

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

**ADMINISTRATIVE REGULATIONS REGARDING SECTION 504
OF THE REHABILITATION ACT OF 1973**

Sprague Board of Education Section 504 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. “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.

- I. Procedures for Complaints Alleging Discrimination on the Basis of Disability
 - A. It is the express policy of the Board of Education to provide for the prompt and equitable resolution of complaints alleging any violation of Section 504. In order to facilitate the timely resolution of such complaints, 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 should submit a written complaint to the district’s designated Section 504 Coordinator within thirty (30) days of the alleged occurrence. Timely reporting of complaints facilitates the investigation and resolution of such complaints. Complaints regarding a student’s rights with respect to his/her identification, evaluation, or educational placement shall be addressed in accordance with the procedures set forth below in Section II.
 - B. If the Section 504 Coordinator is the subject of the complaint, the complaint should be submitted directly to the Superintendent, who shall investigate or appoint a designee to do so.
 - C. Complaints will be investigated promptly and corrective action will be taken when allegations are verified. Confidentiality will be maintained by all persons involved in the investigation to the extent possible.

- D. The written 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; and
 5. A detailed statement describing the circumstances in which the alleged discrimination occurred.
- E. Upon receipt of the written complaint, the Section 504 Coordinator (or Superintendent, as outlined above), shall:
1. Provide a copy of the written complaint to the Superintendent of Schools;
 2. Meet with the complainant to discuss the nature of the complaint;
 3. Provide the complainant with a copy of the Board's Section 504 Policy and applicable administrative regulations;
 4. Investigate the factual basis for the complaint, including interviews with individuals with information relevant to the complaint;
 5. Attempt to resolve the complainant's concerns, whenever possible;
 6. Maintain confidentiality to the extent practicable throughout the investigative process, in accordance with state and federal law;
 7. Communicate the findings of the investigation to the complainant, along with intended remedial actions, whenever appropriate, while keeping in mind confidentiality obligations; and
 8. Ensure that appropriate remedial and/or disciplinary action is taken whenever allegations are verified.
- F. If, following the investigation by the Section 504 Coordinator, the complainant is not satisfied with the results of the investigation or the proposed resolution, the complainant may request, in writing, that the Superintendent review the findings of the Section 504 Coordinator. Upon receipt 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.

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

Complaints regarding a student's identification, evaluation, 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 or educational placement under Section 504 should be forwarded to the district's Section 504 Coordinator within thirty (30) days of the alleged date that the dispute regarding the student's identification, evaluation or education placement arose. Timely reporting of complaints facilitates the resolution of potential educational disputes as it assists the district in gathering current, accurate information and enables the district to take corrective actions when necessary to ensure that a student is provided with an appropriate educational program.
2. The written complaint concerning a student's identification, evaluation 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 or placement; and
 - f. Remedy requested.
3. Upon receipt of the written complaint, the Section 504 Coordinator shall:
 - a. Forward a copy of the complaint to the Superintendent of Schools;
 - b. Meet with the complainant within ten (10) business days to discuss the nature of his/her concerns and determine if an appropriate resolution can be reached;
 - c. 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
 - d. Communicate the results of his/her investigation to the complainant within fifteen (15) business days from the date upon which the complaint was received by the Section 504 Coordinator.

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 written complaint to the Superintendent for his/her review.

2. The Superintendent shall review the complaint and any relevant documents maintained by the Section 504 Coordinator and shall consult with the Section 504 Coordinator regarding attempts to resolve the complaint. The Superintendent shall also 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) business days following his/her receipt of the written request for review by the Superintendent.
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 mediator or to an impartial hearing officer. This request for a hearing/mediation should be made within fifteen (15) days of the Superintendent's decision. Mediation shall only occur by mutual agreement of the parties.

C. Mediation Procedures:

1. The mediator must be someone who is knowledgeable about Section 504 and the differences between Section 504 and the regulations and requirements of the Individuals with Disabilities Education Act (IDEA).
2. 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.
3. 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.
4. 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:

1. The impartial hearing officer must be someone who is knowledgeable about Section 504 and the differences between Section 504 and the regulations and requirements of the Individuals with Disabilities Education Act (IDEA).
2. 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) and to have legal counsel or other representation at the complainant's own expense, if desired.

3. The impartial hearing officer shall hear all aspects of the complainant's appeal and shall reach a decision within forty-five (45) calendar days of receipt of the request for hearing. The decision shall be presented in writing to the complainant and to the Section 504 Coordinator.
4. A Section 504 impartial hearing officer 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.
5. The time limits noted throughout Section II may be extended if more time is needed to permit thorough review and opportunity for resolution.

III. The Section 504 Coordinator for this district is School Principal, Sayles School, 25 Scotland Road, Baltic, CT 06330. #860-822-8264

IV. Complaints to State and Federal Agencies

At any stage in these complaint procedures, 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). Any such complaints must be filed within one hundred and eighty (180) days of the date of the alleged violation of Section 504.

Any employee who believes that he or she has been discriminated against on the basis of disability may also file a complaint with the Connecticut Commission on Human Rights and Opportunities, 1229 Albany Avenue, Hartford, CT 06112 (TELEPHONE NUMBER 566-7710) and/or the Equal Employment Opportunity Commission, Boston Area Office, John F. Kennedy Federal Building, 475 Government Center, Boston, MA 02114 (TELEPHONE NUMBER 617-565-3200). Connecticut law requires that a formal written complaint be filed with the Commission on Human Rights and Opportunities within one hundred and eighty (180) days of the date when the alleged discrimination. Remedies for discrimination include cease and desist orders, back pay, compensatory damages, hiring, promotion or reinstatement.

Regulations Adopted: May 2006
Revised: July 7, 2010
Revised: January 11, 2012

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

**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 nondiscrimination statute enacted by the United States Congress. The purpose of Section 504 is to prohibit discrimination on the basis of disability and to assure that disabled students have educational opportunities and benefits equal to those provided to nondisabled students.

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. “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.

Many students will be eligible for educational services under both Section 504 and the Individuals with Disabilities Education Act (IDEA), but entitlement to services under the IDEA or other statutes is not required to receive services under Section 504.

The following is a description of the rights and options granted by federal law to students with disabilities under Section 504. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions. 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 Sprague 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 with respect to the Section 504 identification, evaluation, and educational placement of your child;
5. To have an evaluation, educational recommendation, and placement decision developed 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. This includes the right to receive reasonable accommodations and services to allow your child an equal opportunity to participate in school and school-related activities;
7. For your child to be educated with peers who do not have disabilities to the maximum extent appropriate;
8. To have your child educated in facilities and receive services comparable to those provided to non-disabled students;
9. To review all relevant records relating to decisions regarding your child's Section 504 identification, evaluation, and educational placement;
10. To obtain copies of your child's educational records at a reasonable cost unless the fee would effectively deny you access to the records;
11. To request changes in the educational program of your child;
12. To an impartial 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.
13. To file a court action if you are dissatisfied with the impartial hearing officer's decision or to request attorney's fees related to securing your child's rights under Section 504.
14. To file a local grievance with the designated Section 504 Coordinator to resolve complaints of discrimination other than those involving 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: School Principal, Sayles School, 25 Scotland Road, Baltic, CT 06330. Telephone: 860-822-8264

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

U.S. Department of Education
Office for Civil Rights
550 12th Street, SW
Washington, DC 20202-1100 Telephone: 800-421-3481

Connecticut State Department of Education
Bureau of Special Education
and Pupil Services
P.O. Box 2219
Hartford, CT 06145 Telephone: 860-807-2030

Regulations Adopted: May 2006
Revised: July 7, 2010
Revised: January 11, 2012

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

Section 504 Referral Form

I. Identifying Information

Name: _____ DOB: _____ Age: _____
Date of Referral: _____

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

Parent/Guardian: _____

Address: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian _____

Address: _____ Home Phone: _____ Work Phone: _____

Current School: _____ Grade: _____

Referring Person: _____

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.

III. Parent Notification:

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)

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

SECTION 504 MEETING NOTICE

Date: _____

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

Dear _____:

Please be advised that a Section 504 Plan Development 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:

- _____ Determine Eligibility
- _____ Review 504 Accommodation Plan
- _____ Develop Section 504 Student Accommodation Plan If Deemed Necessary

The following individuals have been invited to attend:

_____ Name	_____ Administration	_____ Name	_____ Title
_____ Name	_____ Instruction	_____ Name	_____ Title
_____ Name	_____ Related Service	_____ Name	_____ Title
_____ Name	_____ Title	_____ Name	_____ Title

Name Student (if appropriate)

Name Title

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]

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

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

STUDENT ACCOMMODATION PLAN

NAME: _____ DOB: _____ GRADE: _____

SCHOOL: _____ DATE OF MEETING: _____

1. Describe the nature of the concern:

2. Identify the disability (if any):

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

4. Describe how the disability affects a major life activity:

5. Does the student require accommodations in order to access his/her educational program(s) and/or to receive educational benefit? If so, please describe the accommodations which are necessary:

Review/Reassessment Date: _____
(*must be completed*)

Participants (Name and Title)

_____	_____
_____	_____
_____	_____
_____	_____

cc: Student's Cumulative File

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

Section 504
Student Eligibility Determination Worksheet

Name: _____ DOB: _____ Age: _____ Male: _____ Female _____

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

Describe the nature of the concern:

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

- | | |
|---|--|
| <input type="checkbox"/> Cognitive:(dated)_____ | <input type="checkbox"/> Social/Emot./Beh:(dated)_____ |
| <input type="checkbox"/> Classroom Observation:(dated)_____ | <input type="checkbox"/> Developmental:(dated)_____ |
| <input type="checkbox"/> Health/Med:(dated)_____ | <input type="checkbox"/> Adaptive:(dated) _____ |
| <input type="checkbox"/> Communication:(dated)_____ | <input type="checkbox"/> Motor:(dated)_____ |
| <input type="checkbox"/> Achievement:(dated)_____ | |
| <input type="checkbox"/> Other:(dated)_____ | |

_____ **Does Require a 504 Plan**

_____ **Does NOT Require a 504 Plan**

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

Section 504
Student Eligibility Determination Worksheet

Student's Name: _____ Date of Birth: _____ Grade: _____
School: _____ Date of Meeting: _____
Case Manager: _____ Title: _____

- A. The purpose of the meeting:
- Determine initial eligibility under Section 504 and consider eligibility for accommodations.
 - Review eligibility under Section 504.
 - Review accommodations under Section 504 and/or Section 504 Plan.
 - Review eligibility and accommodations before significant change in placement.
- [Complete sections A, B, C, G, H and I only.]

B. 504 Team Members Present:

Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____

C. Review student's current academic status and educational performance. Include and attach referral information if this is an initial referral. (*Describe nature of concern.*)

D. Eligibility Determination:

Individuals protected under Section 504 must have a disability. The term "disability" with respect to an individual means: 1) a physical or mental impairment that substantially limits a major life activity of such individual; b) a record of such an impairment; or 3) being regarded as having such an impairment. To make the determination of "disability" under Section 504, both the "impairment" and the "substantial limitation" must be present.

1. What sources of information are available to make this determination? *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 cards 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"/> Standardized testing (dated) _____
(dated)_____ | <input type="checkbox"/> Parent/Student Interviews |
| <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 section E below.
 No If "No," Specify the type of additional information that is needed: _____
-
-
-

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: _____)

➤ If the information to be obtained includes testing, obtain parent consent on *Consent for Section 504 Testing*. If it is necessary to communicate with outside providers, obtain a release to communicate with professionals outside of district. Once needed information is gathered, reconvene a 504 meeting and continue the process of determining eligibility.

3. Does the student have a physical or mental impairment?

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 “E” on page 4 of this form.

If “YES”: What is the impairment? (*as recognized in DSM-IV or other respected source, if not excluded under Section 504/ADA, e.g., illegal drug use*) _____

- Attach all supporting documentation to this form. A statement of “YES” without supporting documentation is insufficient to meet this standard.
- If the team determines that the student is identified as having a physical or mental impairment, continue to the next page to determine whether there is a substantial limitation to a major life activity.

4. Does the Identified Impairment Substantially Limit a Major Life Activity? Please describe.

YES NO

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. 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. 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)? 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?

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 describe:

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

1. Does the student have a **Physical or Mental Impairment**?

No Yes

2. Does the physical or mental impairment **Substantially Limit** a 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? No Yes

If the answer to #3 is “No,” skip to Section “H”. 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 access to educational programs (e.g. curriculum, facilities etc.)?

No Yes

If “Yes,” the team must develop a Section 504 Accommodation plan.

G. Is this an evaluation (i.e. review of current plan/status) before a significant change in placement?

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

1. What is the anticipated significant change of placement?

Graduation

Change in program due to Disciplinary Action

Other (specify) _____

2. Consider: Does the plan continue to be necessary for the student? No Yes

3. If "Yes," is it appropriate as designed? Yes No

4. If "No," what changes to the plan are required? _____

5. What is the recommendation of the Section 504 Team prior to this significant change in placement?

H. Other relevant information discussed at meeting:

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 accommodations
- A Section 504 Accommodation Plan was developed.
- Student is NOT identified as a person with a disability under Section 504.
- An evaluation prior to significant change in placement has been conducted. _____

- Other (please specify) _____

Recorder

Title

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

Section 504 Request for Mediation/Hearing

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:

Signature of Parent/Guardian

Date

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

SECTION 504 DISCRIMINATION COMPLAINT FORM

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. If your complaint involves the **IDENTIFICATION, EVALUATION OR EDUCATIONAL PLACEMENT** of a student, please describe the specific areas of disagreement and the proposed resolution of your concerns:

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

**SECTION 504/ADA
EMPLOYEE REQUEST FOR ACCOMMODATION**

1. Name of Employee:_____ Title/Position:_____

2. Eligibility Determination:

Individuals considered eligible for protection from discrimination under Section 504/ADA are those who have a physical or mental impairment that substantially limits a major life activity.

A. Please describe your mental or physical disability:

B. Please describe the major life activity substantially limited by your disability:

C. Please describe how your disability affects your ability to perform essential job functions:

D. Please describe the specific accommodation(s) being requested:

E. Have you attached medical documentation to support your request?
Yes__ No__

F. If “no”, please provide the name and contact information for your treating physician:

Name: _____

Address: _____

Tel. # _____

3. Authorization to Communicate with Medical Provider

I hereby authorize my employer, the Sprague Board of Education, to obtain, and for the medical provider listed above, to release, confidential protected health information to the Human Resource Department for the limited purpose of determining any work related restrictions and/or accommodations which may be necessary in order to fulfill the essential function of my employment responsibilities. Any information received by my employer pursuant to this authorization shall be subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information. In addition, pursuant to the Genetic Information Nondiscrimination Act of 2008 (GINA), this authorization does **not** include permission for my medical provider to provide any genetic information relating to me or a family member, except as otherwise specifically allowed by GINA, to my employer. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee signature

Date

ONCE COMPLETED, THIS FORM, ALONG WITH SUPPORTING DOCUMENTATION SHOULD BE FORWARDED TO THE HUMAN RESOURCES DEPARTMENT.

Cc: *Section 504 Coordinator*

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

**SPRAGUE SCHOOL DISTRICT
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)	

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

**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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

- No adaptations/accommodations required
- Adaptations/accommodations required: (specify)

PARENTAL CONSENT

I give my consent for the Sprague School District to utilize 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 Sprague School District 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 continues to receive a free appropriate public education.

Parent/Guardian Signature Date

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

**SPRAGUE SCHOOL DISTRICT
NOTICE AND CONSENT TO PROVIDE SECTION 504
ACCOMMODATIONS/SERVICES**

Date: _____

Dear _____

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

recommended for the receipt of accommodations/services under Section 504 of the Rehabilitation Act. The district requires your consent prior to the implementation of a Section 504 Plan. Included with this form are your procedural rights under Section 504.

Placement Description

The following Section 504 accommodations/services are being proposed for your child

(student's name):

Initial Receipt of Accommodations/Services under Section 504 and is described in the Section 504 Plan dated_____.

PARENTAL CONSENT

I give my consent for the Sprague School District to provide the accommodations/services 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 Sprague School District to provide the accommodations/services described above.

Parent/Guardian Signature Date