

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

The Rehabilitation Act of 1973, which includes "Section 504," is a nondiscrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to non-disabled students.

An eligible student under Section 504 is a student who has a physical or mental impairment that substantially limits a major life activity. Major life activities include: caring for one's self, seeing, walking, lifting, speaking, hearing, bending, breathing, standing, working, performing manual task, sleeping, eating, reading, learning, concentrating, thinking, and communicating.

The enabling regulations for Section 504, as set out in 34 CFR, Part 104, provides parents and/or students with the following rights:

1. Parents' Rights. You have a right to be informed by the District of your rights under Section 504. (The purpose of this Notice form is to advise you of those rights.) You have a right to receive information regarding your child in your native language and primary mode of communication. 34 CFR 104.32.
2. FAPE. Your child has the right to a free appropriate public education designed to meet his/her individual educational needs as adequately as the needs of non-disabled students are met. 34 CFR 104.33.
3. Free Education. Your child has the right to free educational services except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties are not relieved of an otherwise valid obligation to provide or pay for services provided to a disabled student. Your child has a right to have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the district. 34 CFR 104.33.
4. Least Restrictive Environment. Your child has the right to be educated with non-disabled students to the maximum extent appropriate.
5. Comparable Facilities: Your child has a right to facilities, services, and activities that are comparable to those provided for non-disabled students. 34 CFR 104.34.
6. Evaluations. Your child has a right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement. 34 CFR 104.35.
7. Testing. Testing and other evaluation procedures must conform to the requirements of 34 CFR 104.35 as to validation, administration, areas of evaluation, etc. The District shall consider information from a variety of sources, including aptitude and achievement tests,

teacher recommendations, physical condition, social and cultural background, and adaptive behavior. 34 CFR 104.35.

8. Section 504 Eligibility and Accommodation Team. Placement decisions must be made by a group of persons, including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities. 34 CFR 104.35.
9. Re-evaluations. If eligible under Section 504, your child has a right to periodic re-evaluations prior to any significant change in placement. 34 CFR 104.35.
10. Prior Notice. You have the right to notice prior to any action by the District in regard to the identification, evaluation, or placement of your child. 34 CFR 104.36.
11. Records. You have the right to examine relevant records of your student. 34 CFR 104.36.
12. Non-academic Services: Your child has a right to be given an equal opportunity to participate in non-academic and extracurricular activities offered by the District.
13. Due Process Procedures. You have the right to an impartial hearing with respect to the District's action regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney. 34 CFR 104.36.

If you disagree with the identification, evaluation, or placement of a student with disabilities under Section 504, you may initiate the following procedures. We encourage parents to utilize Levels One and Two in an effort to resolve issues informally, but you may go directly to Level Three.

**LEVEL ONE:** In writing, request a meeting with your child's Section 504 Eligibility and Accommodation Team in an attempt to resolve the disagreement. This meeting shall be held within a reasonable period of time after receiving the parents' request.

**LEVEL TWO - Administrative Review:** If disagreement continues, request in writing a meeting with the District Section 504 Coordinator, who is \_\_\_\_\_ at \_\_\_\_\_ School District, Support Services Division \_\_\_\_\_, telephone: \_\_\_\_\_. This administrative review shall be held within fourteen (14) calendar days after receiving the parent's request.

**LEVEL THREE:** If disagreement continues, or upon initial request, a parent/guardian may request in writing an impartial hearing. The steps involved in initiating and implementing a Section 504 impartial hearing follow:

- (a) A request in writing for a Section 504 impartial hearing must be filed in the office of the District Section 504 Coordinator. This request must generally be received by the

District within thirty (30) calendar days from the parents' or guardians' receipt of written notice of the decision leading to the request for the impartial hearing or within fourteen (14) calendar days of completion of the administrative review. This time frame may be extended for good cause or by mutual agreement. This time frame will also be renewed upon the parents' request for and participation in a scheduled Section 504 Eligibility and Accommodation Team meeting.

- (b) The written request shall contain the following:
  - i) The specific nature of the decision(s) made by the District with which the person disagrees.
  - ii) The specific relief the person seeks.
  - iii) Any other information the person believes will assist in understanding the request.
- (c) Within thirty (30) calendar days following receipt of a written request for hearing, the District's Section 504 Coordinator will select an impartial hearing officer. This 30-day deadline may be extended for good cause or by mutual agreement of the parties.
- (d) A hearing officer selected by the District must satisfy the following requirements:
  - i) Be qualified to review District decisions relating to Section 504.
  - ii) Not be an employee of, or under contract with, the District or the SELPA of which the District is a member in any capacity other than that of a hearing officer.
  - iii) Not have any professional or personal involvement that would affect his or her impartiality or objectivity in the matter.
- (e) Within forty-five (45) calendar days of the selection of the hearing officer, the hearing shall be conducted, and a written decision mailed to all parties. This 45-day deadline may be extended for good cause or by mutual agreement of the parties.
- (f) Any party to the hearing shall be afforded the following rights:
  - i) The right to be accompanied and advised by counsel and by individuals with special knowledge or training relating to the problems of students who are qualified as disabled individuals within the meaning of Section 504.
  - ii) The right to present evidence, written and oral.
  - iii) The right to question and cross-examine witnesses.
  - iv) The right to written findings of fact, conclusions of law, and a decision prepared by the hearing officer.
  - v) The right to a written or electronic verbatim record of the hearing prepared at the expense of the individual requesting such record.
  - vi) The right to prohibit the introduction of evidence at the hearing that has not

been disclosed to the other party or parties at least five (5) calendar days prior to the hearing, except for good cause shown.

- vii) Receipt of notice from the other party or parties at least ten (10) calendar days prior to the hearing that they will utilize the services of an attorney, except for good cause shown.
  - (g) The hearing officer shall render a decision pursuant to the legal standards set forth in 34 CFR, Part 104.
  - (h) Either party may seek review of the hearing officer's decision by timely filing with a court of competent jurisdiction.
  - (I) Reimbursement of attorneys' fees, expert witnesses' fees, and other costs is available only as authorized by law.
13. District Level Complaints. On Section 504 matters other than your child's identification, evaluation, and placement, you may file a complaint with the District's Section 504 Coordinator who will investigate the allegations in an effort to reach a prompt and equitable resolution.
14. OCR Complaints. You also have a right to file a complaint with the Office for Civil Rights. The address of the Regional Office that covers California is:

**Office for Civil Rights/San Francisco**  
**U.S. Department of Education**  
**50 Beale Street, Suite 7200**  
**San Francisco, CA 94105**  
**(415)486-5555**

15. Suspension/Expulsion Discipline Issues.
- (a) No Section 504 student may be expelled for misconduct which is caused by reason of his/her disability, or was the result of an inappropriate placement.
  - (b) When suspension results in a period of more than 10 consecutive school days, or a series of suspensions that creates a pattern each of which is 10 or fewer days in duration, totaling more than 10 schooldays, the Section 504 Eligibility and Accommodation Team will convene to determine whether the misconduct was caused by the student's disability.
  - (c) When expulsion is being considered, the Section 504 Eligibility and Accommodation Team will convene. The parent/guardian will be given at least 48 hours notice of the meeting. The Section 504 Eligibility and Accommodation Team will determine whether the misconduct was caused by the student's disability.

- (d) If the parent/guardian disagrees with the Team's determination, he/she may appeal that determination under the procedures outlined in Step 12, above.
- (e) A parent or guardian's disagreement with the Team's determination or their request for an impartial hearing shall not preclude the District from proceeding with an expulsion or suspension of more than 10 days, if the Team has determined that the student's misconduct was not caused by the student's disability or by an inappropriate placement.

**REMINDER:** The procedural safeguards outlined in this Notice apply only to students or their parents/guardians making claims under Section 504. Students or their parents/guardians making claims under the IDEA must follow IDEA procedures.

## REFERRAL FOR 504 ASSISTANCE

Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving Federal financial assistance. Students eligible for 504 assistance are those who 1) have a physical or mental impairment which substantially limits one or more major life activities, 2) have a record of such impairment or 3) are regarded as having such an impairment. If you feel the student identified may qualify for civil rights protection under Section 504, please complete the following information.

Date _____ Student's Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____ School _____ Grade _____ Parent(s) _____ Home Phone _____ Work Phone _____																				
Name of Person Submitting Referral _____ Position _____ Describe the student's need or area of concern:  																				
<b>Special Education (IDEA-B) Status: (check one box only)</b> <input type="checkbox"/> The student will be referred for special education evaluation. <input type="checkbox"/> No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA. <input type="checkbox"/> The student has been evaluated by the special education team and does not qualify for special education services. <input type="checkbox"/> The student has received special education services in the past, but no longer requires special education. Check services provided: <input type="checkbox"/> Resource Specialist <input type="checkbox"/> Self-contained Class <input type="checkbox"/> Special School <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Guidance <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other _____																				
<b>Section 504:</b> The student is suspected of having a physical or mental impairment, has a record of such impairment or is regarded as having such impairment, which may substantially limit one or more of the following major life activities: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> caring for one's self</td> <td><input type="checkbox"/> speaking</td> <td><input type="checkbox"/> standing</td> <td><input type="checkbox"/> performing manual tasks</td> <td><input type="checkbox"/> thinking</td> </tr> <tr> <td><input type="checkbox"/> seeing</td> <td><input type="checkbox"/> hearing</td> <td><input type="checkbox"/> working</td> <td><input type="checkbox"/> reading</td> <td><input type="checkbox"/> communicating</td> </tr> <tr> <td><input type="checkbox"/> walking</td> <td><input type="checkbox"/> bending</td> <td><input type="checkbox"/> sleeping</td> <td><input type="checkbox"/> learning</td> <td><input type="checkbox"/> other</td> </tr> <tr> <td><input type="checkbox"/> lifting</td> <td><input type="checkbox"/> breathing</td> <td><input type="checkbox"/> eating</td> <td><input type="checkbox"/> concentrating</td> <td></td> </tr> </table>	<input type="checkbox"/> caring for one's self	<input type="checkbox"/> speaking	<input type="checkbox"/> standing	<input type="checkbox"/> performing manual tasks	<input type="checkbox"/> thinking	<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> working	<input type="checkbox"/> reading	<input type="checkbox"/> communicating	<input type="checkbox"/> walking	<input type="checkbox"/> bending	<input type="checkbox"/> sleeping	<input type="checkbox"/> learning	<input type="checkbox"/> other	<input type="checkbox"/> lifting	<input type="checkbox"/> breathing	<input type="checkbox"/> eating	<input type="checkbox"/> concentrating	
<input type="checkbox"/> caring for one's self	<input type="checkbox"/> speaking	<input type="checkbox"/> standing	<input type="checkbox"/> performing manual tasks	<input type="checkbox"/> thinking																
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<input type="checkbox"/> walking	<input type="checkbox"/> bending	<input type="checkbox"/> sleeping	<input type="checkbox"/> learning	<input type="checkbox"/> other																
<input type="checkbox"/> lifting	<input type="checkbox"/> breathing	<input type="checkbox"/> eating	<input type="checkbox"/> concentrating																	
<b>Action Taken:</b> <input type="checkbox"/> The student will be evaluated for possible 504 accommodation. Evaluation Assignments:  <input type="checkbox"/> No further evaluation at this time. Explain.																				
<b>Additional Comments:</b>  																				
Principal's Signature _____ Date _____																				
Posted: 03/18/10																				

**SECTION 504  
CONSENT FOR ASSESSMENT**

Date \_\_\_\_\_

To the Parent(s)/Guardian(s) of \_\_\_\_\_ Birth date \_\_\_\_\_

District/School \_\_\_\_\_ Language of Home \_\_\_\_\_ Language of Pupil \_\_\_\_\_

The purpose of this assessment is to determine whether or not your child has a disability within the meaning of Section 504 of the Federal Rehabilitation Act of 1973. According to Federal regulations, a disabled student is any student "who has a physical or mental impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment." Major life activities include: caring for one's self, seeing, walking, lifting, speaking, hearing, bending, breathing, standing, working, performing manual task, sleeping, eating, reading, learning, concentrating, thinking, and communicating.

Assessment in the areas indicated below will be conducted by appropriately qualified staff, and when appropriate, use a suitable interpreter in the student's primary language. The assessment may include observation of the student in an appropriate setting, interview with the child's parents, legal guardian or person who holds educational rights, plus a review of any reports that have been authorized or that already exist in current school records.

**Areas of Proposed Assessment:**

- \_\_\_\_\_ Academic/Pre-Academic Achievement
- \_\_\_\_\_ Social/Adaptive Behavior
- \_\_\_\_\_ Perceptual Motor Development
- \_\_\_\_\_ Communication Development
- \_\_\_\_\_ Intellectual Development
- \_\_\_\_\_ Other

**Other Areas of Assessment:**

\_\_\_\_\_ Family History \_\_\_\_\_ Health/Developmental History \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Other

The following professionals/code designation will have primary responsibility for conducting the assessment as outlined above: (1) Nurse, (2) Psychologist, (3) Speech and Language Pathologist, (4) Teacher, (5) other: \_\_\_\_\_

If you have any questions about the proposed assessment, please call the following person before signing:

Name \_\_\_\_\_  
Phone \_\_\_\_\_

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I hereby give my permission for the assessment indicated above to be completed. I understand that the results will be kept confidential. I also understand that I will be invited to a meeting to discuss the results of this assessment. I have reviewed and understand the Due Process Procedures and Parental Rights to Section 504 provided to me.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Interpreter (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

Posted: 03/18/10

Type of Meeting  
 Initial  
 Review

**PARENT/GUARDIAN NOTICE  
OF SECTION 504 ELIGIBILITY & ACCOMMODATION PLAN MEETING**

Dear \_\_\_\_\_ Date \_\_\_\_\_

We are planning a meeting of the Section 504 Eligibility & Accommodation Team concerning your child, \_\_\_\_\_, Date of Birth: \_\_\_\_\_. You are invited to attend and participate in this meeting for:

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

The purpose of this meeting is to discuss or review your child's eligibility and need for reasonable accommodation under Section 504 of the 1973 Rehabilitation Act. If your child is determined to be disabled within the meaning of Section 504, he/she shall be eligible for reasonable accommodation and the school shall develop a written accommodation plan. This plan shall specify the modifications, which will be made in the regular education program in order to ensure the student a free appropriate education.

We anticipate that the following individuals will be in attendance:

\_\_\_\_\_  
School Principal  
\_\_\_\_\_  
Regular Classroom Teacher(s)  
\_\_\_\_\_  
School Psychologist(s)

\_\_\_\_\_  
School Nurse(s)  
\_\_\_\_\_  
Speech and Language Specialist  
\_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

Please check one below and return this form as soon as possible in the enclosed stamped, self-address envelope.

If you bring an advocate or attorney, you must notify the District in advance of the meeting.

1. \_\_\_\_\_ I will attend the meeting as scheduled above.
2. \_\_\_\_\_ I would like to attend the meeting but cannot come at the time scheduled. Please call me at \_\_\_\_\_ to arrange for another time.
3. \_\_\_\_\_ I need an interpreter who speaks \_\_\_\_\_.
4. \_\_\_\_\_ My son/daughter will participate in the meeting.
5. \_\_\_\_\_ I will bring an advocate/attorney to the meeting.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**SECTION 504  
ELIGIBILITY DOCUMENTATION  
AND ACCOMMODATION PLAN**

Type of Meeting  
 Initial  
 Review

**STUDENT AND PARENT INFORMATION**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
          Last Name      First      Middle  
Address: \_\_\_\_\_  
                    Street                                      City                                      State                                      Zip Code  
School of Attendance: \_\_\_\_\_ School of Residence: \_\_\_\_\_  
Parent/  
Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**DOCUMENTATION OF EVALUATION DATA**

Summarize performance levels in areas evaluated. Identify all assessment data including information from outside sources. This summary must identify the pupil as disabled as defined by Section 504 regulation 104.3(l)\*. For A, B, and C below attach reports/assessments as appropriate.

**A. Description of Disability**

\_\_\_\_\_

**B. Documentation of Disability. Indicate method(s) of evaluation**

\_\_\_\_\_

**C. Major life activity(ies) substantially limited as a result of disability.**

**Activities**

- |   |                                       |                                       |  |  |
|---|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> 1. caring for one's self | <input type="checkbox"/> 5. speaking  | <input type="checkbox"/> 9. standing  | <input type="checkbox"/> 13. performing manual tasks | <input type="checkbox"/> 17. thinking      |
| <input type="checkbox"/> 2. seeing                | <input type="checkbox"/> 6. hearing   | <input type="checkbox"/> 10. working  | <input type="checkbox"/> 14. reading                 | <input type="checkbox"/> 18. communicating |
| <input type="checkbox"/> 3. walking               | <input type="checkbox"/> 7. bending   | <input type="checkbox"/> 11. sleeping | <input type="checkbox"/> 15. learning                | <input type="checkbox"/> 19. other         |
| <input type="checkbox"/> 4. lifting               | <input type="checkbox"/> 8. breathing | <input type="checkbox"/> 12. eating   | <input type="checkbox"/> 16. concentrating           |  |

Effect of disability on major life activity(ies)

\_\_\_\_\_

Disability determinations must be made without considering mitigating measures, such as medication, medical supplies, appliances, low-vision devices, prosthetics, hearing aids and mobility devices, except you may consider ordinary eyeglasses or contact lenses.

**ELIGIBILITY UNDER SECTION 504**

- \_\_\_\_\_ The Team determines this student meets eligibility under Section 504 definitions.  
\_\_\_\_\_ The Team determines this student does not meet eligibility under Section 504 definitions.  
\_\_\_\_\_ This student does not exhibit a Section 504 disability.  
\_\_\_\_\_ This student does not exhibit a substantial limitation in a major life activity.

Rationales for above determination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**SECTION 504  
ELIGIBILITY DOCUMENTATION AND  
ACCOMMODATION PLAN (continued)**

**Regular Education Accommodations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Services:**

\_\_\_\_\_

**Student/Parent Responsibilities:**

\_\_\_\_\_

**Other:**

\_\_\_\_\_

**No Accommodations - rationale:**

\_\_\_\_\_

**Person responsible for monitoring these accommodations:** \_\_\_\_\_  
**Projected review date:** \_\_\_\_\_

**PARENT DECISION/SIGNATURE**

(Please initial statements below)

\_\_\_\_ I, the student's Parent/Guardian, agree to this Section 504 Accommodation Plan as written.

\_\_\_\_ I, the Student's Parent/Guardian, have received a copy of my Section 504 rights. I understand that if I disagree with the contents of this plan I have a right to request a Section 504 hearing by filing a written request.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURES OF OTHER PARTICIPANTS**

<b>Administrator/Designee:</b>		<b>Date:</b>
<b>Teacher:</b>		<b>Date:</b>
<b>Student:</b>	<b>Title:</b>	<b>Date:</b>
<b>Other:</b>	<b>Title:</b>	<b>Date:</b>
<b>Other:</b>	<b>Title:</b>	<b>Date:</b>
<b>Other:</b>	<b>Title:</b>	<b>Date:</b>

## AMENDMENT TO SECTION 504 ACCOMMODATION PLAN

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Date of current 504 Plan \_\_\_\_\_

REASON FOR MEETING/AMENDMENT TO 504 PLAN

  
  
  

CHANGE OF ACCOMMODATION: \_\_\_\_\_  
 DISCONTINUING: \_\_\_\_\_

END DATE: \_\_\_\_\_

ADDITION: \_\_\_\_\_

START DATE: \_\_\_\_\_

COMMENTS:

  
  
  

**Parental Approval:**

- I have received a copy of Notice of Parent and Student Rights under Section 504.  Yes  No
- I approve of the change/addition to the 504 Plan.  Yes  No
- I approve of portions of the 504 Plan - portions with which I disagree are attached..  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Signature (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/Designee	Date	Speech & Language Pathologist	Date
Special Education Teacher	Date	School Psychologist	Date
General Education Teacher	Date	Additional Participant	Date
Other	Date	Additional Participant	Date
Other	Date	Interpreter	Date

Distribution:  Student File  Implementor's Copy  Parent

Posted: 03/18/10

**SECTION 504 PLAN**

**Addendum**

Pupil  
Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Date \_\_\_\_\_