

Section 504 Accommodation Plan Procedures

Part 1: Review Request (pre-meeting)

Student Name _____ Grade _____ Date _____
 Student # _____ Birth Date _____
 Address _____ City _____ State/Zip _____
 Parent(s) Name(s) _____
 Home Phone _____ Work Phone _____
 Building 504 Coordinator or designee _____ Phone _____

Section 504 of the Rehabilitation Act of 1973 is designed to prohibit discrimination based on disability in any program or activity receiving Federal money. This statute obligates most public schools to provide equal access and equal opportunity to otherwise qualified persons with disabilities. For a student to be eligible for a 504 plan, the student must meet all three of the following criteria. It must be because of this disability that the student is unable to gain equal access and benefit from school programs and services.

- A physical or mental impairment (has a history of having a physical or mental impairment)
- That substantially limits
- One or more major life activities

If you believe that a student may be eligible for Section 504 support please complete the following form and submit it to your school's principal or building 504 coordinator.

Please describe the student concern and how it matches the above criteria.

Signature of person requesting Section 504 review _____

Part 2: Pre-Meeting Details:

(To be accomplished by building 504 coordinator or designee.)

1. Based on information gathered as part of this review request will an eligibility meeting be scheduled? Yes _____ No _____

If "No" briefly explain _____

2. The purpose of this meeting is to conduct: Initial review _____ Yearly review _____
Other (describe) _____

3. Does additional information need to be secured before the eligibility meeting is convened?
Yes _____ No _____

If "Yes" identify information needed for the eligibility meeting, and who is responsible for securing this information. _____

4. The Office of Civil Rights (OCR) mandates that the following documents must be provided to parent(s)/guardian(s) before an eligibility meeting is held. Please list the date each of the following was provided in the space below.

	Date sent
• Parent/student Section 504 rights	_____
• Parent Notice: Section 504 meeting	_____

5. Eligibility meeting details
Eligibility meeting date/time _____ Location _____

Notes

Part 3a: 504 Eligibility Meeting

The 504-eligibility team is to include individuals who are knowledgeable about the student and the meaning of the data/information reviewed. The information reviewed by the eligibility team should be current and focus on the area of concern. All eligibility team members sign on page 5.

1. Area(s) of concern _____

2. Summary of formal performance data reviewed (e.g. CSAP, ITED, Grades, Terra Nova, etc.)

3. Summary of staff reports/comments _____

4. Summary of parent(s)/guardian(s) report/comments _____

5. Other pertinent information _____

Part 3b: Eligibility Statement

Based on the eligibility team’s findings answer the following questions.

1. Does the student have a disability or handicap that substantially limits one or more life activities? Yes

No _____

Explain: _____

2. If “Yes” which of the following major life activities is being substantially limited by the disability or handicap?

Learning _____ Seeing _____ Hearing _____ Breathing _____

Walking _____ Speaking _____ Working _____ Caring for self _____

Other (describe) _____

3. Does the disability impact the student’s ability to receive equal access and benefit from school programs and services? Yes _____ No _____

- ◆ If the eligibility team answered “Yes” to question 1 and 3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 accommodation plan. The eligibility team is to proceed to Part 4.
- ◆ If the eligibility team answered “No” complete this eligibility meeting by documenting the team’s rationale in the space below and completing page 6.

5. Eligibility team signatures:

Name	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Date for 504 accommodation plan review: _____

The building 504 coordinator or designee will be responsible for scheduling and assembling staff needed to conduct this review.

7. Parent/Guardian statements:

- _____ I received a written notice of my rights under Section 504.
- _____ I received notice of the Section 504 evaluation and accommodation plan meeting.
- _____ I agree with the Section 504 plan as written.
- _____ I understand that, if I disagree with the content of this plan, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal, building 504 coordinator or designee.

Parent/guardian signature Date

Parent/guardian signature Date

- **File this original 504 Accommodation Plan (all 6 pages) in the student’s cumulative file.**
- **If this plan is no longer needed by the student it must be officially terminated by a 504-evaluation committee. Have the committee convene, complete a Section 504 Termination Form and attach the completed form to the front of this Section 504 Accommodation Plan.**
- Terminated 504 Accommodation Plans are filed in the student’s cumulative file.

To:
From:
Re: Parent Notice: Section 504 Student Eligibility Meeting

The Section 504 Eligibility Team at (school) _____ is in the process of planning an eligibility meeting for your child. The purpose of this meeting is to determine whether (student name) _____ is eligible for accommodations that will better insure his/her access to services, programs, and/or school activities.

The following concern(s) has prompted our staff to organize this meeting.

Students are eligible for this kind of support if they have a disability or handicap that substantially limits one or more major life activities and impacts their ability to access the program. Section 504 is part of the Rehabilitation Act of 1973. This civil rights law guarantees that students with a qualifying disability are provided the same access (both physical and academic) to public school services, programs, and activities as non-disabled students. We will be reviewing the following information in order to determine if your child is eligible for accommodations under Section 504.

Meeting details:

Date _____ Time _____

Location _____

Eligibility Team Members _____

Review meeting type: Initial _____ Yearly _____ Other _____

Please indicate if it will be possible for you to do participate on the bottom portion of this form.

Sign and return this form to the principal of your student's school. If you should have questions

or need more information please contact _____

At (phone) _____

I will participate in the meeting described above.

Yes _____ No _____

Parent Signature _____ Date _____

Parent/Student Rights under Section 504

Parents have the right to:

1. **Have your child take part in, and receive benefits from public education programs without discrimination based on a disability.**
2. **Have the District advise you as to your rights under federal law.**
3. **Receive notice with respect to identification, evaluation, or placement of your child.**
4. **Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the District make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.**
5. **Have your child educated in facilities and receive services comparable to those provided students without disabilities.**
6. **Have your child receive special education and related services if she/he is found to be eligible under the Individuals with Disabilities Education Act (IDEA), or to receive reasonable accommodations under Section 504 of the Rehabilitation Act.**
7. **Have eligibility and educational placement decisions made based upon a variety of information sources, and by individuals who know the student, the eligibility data, and placement options.**
8. **Have transportation provided to a school placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the District.**
9. **Give your child an equal opportunity to participate in nonacademic and extracurricular activities offered by the school District through the provision of reasonable accommodations.**
10. **Examine all relevant records relating to decisions regarding your child's identification, eligibility, educational program, and placement.**
11. **Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records.**
12. **Receive a response from the District to reasonable requests for explanations and interpretations of your child's records.**
13. **Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the District refuses this request, it shall notify you within a reasonable time, and advise you of the right to a hearing.**
14. **Request impartial due process hearing related to decisions regarding your child's identification, eligibility, and educational placement. You and your child may take part in the hearing and have an attorney represent you at your own cost.**
15. **File a complaint with the District when you believe your child's rights have been violated.**

Section 504 compliance Coordinator for Norwell is : Ellen Willard. 781 659 8800

willard@norwellschools.org

Section 504 Plan Termination Form

Student Name: _____

Student I.D.: _____

School: _____

Grade: _____

Date: _____

In the space below, briefly describe the reason for terminating the student's 504 plan referencing the three qualifying criteria listed below.

- A physical or mental impairment (has a history of having a physical or mental impairment)
- That substantially limits
- One or more major life activities

The following eligibility team has determined that the 504-accommodation plan currently in place for the above named student is no longer needed. (Please have the building principal or sign off on each Section 504 Termination Form.)

Signatures and titles of participants:

Building principal, building 504 coordinator
or designee signature

Parent/guardian signature

(I understand that, if I disagree with the content of this termination form, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal or Ellen Willard 504 coordinator for Norwell Public Schools.)

Attach this completed form to the front of the student *Section 504 Accommodation Plan*. Both terminated and active Section-504 Accommodations plans are to be maintained the student cumulative file.

Section 504 Complaint Form

Norwell Public Schools complies with Section 504 regulations and no discrimination on the basis of disability is permitted in the programs or activities that the District operates. If you believe that discrimination has occurred against a student because of a disability please complete, sign and submit this form to your school's principal.

Date: _____

On behalf of: _____

Complainant is: _____ Student: _____

_____ Student's parent(s): _____

_____ Other: _____

Address: _____
Street City State Zip

Telephone: _____
Home Work

1. Describe the alleged violation of Section 504 in specific terms. Include 1) the specific incident or activity that is viewed as discrimination; 2) the individuals involved; 3) dates, times, and locations involved; and 4) the disability that forms the basis of the complaint (attach additional pages if needed).

2. Describe any communication that has already occurred, with whom and when, to address the issue.

3. Please describe how you propose to resolve this issue.

Please return this form to your school's principal or to the 504 Coordinator, Ellen Willard, 322 Main Street, Norwell MA 02061.

Checklist for Section 504 Eligibility Review

- _____ A signed copy of *Section 504 Student Review Request Form* is forwarded to the school. This form will serve as Part 1 of the accommodation plan.
- _____ Building 504 coordinator or designee completes page 2 of the *Section 504 Accommodation Plan*.
- _____ Meeting time and location are set.
- _____ Eligibility team members are notified of meeting time, location, and any information they may need to bring to the meeting.
- _____ Parents are provided a copy of *Parent/Student Rights under Section 504 and Parent Notice: Section 504 Student Eligibility Meeting*.
- _____ Signed copy of *Parent Notice: Section 504 Student Eligibility Meeting* is secured by building 504 coordinator or designee (not required to proceed with an eligibility review meeting).
- _____ Part 3a and 3b of the *Section 504 Accommodation Plan* is to be completed at all eligibility meetings.
- _____ Part 4 of the *Section 504 Accommodation Plan* is completed if the student is found to be eligible for a Section 504 plan. The first page of Part 4 is a summary of the accommodation plan. A copy of this page is to be given to individuals responsible for implementing the plan.
- _____ The final page of the Section 504 Accommodation Plan is the “sign off “ sheet and is to be completed at every eligibility meeting. Secure signatures from parents and all team members.
- _____ Identify tentative date for next review of the plan (usually done yearly).
- _____ The original *Section 504 Accommodation Plan* is filed in the student’s cumulative file.
- _____ If a plan is no longer needed by the student it must be officially terminated through review by an eligibility team. Completing and attaching the one page Section 504 Termination Form to the front of the plan does this. Terminated plans are filed in the student’s cumulative file. Parent is notified in writing of any action taken by a 504 eligibility Team, copied to the student’s cumulative file.