

Section 504 Consent for Evaluation

Pursuant to Section 504 of the Rehabilitation Act of 1973, the district has a duty to identify, refer, evaluate and provide free appropriate public education to all children with disabilities. For additional information regarding Section 504, please contact your schools Section 504 Coordinator or the Office of Special Services at (307) 328-9200

Date: _____

Dear Parent or Guardian of: _____

☐ Your child has been referred for an initial Section 504 evaluation because they may qualify for accommodations and supports under Section 504 of the Rehabilitation Act of 1973.

The district will conduct an evaluation to determine whether your child is eligible for Section 504 protections and, if eligible, what supports or accommodations may be needed.

☐ Your child's Section 504 team has determined that a reevaluation is needed to review your child's needs and determine the appropriate supports and accommodations under Section 504.

☐ Your child's Section 504 team has determined that a reevaluation is needed to determine whether your child continues to need a Section 504 plan.

To begin the evaluation process, the district must obtain written consent for the evaluation. The district proposes to:

☐ Conduct this evaluation using existing data only. Existing data may include, but is not limited to academic records, attendance records, disciplinary logs, teacher/parent/student interviews, classroom observations, work samples, previous assessment data, previous evaluations, documentation provided by the caregiver, and medical reports.

☐ Conduct this evaluation by gathering additional data. Additional data may be gathered through the use of standardized achievement, aptitude and cognitive assessments, observation interviews, rating scales and other assessments as deemed necessary by the team and individual evaluators.

Please indicate whether you consent to your child being evaluated for eligibility and services under Section 504:

☐ I consent to a Section 504 evaluation for my child.

☐ I do not consent to a Section 504 evaluation for my child. I understand that without my consent, the district is released of its obligations to provide FAPE under Section 504.

Date: _____

Parent or Guardian Signature: _____

Please sign, date and return this form to:

Carmen Lunak at Havre High School

Section 504 Meeting

Parent Input

Student Name: _____ Date: _____

School: _____ Grade: _____

Parent's / Guardian's Name: _____

Parent's / Guardian's Name: _____

Who has legal authority to make educational decisions for this child? _____

With whom does this student live? _____

Please answer any questions that you think might be helpful to the 504 Team.

(Please attach additional paper if needed or documents that you feel might be helpful)

What are some of your child's strengths? _____

What does your child do when not in school? _____

Please describe your child's behavior at home? _____

Have there been any important changes within the family during the last 3 years? _____

Do you feel like your child is experiencing problems in school? _____

When were you first aware of this problem? _____

What do you think is causing the problem? _____

What time does your child go to bed at night? _____

Does your child usually eat breakfast? _____

What methods of discipline are used with your child at home? _____

What is your child's reaction to discipline? _____

Has your child mentioned any problems with school? If so, how does he/she feel about the problem?

Health History

Please describe any serious illnesses, accidents or hospitalizations. _____

Does your child appear to have any physical health problems, including allergies? _____

Is your child receiving service(s) from another agency? _____

Is your child currently taking medications? If so, please list. _____

Are there any known side effects from the medication? _____

Please tell us anything else you think would be helpful in planning for your child's success at school.

HAVRE PUBLIC SCHOOLS

P.O. Box 7791 - 425 6th Street
HAVRE, MONTANA 59501

CENTRAL
ADMINISTRATION
(406)395-8550

HAVRE
HIGH SCHOOL
(406)395-8551

HAVRE
MIDDLE SCHOOL
(406)395-8552

SUNNYSIDE
INTERMEDIATE
(406) 395-8553

LINCOLN MCKINLEY
PRIMARY
(406) 395-8554

HIGHLAND PARK
EARLY PRIMARY
(406) 395-8555

TRANSPORTATION
DEPARTMENT
(406) 395-8556

AUTHORIZATION FOR RELEASE OF HEALTH CARE INFORMATION

TO: _____ ("Health Care Provider")
Phone: _____ Fax: _____

RE: _____ ("Patient")

You are hereby authorized and directed to release health care information related to the above named patient's present or past medical, mental, psychological, and physical condition to the person(s) indicated below.

Information to be disclosed:

____ ALL information and records in your possession related to the Patient's health care, including information not generated by you (except psychotherapy notes as defined by HIPAA).

____ ALL information which is specified: _____

Persons to whom Information should be disclosed: _____

Purpose of disclosure: ____ Patient Request ____ Other ____ Parent Request

Disclosure Subject to Revocation/ Expiration: This authorization is subject to revocation at any time by giving written notice to the Health Care Provider. The revocation is effective from the time it is received by Health Care Provider and does not apply to actions taken by the Health Care Provider prior to that.

Expiration: If not revoked, this authorization terminates thirty (30) months from the date of its execution, or on _____.

Acknowledgments:

- I understand that the information that is disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and therefore may no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- I understand I do not have to sign this authorization as a condition of receiving treatment from the Health Care Provider unless my treatment is research related or the purpose of treatment is to generate information for a third party.

DATE signed: _____

(Signature of Patient or Patient's Representative)

(Print Name, Patient or Representative)

Patient's SSN: _____

Patient's Date of Birth: _____

(If Representative, Relationship to Patient)



Parent Rights

The purpose of this Notice is to inform parents and students of the rights granted them under § 504. The federal regulations that implement § 504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR) and entitle eligible student and their parents to the following rights:

1. You have a right to be informed about your rights under § 504. [34 CFR 104.32] The School District must provide you with written notice of your rights under § 504 (this document represents written notice of rights as required under § 504). If you need further explanation or clarification of any of the rights described in this Notice, contact appropriate staff persons at the District's § 504 Office and they will assist you in understanding your rights.
2. Under § 504, your child has the right to an appropriate education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met. [34 CFR 104.33].
3. Your child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under § 504. [34 CFR 104.33].
4. To the maximum extent appropriate, your child has the right to be educated with children who are not disabled. Your child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. [34 CFR 104.34].
5. Your child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34].
6. The School District must undertake an evaluation of your child prior to determining his or her appropriate educational placement or program of services under § 504, and also before every subsequent significant change in placement. [34 CFR 104.35].
7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments, and other instruments must comply with the requirements of § 504 regarding test validity, proper method of administration, and appropriate test selection [34 CFR 104.35]. The District will appropriately consider information from a variety of sources in making its determinations, including, for example, aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, parent observations, scores on standardized state and district tests, and mitigating measures, among others. [34 CFR 104.35].

8. Placement decisions regarding your child must be made by a group of persons (a § 504 committee) knowledgeable about your child, the meaning of the evaluation data, possible placement options, and the requirement that to the maximum extent appropriate, disabled children should be educated with non-disabled children. [34 CFR 104.35].
9. If your child is eligible for services under § 504, he or she has a right to periodic evaluations to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years. [34 CFR 104.35].
10. You have the right to be notified by the District prior to any action regarding the identification, evaluation, or placement of your child. [34 CFR 104.36].
11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identification, evaluation, and placement of your child under § 504). [34 CFR 104.36].
12. Students who are eligible under § 504 have certain additional protections when charged with a violation of the Code of Student Conduct (see VHHS handbook / LHS handbook) which may result in a suspension or expulsion that constitutes a significant change in placement. The purpose of a manifestation determination is to review whether the student's misconduct was caused by or had a direct and substantial relationship to the student's disability or whether the conduct was a direct result of the District's failure to implement the student's Section 504 plan. Similar to suspension or expulsion of a student with a disability under IDEA, it is necessary to conduct a manifestation determination when:
 13. The suspension or expulsion will be for more than 10 consecutive school days; or
 14. The student has been subjected to a series of suspensions that total more than 10 school days in a school year, and a pattern of exclusion exists.
15. You have the right to an impartial due process hearing if you wish to contest any action of the District with regard to your child's identification, evaluation or placement under § 504. [34 CFR 104.36]. You have the right to participate personally at the hearing, and to be represented by an attorney, if you wish to hire one.
16. If you wish to contest an action taken by the § 504 Committee by means of an impartial due process hearing, you must submit a Notice of Appeal or Request for an Impartial Due Process Hearing Under Section 504 to the District's § 504 Coordinator at:

Cheryl Russell, Director of Special Services
425 6th Street
Havre, MT 59501

Telephone: 406 395-8550
17. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction (normally, your closest federal district court).

18. You also have a right to present a grievance or complaint to the District's § 504 Coordinator (or designee), who will investigate the situation, take into account the nature of the complaint and all necessary factors, and respond appropriately to you within a reasonable time.
19. You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers this school district is:

Seattle WA Office

**Office for Civil Rights
U.S. Department of Education
915 Second Avenue Room 3310
Seattle, WA 98174-1099**

**Telephone: 206-607-1600
FAX: 206-607-1601; TDD: 800-877-8339
Email: OCR.Seattle@ed.gov**

20. Alternatively, the National Headquarters located at

**U.S. Department of Education
Office for Civil Rights
Lyndon Baines Johnson Department of Education Bldg
400 Maryland Avenue, SW
Washington, DC 20202-1100**

**Telephone: 800-421-3481
FAX: 202-453-6012; TDD: 800-877-8339
Email: OCR@ed.gov**