

BLOOMFIELD PUBLIC SCHOOLS
Bloomfield, Connecticut

ADMINISTRATIVE REGULATION

No. 5145(a)

RE: Section 504 of the Rehabilitation Act of 1973
Students

Adopted: 12/8/2009

Approved: 10/6/2015

Bloomfield Board of Education Section 504 Grievance Procedure

It is the express policy of the Board of Education to provide for the prompt and equitable resolution of complaints and/or grievances alleging any violation of Section 504. In order to facilitate the timely resolution of such complaints and/or grievances, any student, parent/guardian, staff member or other employee who feels that he/she has been discriminated against on the basis of disability should contact the district's designated Section 504 Coordinator within thirty (30) days of the alleged occurrence to discuss the nature of the complaint. If the Section 504 Coordinator is the subject of the complaint and/or grievance, the complaint and/or grievance should be submitted to the Superintendent, who shall investigate or appoint a designee to do so. Timely reporting of complaints and/or grievances facilitates the investigation and resolution of such complaints and/or grievances.

Complaints and/or grievances 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. Complaints and/or grievances regarding a student's rights with respect to his/her identification, evaluation, or education placement shall be addressed in accordance with the procedures set forth in the "Notice of Parent/Student Rights."

At any stage in this grievance procedure, the complainant has the right to file formal complaints with the U.S. Department of Education, Office for Civil Rights, 33 Arch Street, Suite 900, Boston, MA 02110-1491, or the Office of Civil Rights, U.S. Department of Education, 330 C Street, S.W., Washington, DC 20202. If a complaint is filed with the Office of Civil Rights, it must be filed in writing no later than one hundred eighty (180) days after the occurrence of the alleged discrimination.

The Rehabilitation Act of 1973, commonly referred to as 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 nondisabled students.

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An eligible student under Section 504 is a student who (a) has, (b) has a record of having or (c) is regarded as having, a physical or mental impairment which substantially limits a major life activity (e.g. self-care, walking, seeing, hearing, speaking, breathing, learning, eating, sleeping, standing, bending, reading, concentrating, thinking, communicating and working) as it related to the child's ability to access the learning environment.

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.

- I. 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:
 - A. To be informed of your rights under Section 504;
 - B. For your child to have equal opportunities to participate in academic, nonacademic and extracurricular activities in your school;
 - C. To be notified with respect to the identification, evaluation, and placement of your child;
 - D. For your child to be evaluated fairly;
 - E. If your child is eligible for services under Section 504, for your child to receive accommodations, modifications, and related services that will meet the child's needs as well as the needs of students without disabilities are met;
 - F. For your child to be educated with peers who do not have disabilities as much as possible;
 - G. To review and obtain copies of our child's educational records;
 - H. To request changes in the educational program of your child;
 - I. To an impartial hearing if you disagree with the school district's decisions regarding your child's educational program. The costs for this hearing are borne by the local school district. You and the student may take part in the hearing and have an attorney represent you at your expense;

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- J. 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.
- K. 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 a student.

II. Hearing Process

Informal Level

- A. In order to facilitate the prompt investigation of complaints, you should contact the district's Section 504 Coordinator within thirty (3) days of the alleged occurrence to discuss the nature of the complaint. Timely reporting of complaints facilitates the resolution of potential educational disputes as it assists a 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.
- B. The Coordinator shall maintain a written record that shall contain the following:
 - 1. Full name and address of complainant;
 - 2. Specific areas of disagreement relating to the child's identification, evaluation, educational program, or placement;
 - 3. Remedy requested.
- C. At the time the complaint is filed, the Coordinator will direct the complainant to the appropriate Principal or Director who will investigate the complaint and send a written report to the Coordinator. The Coordinator shall then meet informally with the complainant and other relevant individual(s), shall provide confidential counseling where advisable, and shall finally seek an informal agreement between the parties concerned. Every attempt shall be made to seek a solution and resolve the Section 504 complaint at this level when possible.
- D. This process shall take no longer than ten (10) working days from the time the complaint was received.

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Formal Level

- A. If the complainant is not satisfied with these initial informal procedures, more formal procedures may be initiated by the Complainant to further explore and resolve the Section 504 complaint at this level.
- B. The complainant shall present the written complaint to the Superintendent within fifteen (15) days after the conclusion of the informal resolution process. The Superintendent may resolve the complaint alone or with the appropriate principal/director.
- C. If the complaint is not resolved, the Superintendent shall hear and fully review the case within thirty (30) days of the receipt of the discrimination complaint.
 - 1. The Coordinator shall inform all parties of the date, time, and place of the grievance hearing and of their right to present witnesses or representatives, if desired. The Coordinator shall provide assistance to the complainant in understanding the grievance procedure process.
 - 2. A written record of the hearing shall be kept.
 - 3. A written decision shall be sent to the complainant within ten (10) working days after the conclusion of the hearing.
- D. If the complainant is not satisfied with the Superintendent's Recommendation, he/she may, within fifteen (15) days of the Superintendent's decision, request that the Superintendent submit the matter to an impartial hearing officer.
 - 1. 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.
 - 2. The impartial hearing officer shall hear all aspects of the complainant's appeal and shall reach a decision within forty-five (45) days of receipt of the written appeal. The decision shall be presented in writing to the complainant.
- E. The time limits notes throughout Section II may be extended if more time is necessary to permit thorough review and an opportunity for resolution.
- F. The Section 504 Coordinator for this district is:

Wendy Shepard-Bannish

Telephone: 860-769-4260

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- III. Organizations and agencies which you may contact to obtain assistance with evaluation/placement questions include, but are not limited to, the following:

A. Federal

Office of Civil Rights
Boston Regional Office Telephone: (617) 223-9662

B. State

Department of Education
Bureau of Special Education
and Pupil Services Telephone: (860) 807-2030

C. Low-Cost Legal Services

Greater Hartford Legal Assistance
80 Jefferson Street
Hartford, CT 06106 Telephone: (860) 541-5000

- IV. You also may file a complaint with the U.S. Department of Education, Office for Civil Rights, 33 Arch Street, Boston, MA 02110-1491. Any such complaints must be filed within one hundred and eight (180) days of the possible act of discrimination.

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.

SECTION 504 MEETING NOTICE

Date: _____

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

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

Dear _____:

Please be advised that a Section 504 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:

_____ **Plan an Evaluation**

_____ 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

STUDENT ACCOMMODATION PLAN

NAME: _____ BIRTHDATE: _____
GRADE: _____

SCHOOL: _____ DATE OF MEETING: _____

1. Describe the nature of the concern:

2. Describe the basis for the determination of disability (if any):

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

4. Describe the reasonable accommodations that are necessary:

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

Participants (Names and title)

cc: Student's Cumulative File

Section 504
Student Eligibility Determination

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

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

Case Manager: _____

Parent/Guardian: _____

Address: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian: _____

Address: _____ Home Phone: _____ Work Phone: _____

Reason for Meeting: Initial _____ Review _____ Revise Plan _____

Describe the nature of the concern:

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

- ☐ Cognitive (dated) _____ ☐ Classroom Observation (dated) _____ ☐ Health/Med (dated) _____
- ☐ Communication (dated) _____ ☐ Achievement (dated) _____ ☐ Social/Emot/Beh (dated) _____
- ☐ Developmental (dated) _____ ☐ Adaptive (dated) _____ ☐ Motor (dated) _____ ☐ Other (dated) _____

Specify the mental or physical disability: _____
(as recognized in DSM-IV or other respected source if not excluded under 504/ADA, e.g. illegal drug use)

Check the Major Life Activity: ___seeing ___hearing ___walking ___speaking ___learning ___breathing
 ___working ___performing manual tasks ___caring for oneself

_____ **Does Require a 504 Plan**

_____ **Does NOT Require a 504 Plan**