



SECTION 504 REFERRAL

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. If you feel the student identified may qualify for civil rights protection under Section 504, please complete the following information:

Student's Name _____ Grade: _____ Date: _____

School: _____ DOB: _____ Sex: M F

Parents/Guardians: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name of Person Submitting Referral: _____ Position: _____

Reasons for Referral:

Special Education (IDEA) Status – Check Only ONE

___ No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA

___ The student has been evaluated by the IEP Team and does not qualify for IDEA services.

___ The student has received IDEA services in the past, but no longer requires those services.

Please check services that were provided:

___ Resource Class	___ Self-contained Class	___ Occupational Therapy
___ Guidance	___ Special School Setting	___ Physical Therapy
___ Speech Language	___ Other _____	





SECTION 504 PLAN MEETING *Notification to Parent/Guardian*

TO:

RE:

STATE ID:

SUBJECT: Meeting Invitation

DATE:

You are invited to a meeting to discuss _____. Your participation is essential. The purpose and details of the meeting are printed below.

It is your legal right to be present and to participate. Also, the school district values your input and hopes you will make every effort to attend this meeting.

If the suggested meeting time is inconvenient, we will set a more convenient time. Please call the listed contact person to request another meeting time. If you cannot attend, it is our responsibility to obtain your participation, if at all possible, in another way.

You may invite other individuals to attend who have knowledge or special expertise regarding _____. We request that you inform us in advance of the meeting if you plan to invite other individuals to join us. Again, please call the listed contact person with this information.

We look forward to working cooperatively with you on behalf of _____.

Meeting Purpose:

Meeting Date/Time/Location:

Meeting Location:

School Contact Person:

Contact Information:

Enclosure: N3A – Parent’s Rights

N3 – Massachusetts DOE/Meeting Invitation





NOTICE OF PARENT/STUDENT RIGHTS

Section 504 of the Rehabilitation Act of 1973

The following is a description of the rights granted by Section 504 of the Rehabilitation Act (“Section 504”) to parents and their children who are identified as disabled. The school district is obligated to inform you of decisions about your child and of your rights if you disagree with any of those decisions.

You have the following rights:

1. To have your child take part in, and receive benefits from, public education programs without discrimination because of his/her disability;
2. To have the school district advise you of your rights under federal law;
3. To receive notice from the school with respect to the identification, evaluation, educational program or placement of your child;
4. According to the Department of Education’s 504 Regulations, to 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 reasonable accommodations, modifications, and related aids and services necessary for your child to benefit from his or her educational program;
5. To have you child educated in comparable facilities and receive comparable services to those provided non-disabled students;
6. To have decisions regarding your child’s evaluation, program and placement based upon a variety of information sources, and made by persons familiar with the students, the evaluation data, and the placement options;
7. To have your child re-evaluated periodically, to the extent necessary, including before any significant changes are made to your child’s educational program or placement;
8. To have your child receive an equal opportunity to participate in extra-curricular school activities;
9. To examine all relevant educational records relating to decisions regarding your child’s identification, evaluation, education program, and placement;
10. To obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records;



11. To receive a response from the school district to reasonable requests for explanations and interpretations of your child's records;
12. To 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 school district refuses this request for amendment, it shall notify you within a reasonable time, and advise you of the right to a hearing;
13. To file a complaint through local complaint procedures regarding any alleged violation of the Rehabilitation Act;
14. To request an impartial hearing, to be conducted by a person who is not an employee of the district, to dispute decisions or actions regarding your child's identification, evaluation, educational program or placement as a student with a disability. You and your child may take part in the hearing and have an attorney represent you at your own expense. Questions about how to request a hearing may be forwarded to the person responsible for the district's compliance with Section 504 listed below;
15. To have the decisions made by hearing officers or others reviewed in state or federal court.

The person in this District who is responsible for assuring that the District complies with Section 504 is:

*Mr. Richard Melillo
Director of Student Services
Somerville Public School
42 Cross Street
Somerville, MA 02145
617-625-6600 x6028*



Somerville Public Schools

Education • Inspiration • Excellence

Student Services

42 Cross Street · Somerville, MA 02145

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504 TEACHER INPUT

Please complete and return to the counselor's office by the due date. Your input is essential for the 504 review team process. Thank you.

Student:

Date:

Teacher:

Due Date:

Subject / Period

Student's Current grade:

Student's attendance is:

Student's performance in class is best described as:

Student's strengths are:

Student's weaknesses / areas of need are:

Accommodations given, if any:

Recommendations and comments:





SECTION 504 ELIGIBILITY DETERMINATION FORM

Student's Name: _____ DOB: _____ Grade: _____
Parent(s)/Guardian(s): _____ School: _____
School Contact Person: _____ Position: _____ Date: _____

A. Purpose of Meeting

- Determine initial eligibility under Section 504 and consider eligibility for accommodations
- Review eligibility under Section 504
- Review eligibility and accommodations before significant change in placement

B. Eligibility Team Members

Name/Position	Knowledge about:
_____	<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Accommodations/Placement

C. Sources of Evaluation Information

- | | |
|---|--|
| <input type="checkbox"/> School records review _____ | <input type="checkbox"/> Observations of student _____ |
| <input type="checkbox"/> Grades & report card review _____ | <input type="checkbox"/> Teacher reports _____ |
| <input type="checkbox"/> Parent and/or student report _____ | <input type="checkbox"/> Checklist, rating scales _____ |
| <input type="checkbox"/> Medical Information _____ | <input type="checkbox"/> Nursing assessment _____ |
| <input type="checkbox"/> Standardized testing _____ | <input type="checkbox"/> Parent/student interviews _____ |
| <input type="checkbox"/> Other _____ | |

D. Eligibility Criteria

1. The student has a mental or physical impairment (specify): _____
and
2. The impairment substantially limits one or more of the following major life activities (check):

<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> caring for oneself	<input type="checkbox"/> breathing
<input type="checkbox"/> walking	<input type="checkbox"/> learning	<input type="checkbox"/> working	<input type="checkbox"/> eating
<input type="checkbox"/> sleeping	<input type="checkbox"/> standing	<input type="checkbox"/> lifting	<input type="checkbox"/> bending
<input type="checkbox"/> reading	<input type="checkbox"/> concentrating	<input type="checkbox"/> thinking	<input type="checkbox"/> communicating
<input type="checkbox"/> speaking	<input type="checkbox"/> perform manual tasks	<input type="checkbox"/> operation of a major bodily function	
<input type="checkbox"/> other major life activity: _____			

The term "substantially limits" means that the student is:

- a) unable to perform a major life activity that the average student in the general population can perform, or
- b) substantially restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the average student in the general population.



E. Eligibility Determination:

- The student does not have a physical or mental impairment that substantially limits a major life activity. The parent must be provided notice of their procedural rights, including the right to an impartial hearing.
- The student does have a physical or mental impairment that substantially limits a major life activity.
- Does the student require accommodations and/or related aids or services in order to provide the student access to educational programs (e.g. curriculum, facilities, etc.). Please note that mitigating measures (such as the effect of medication, use of hearing aids and other personal devices), should not be considered at this point in the process when considering whether a condition requires accommodation in order for the student to access his/her education. No Yes

If “Yes”, the Team must list the accommodations and related aids or services in a Section 504 Plan.
If “No”, the Team should indicate on the Section 504 Plan that none is needed at this time.

F. Is this an evaluation before a significant change in placement? No Yes

If “no”, skip to Section G

1. What is the anticipated significant change of placement?

- Graduation Change in program due to disciplinary action Other (specify) _____

2. Review the student’s current progress, credit status, need & 504 accommodation plan

3. Consider: does the 504 Plan continue to be necessary for the student? No Yes

4. If “Yes”, is the 504 Plan appropriate as designed? No Yes

5. If “No”, revise the 504 Plan.

G. Summary of Action Taken

- Parent/Guardian (or student if age 18 or over) was provided written Notice of Rights under Section 504 at the meeting. If parent/guardian or eligible student did not attend, notice and a copy of this form will be mailed.
- Insufficient information is available to determine student’s eligibility. More evaluative information will be obtained prior to convening another 504 Team Meeting.
- Student is identified as a person with a disability under Section 504.
 - A Section 504 Plan was developed that includes accommodations and/or related aids or services.
 - The student does not require any accommodations and/or related aids or service at this time.
- An evaluation (which may consist of a review of existing records) prior to a significant change in placement has been conducted.
- Other (specify): _____



SOMERVILLE PUBLIC SCHOOLS

42 Cross Street * Somerville, MA * 02145

SECTION 504 ACCOMMODATION PLAN

Name:	DOB:
School:	Grade:
Address:	Phone:
SASID#	LASID# (local)
Parent/Guardian Name:	Phone:
Specific Disability:	
Date of Implementation:	Review Date:

Accommodations	Person Responsible

Team Members Present:

Parent/Guardian Signature: _____ Date: _____

Cc: Parents, Guidance Counselor, Teachers

To be eligible for services and protections against discrimination on the basis of a disability under Section 504, a student must be determined, as a result of an evaluation, to have a physical or mental impairment that substantially limits one or more major life activities.



CONSENT TO CONDUCT EVALUATION(S)

Student's Name: _____ DOB: _____ Age: _____

School: _____ Grade: _____

Parent/Guardian: _____

Case Manager/Contact Person: _____

The following is a description of the methods to be used to evaluate your child. You will be notified and given the opportunity to review and obtain copies of evaluation summaries or other reports to be discussed at a 504 team meeting.

At the team meeting, we will explain the results of the evaluation and discuss its significance to your child's educational program. If you have any questions about these procedures, please contact your school's Guidance Counselor.

Assessments are designed to collect information on health, fine and gross motor skills, social or developmental history, behavior and academic functioning. The following evaluations are recommended for your child:

I understand the nature of, and the reasons for, the evaluations identified above. I further understand that my consent is voluntary and may be revoked at any time. I also understand that I will be provided with a written copy of the evaluation reports and they will be communicated to me at a 504 team meeting.

_____ YES, I give my consent for the above noted evaluation(s)

_____ NO, I do not give my consent for the above noted evaluation(s)

Parent/Guardian Signature

Date

Printed Name





Student Services

42 Cross Street · Somerville, MA 02145

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SOMERVILLE HIGH SCHOOL **PARENTAL CONSENT FOR 504 DISCONTINUATION**

Student's Name: _____ DOB: _____ Age: _____

School: _____ Grade: _____

Parent/Guardian: _____

Case Manager/Contact Person: _____

By signing below, I indicate my agreement with the findings of the 504 meeting and consent to have the above named student withdrawn from designation as a 504 student, discontinuing the 504 plan and all accommodations previously provided.

I understand that I may refer my student for a 504 determination meeting at any point in the future should I consider it necessary to do so.

Parent Signature

Date





504 MANIFESTATION DETERMINATION CHECKLIST

1. The manifestation determination 504 Team meeting should be held within 10 school days of any decision to change the placement of a child with a 504 disability because of a violation of a code of student conduct. A "change of placement" generally means:
 - A. a disciplinary removal from school for more than 10 consecutive school days; or
 - B. a series of removals totaling more than 10 school days in a school year that constitutes a pattern because the behavior is substantially similar to the previous incidents that resulted in removals, and because of additional factors such as length of each removal, the total removal time, and proximity of removals.
2. The manifestation determination must be made by relevant members of student's 504 Team, including the parent, and not simply by school personnel. At the Team meeting, the Team must review all relevant information in the student's file, including the child's 504 Plan, any teacher observations, and any relevant information provided by the parents.
3. The 504 Team will answer the following questions:
 - A. Was the conduct in question caused by, or did it have a direct and substantial relationship to, the child's disability?
 Yes No
 - B. Was the conduct in question the direct result of the local school unit's failure to implement the 504 Plan?
 Yes No

If the answer to either of these two questions is yes, then the behavior in question should be considered a manifestation of the student's disability.
4. If the 504 Team determines that the misconduct is a manifestation of the student's disability, then the Team should determine how to address the student misbehavior, and should consider a possible functional behavior assessment and possible development of a behavior intervention plan for the student. In addition, the Team must decide on the student future placement, and ensure that the student continues to receive a free, appropriate public education.
5. If the Team determines that the misconduct is not a manifestation of the student's disability, then the school may use the regular disciplinary procedures applicable to students without disabilities in the same manner as would be applied to children without disabilities. *The school will provide educational services to the child if he or she is suspended or expelled for misbehavior that is not a manifestation of the child's disability.*
6. **Special Rule for Drug and Alcohol Violations:**
If a Section 504 student is found 1) to be currently engaging in the illegal use of drugs or alcohol, and 2) to have violated school policies on the use or possession of drugs or alcohol, then the local school unit may take disciplinary action against that student to the same extent and degree as the school unit would undertake for students who are not disabled. The school is not required to have a prior 504 Team meeting, need not determine if the use or possession is related to the student's disability, and need not provide any alternative services during any removal that may be ordered for the use or possession violation, as long as such a consequence is consistent with school policy for nondisabled students. [29 U.S.C § 705(20)(C)(iv)]

