will be obtained prior to convening another Section 504 Team Meeting.
- Student is identified as a person with a disability under Section 504 and in need of regular or special education, or related **services**/or aids
 - A Section 504 Plan was developed.
- Student is NOT identified as a person with a disability under Section 504.
- A reevaluation has been conducted
 - Additional information and/or evaluations are required
- A re-valuation prior to significant change in placement has been conducted
- Other (please specify) _____

Recorder

Title

8/2013

[This form is intended to be used if a parent or guardian wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of his/her child. It is not intended to be used a general complaint or grievance form for all parties eligible under Section 504].

Section 504 Request for Mediation/Hearing

This form is intended to be used if a parent or guardian wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of his/her child .

Name of person requesting mediation/hearing: _____

Address: _____

Phone #: _____

Fax #: _____

I/we request a **MEDIATION / HEARING** (please circle) concerning
_____, _____, who resides at
(Name of student) (Date of birth)

_____ and attends _____.
(Address of student) (Name of school)

The date of the Section 504 meeting at which the parties failed to reach agreement: _____

Description of the issues in dispute between the parties:

Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

If requesting due process hearing relating to the IDENTIFICATION, EVALUATION AND/OR EDUCATIONAL PLACEMENT of a student, please describe the specific areas of disagreement and the proposed resolution of your concerns:

Signature of Parent/Guardian

Date

8/2013

SECTION 504 DISCRIMINATION COMPLAINT FORM

(This form is intended to be used if an individual has a complaint under Section 504 alleging discrimination on the basis of a disability or in the identification, evaluation or educational placement of a student).

1. Name of Complainant: _____ Date: _____

2. Contact Information for Complainant

(Address)

(Home Tel. #)

(Cell # or Work #)

3. Name of the Student and/or Covered Individual (if applicable):

4. Address of Student and/or Covered Individual (if different from above):

5. Age/Grade Level/School/Position (if applicable)

6. Please describe the nature of your complaint:

7. Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

**[DISTRICT NAME] PUBLIC SCHOOLS
 AGREEMENT TO CHANGE SECTION 504 PLAN WITHOUT CONVENING A SECTION 504
 MEETING**

Student: _____ DOB: _____ Grade: _____

School: _____ 504 Plan Being Changed: _____

Parent/Guardian: _____

We agree to make the changes to the student’s Section 504 Plan as described in the documents specified below and which are attached to this agreement. We understand that these changes were not made at a Section 504 meeting. We agree only to the changes described in the attached documents. We understand that this agreement is optional and that the parent can request a Section 504 meeting at any time to review the Plan. We understand that this agreement can be made only if the changes are not part of an Annual Review of the student’s program.

 Parent/Guardian Signature

 Date

 School District Representative

 Date

This agreement must be signed by an administrator of the school district who has full authority to sign such a document on behalf of the school district and who is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.

The following documents are attached to this agreement:

	Amendments (please specify)	
	Other (please specify)	

HEBRON PUBLIC SCHOOLS
NOTICE AND CONSENT TO CONDUCT A SECTION 504 EVALUATION/RE-EVALUATION

Date: _____

Dear _____

Your child, _____, _____ has been referred for an evaluation to
(student's name) (DOB)
determine eligibility for services under Section 504. The school district must obtain the consent of
parents before conducting such an evaluation.

The tests/evaluation procedures listed below were recommended:

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adaptations/accommodations required for this evaluation are:

If the student requires physical adaptations in order for testing/evaluations to be completed, the following adaptations are required: _____

If the student's native language is other than English, the following adaptations are required: _____

No adaptations/accommodations required

PARENTAL CONSENT

I give my consent for the Hebron] Public Schools to conduct the evaluations described above.
I understand that this consent may be revoked at any time.

Parent/Guardian Signature Date

I do not give my consent for the Hebron Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include requesting an impartial hearing, to ensure that my child **receives or** continues to receive a free appropriate public education.

Parent/Guardian Signature Date

HEBRON PUBLIC SCHOOLS
NOTICE AND CONSENT FOR PLACEMENT ON SECTION 504 AND
FOR THE PROVISION OF SECTION 504 ACCOMMODATIONS/SERVICES

Date: _____

Dear _____

Your child, _____, _____ has been evaluated and has been
(student's name) (DOB)

found eligible under Section 504. Prior to the implementation of Section 504 placement, and the provision of accommodations/services -under Section 504 (as described in the Section 504 Plan attached hereto), the district requires your consent.

PARENTAL CONSENT

I give my consent for the [DISTRICT NAME] Public Schools to place my child on a Section 504 plan as described in the Section 504 Plan attached hereto). I understand that this consent may be revoked at any time.

Parent/Guardian Signature Date

I do not give my consent for the [DISTRICT NAME] Public Schools to provide the accommodations/services described in the Section 504 Plan attached hereto.

Parent/Guardian Signature Date

Included with this form are:

- The Section 504 Plan developed at the Section 504 meeting on _____.
- Your Notice of Rights Under Section 504.

8/2013

WORKSHEET FOR MANIFESTATION DETERMINATION

(For those situations when the expulsion of a 504 student is contemplated; or following a series of suspensions which constitute a change in placement)

STUDENT: _____ **GRADE:** _____ **DATE:** _____

1. Section 504 Meeting Participants:

NAME	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. DESCRIBE NATURE OF STUDENT'S DISABILITY:

3. DESCRIPTION OF MISCONDUCT:

- a. Date of Disciplinary Action: _____
- b. Date Parents Notified of Disciplinary Action: _____
- c. 504 of Notice of Rights Given? Yes No

4. INFORMATION CONSIDERED IN CONDUCTING A MANIFESTATION DETERMINATION:

(Each item below must be considered. Check box as each topic is addressed.)

- Teacher Observations of the Student
- Relevant Information Supplied by Parents
- Evaluations and Diagnostic Results
- Student's 504 Plan
- Relevant Information Supplied by School Staff
- Other (describe)

5. Was the misconduct in question caused by the student's disability, or does the misconduct in question have a **direct and substantial relationship** to the student's disability?

YES NO

Comments:

6. Was the misconduct in question a **direct result** of the district's failure to implement the 504 Plan (in relationship to the misconduct in question)?

YES NO

Comments:

7. If the answer to either #5 or #6 is "Yes", the behavior under review **is** considered a manifestation of the student's disability.

8. If the answer to both #5 and #6 is "No", the behavior under review **is not** considered a manifestation of the student's disability.

Procedure if Misconduct is not a Manifestation of the Student's Disability:

If the manifestation determination team determines that the misconduct in question is **not** a manifestation of the student's disability, school personnel may apply the relevant disciplinary procedures to the student in the same manner and for the same duration as the procedures would be applied to a student without disabilities.

Procedure if Misconduct is a Manifestation of the Student's Disability:

If the manifestation determination team determines that the misconduct in question **is** a manifestation of the student's disability, the 504 Team should:

- 1) conduct a functional behavioral assessment unless the district had conducted a functional behavioral assessment before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan for the student;
or
- 2) if a behavioral intervention plan already has been developed, review the behavioral intervention plan, and modify it, as necessary, to address the behavior; **and**
- 3) return the student to the placement from which the student was removed, unless the parent and the district agree to a change of placement as part of the modification of the behavioral intervention plan.