

REGION 15 PUBLIC SCHOOLS

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 non-discrimination statute enacted by the United States Congress. Section 504 prohibits discrimination on the basis of disability. Under Section 504, the school district also has specific responsibilities to identify, evaluate and provide an educational placement for students who are determined to have a physical or mental impairment that substantially limits a major life activity. The school district’s obligation includes providing such eligible students a free appropriate public education (“FAPE”). Section 504 defines FAPE as the provision of regular or special education and related services that are designed to meet the individual educational needs of a student with a disability as adequately as the needs of students without disabilities are met, and that are provided without cost (except for fees imposed on nondisabled students/parents).

A student is covered under Section 504 if it is determined that he/she suffers from a mental or physical disability that substantially limits one or more major life activity such as (but 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 may also include the operation of a major bodily function, such as an individual’s immune, digestive, respiratory or circulatory systems.

A student can be disabled and be covered by Section 504 even if he/she does not qualify for, or receive, special education services under the IDEA.

The purpose of this notice is to provide parents/guardians and students with information regarding their rights under Section 504. Under Section 504, 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 Region 15 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 of decisions and the basis for decisions regarding the identification, evaluation, and educational placement of your child under Section 504;
5. If you suspect your child may have a disability, to request an evaluation, at no expense to you, to have an eligibility determination under Section 504, and if eligible, placement decisions made 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 (FAPE). This includes the right to receive regular or special education and related services that are designed to meet the individual needs of your child as adequately as the needs of students without disabilities are met.
7. If your child is eligible for services under Section 504, for your child to receive reasonable accommodations and services to allow your child an equal opportunity to participate in school, extra-curricular and school-related activities;
8. For your child to be educated with peers who do not have disabilities to the maximum extent appropriate;
9. To have your child educated in facilities and receive services comparable to those provided to non-disabled students;
10. To review all relevant records relating to decisions regarding your child's Section 504 identification, evaluation, and educational placement;
11. To examine or obtain copies of your child's educational records at a reasonable cost unless the fee would effectively deny you access to the records;
12. To request changes in the educational program of your child, to have your request and related information considered by the team, a decision made by the team, and if denied, an explanation for the team's decision/determination;
13. To an impartial due process 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.
14. To file a local grievance/complaint with the district's designated Section 504 Coordinator to resolve complaints of discrimination including, but not limited to, claims of discrimination directly related to 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:

Dr. Jessica J. Sciarretto
Director of Student Services
286 Whittemore Road
Middlebury, CT 06762

Telephone: 203-758-8259 ext 2

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

Connecticut State Department of Education
Bureau of Special Education
and Pupil Services
P.O. Box 2219
Hartford, CT 06145

Telephone: (860) 807-2030

Section 504 Request for Mediation/Hearing

This form is intended to be used if a parent or guardian wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of his/her child .

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:

If requesting due process hearing relating to the IDENTIFICATION, EVALUATION AND/OR EDUCATIONAL PLACEMENT of a student, please describe the specific areas of disagreement and the proposed resolution of your concerns:

Signature of Parent/Guardian

Date

SECTION 504 DISCRIMINATION COMPLAINT FORM

(This form is intended to be used if an individual has a complaint under Section 504 alleging discrimination on the basis of a disability or in the identification, evaluation or educational placement of a student).

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. Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

