EASTCONN
Where Learning Comes to Life

STUDENTS
Series 5000
Policy #5022.1.1

POLICY REGARDING STUDENTS AND SECTION 504 OF THE REHABILITATION ACT OF 1973 AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990

Section 504 of the Rehabilitation Act of 1973 ("Section 504") prohibits discrimination against individuals with a disability in any program receiving Federal financial assistance. Similarly, Title II of the Americans with Disabilities Act of 1990 ("Title II" or "ADA") prohibits discrimination against individuals with a disability by state and local governments. To be protected under Section 504 and the ADA ("collectively, "Section 504/ADA"), an individual must (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

In order to fulfill its obligation under Section 504/ADA, the EASTCONN Board of Directors (the "Board") and EASTCONN (the "District") recognizes a responsibility to avoid discrimination in policies and practices regarding its personnel, students, parents/guardians and members of the public who participate in school sponsored programs, which may require reasonable modifications to such policies and practices. In this regard, the District prohibits discrimination against any person with a disability in any of the services, programs or activities of the school system.

The District has specific responsibilities under Section 504 to identify, evaluate and provide an educational placement for students who have a physical or mental impairment that substantially limits a major life activity. The District's obligation includes providing access to a free appropriate public education ("FAPE") for students determined to be eligible under Section 504/ADA. Under Section 504, FAPE is defined 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 similarly imposed on nondisabled students/parents).

If a student's parents/guardians disagree with the decisions made by the professional staff of the District with respect to the identification, evaluation or educational placement of their child, such parents/guardians have a right to request an impartial due process hearing.

In addition, a student or parent/guardian of a student may also file an internal grievance/complaint on these issues or any other type of discrimination on the basis of disability by or within the District by utilizing the grievance/complaint procedures outlined in the Administrative Regulations Regarding Students and Section 504 of Rehabilitation Act of 1973 and Title II of Americans with

Disabilities Act associated with this policy, and/or may file a complaint with the Office for Civil Rights, U.S. Department of Education ("OCR"):

Office for Civil Rights, Boston Office
U.S. Department of Education
8th Floor
5 Post Office Square
Boston, MA 02109- 3921
(617) 289-0111

Anyone who wishes to file a grievance/complaint with EASTCONN, or who has questions or concerns about this policy, should contact the Director of Human Resources, the Section 504/ADA Coordinator for EASTCONN, at phone number 860-455-1630.

Legal References:

29 U.S.C. §§ 705, 794
34 C.F.R. Part 104
42 U.S.C. § 12101 et seq.
28 C.F.R. Part 35

Protecting Students with Disabilities, Frequently Asked Questions About Section 504 and the Education of Children with Disabilities, Office for Civil Rights (March 17, 2011), available at http://www.ed.gov/about/offices/list/ocr/504faq.html

Dear Colleague Letter, United States Department of Education, Office for Civil Rights (January 19, 2012)

Supporting Students with Disabilities and Avoiding the Discriminatory Use of Student Discipline Under Section 504 of the Rehabilitation Act of 1973, Office for Civil Rights (July 2022), available at https://www2.ed.gov/about/offices/list/ocr/docs/504-discipline-guidance.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term

ADOPTED: August 20, 2024
REVISED:

ADMINISTRATIVE REGULATIONS REGARDING STUDENTS AND SECTION 504 OF THE REHABILITATION ACT OF 1973 AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990

EASTCONN Section 504/ADA Grievance/Complaint Procedures Regarding Discrimination Against Students on the Basis of Disability

Section 504 of the Rehabilitation Act of 1973 ("Section 504") and Title II of the Americans with Disabilities Act of 1990 ("Title II" or "ADA") (collectively, "Section 504/ADA") prohibit discrimination on the basis of disability. For the purposes of Section 504/ADA, 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.

I. Definitions

Free appropriate public education (FAPE) for purposes of Section 504, refers to the provision of regular or special education and related aids and services that are designed to meet individual educational needs of students with disabilities as adequately as the needs of students without disabilities are met, that are provided without cost (except for fees similarly imposed on nondisabled students/parents), and is based upon adherence to procedures that satisfy the Section 504 requirements pertaining to educational setting, evaluation and placement, and procedural safeguards.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. A major life activity also includes the operation of a major bodily function, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

Mitigating measures include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.

Physical or mental impairment is (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems, such as:

neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability; or (c) an impairment that is episodic or in remission if it would substantially limit a major life activity when active. Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

II. Procedures for Grievances/Complaints Alleging Discrimination on the Basis of Disability

A. Any eligible person, including any student, parent/guardian, staff member or other employee who feels that the individual has been discriminated against on the basis of disability (including differential treatment, harassment and retaliation) may submit a written complaint to the designated Section 504/ADA Coordinator (*see* contact information below) within thirty (30) school days of the alleged occurrence. Complaints by students and/or parents/guardians alleging discrimination involving students will be investigated under these procedures; complaints by employees or other non-students will be investigated under Administrative Regulation associated with Policy #4019.1.1, Policy Regarding Employees and Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.

B. Timely reporting of complaints facilitates the prompt investigation and resolution of such complaints. If a complaint is filed relating to alleged discrimination occurring more than thirty (30) school days after the alleged occurrence, EASTCONN's ability to investigate the allegations may be limited by the passage of time. Therefore, complaints received after thirty (30) school days of the alleged occurrence shall be investigated to the extent possible, given the passage of time and the impact on available information, witnesses and memory. If a complaint is made verbally, the individual taking the complaint will reduce the complaint to writing.

C. At any time, when a complaint involves discrimination that is directly related to a claim regarding the identification, evaluation or educational placement of a student under Section 504, the complainant may request that the Section 504/ADA Coordinator submit the complaint directly to an impartial hearing officer and request a due process hearing in accordance with Section III.D. Complaints regarding a student's rights with respect to the student's identification, evaluation or educational placement shall be addressed in accordance with the procedures set forth below in Section III.

D. Retaliation against any individual who complains pursuant to the Board's policy and regulations listed herein is strictly prohibited. The District will not tolerate any retaliation that occurs as a result of the good faith reporting or complaint of disability-based discrimination or as a result of an individual's participation or cooperation in the investigation of a complaint. The District will take necessary actions to prevent retaliation as a result of filing a complaint or the participation in an investigation of a complaint.

E. If the Section 504/ADA Coordinator is the subject of the complaint, the complaint should be submitted directly to the Executive Director who may conduct the investigation or appoint a designee to conduct the investigation in accordance with these procedures. If the Executive Director is the subject of the complaint, the Board shall designate an appropriate party to conduct the investigation in accordance with these procedures.

F. Complaints will be investigated promptly. Timeframes may be extended as needed given the complexity of the investigation, availability of individuals with relevant information and other extenuating circumstances. Confidentiality will be maintained by all persons involved in the investigation to the extent possible.

G. If a disability discrimination complaint raises a concern about bullying behavior, the Section 504 Coordinator shall notify the Safe School Climate Specialist or designee who shall coordinate any bullying investigation with the Section 504 Coordinator, so as to ensure that any such bullying investigation complies with the requirements of applicable Board policies.

H. The 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 witnesses or individuals relevant the complaint;
5. A detailed statement describing the circumstances in which the alleged discrimination occurred; and
6. The remedy requested.

However, all complaints will be investigated to the extent possible, even if such information is not included in the complaint. In such circumstances, additional information may be requested by the investigator as part of the investigation process.

I. Upon receipt of the complaint, the individual investigating the complaint shall:

1. Provide a copy of the written complaint to the Executive Director;

2. Meet separately with the complainant and the respondent within ten (10) school days to discuss the nature of the complaint, identify individuals the complainant and respondent believe have relevant information, and obtain any relevant documents the complainant and respondent may have;
3. Provide the complainant and the respondent with a copy of the applicable Board Section 504/ADA Policy and these administrative regulations;
4. Consider whether and which interim measures might be appropriate for an alleged victim and the respondent pending the outcome of the District's investigation;
5. Conduct an investigation of the factual basis of the complaint that is adequate, reliable, and impartial, including conducting interviews with individuals with information and review of documents relevant to the complaint;
6. Maintain confidentiality to the extent practicable throughout the investigative process in accordance with state and federal law;
7. Communicate the outcome of the investigation in writing to the complainant, and to the respondent (to the extent permitted by state and federal confidentiality requirements), within fifteen (15) school days from the date the complaint was received by the Section 504/ADA Coordinator or Executive Director. The written notice shall include a finding whether the complaint was substantiated and if so, shall identify how the District will remedy any identified violations of Section 504/ADA. The investigator may extend this deadline for no more than fifteen (15) additional school days if needed to complete the investigation. The complainant and the respondent shall be notified of any such extension;
8. If a complaint is made during summer recess, the complaint will be reviewed and addressed as quickly as possible given the availability of staff and/or other individuals who may have information relevant to the complaint, and no later than fifteen (15) school days after the start of the following school year. The complainant and the respondent will receive notice if the investigation has been impeded by the summer recess, and interim measures may be implemented as necessary (see sub-paragraph 4);
9. Ensure that appropriate corrective action is taken whenever allegations are verified. When allegations are verified, ensure that measures to remedy the effects of the discrimination and prevent its recurrence are appropriately considered, and offered, when appropriate. Corrective action should include steps to avoid continuing discrimination;
10. In the event the investigator concludes that there is no violation of Section 504/ADA, the District may attempt to resolve the complainant's ongoing concerns, if possible.

J. If the complainant or the respondent is not satisfied with the findings and conclusions of the investigation, the dissatisfied party may request review and reconsideration of the conclusion of the complaint (an "Appeal") within thirty (30) days of receipt of the written outcome. In requesting an Appeal, the appealing party

must submit the complaint, the written outcome of the complaint, and explain why such party believes the factual information relied upon by the investigator was incomplete, the analysis of the facts was incorrect, and/or the appropriate legal standard was not applied, *and* how this information would change the investigator's determination in the case. Failure to provide all such information may result in the denial of the Appeal.

Upon review of an Appeal from the appealing party, the Executive Director shall review the investigative results of the investigator and determine if further action and/or investigation is warranted, or shall appoint a designee to do so. Such action may include consultation with the investigator and other relevant witnesses, a meeting with appropriate individuals to attempt to resolve the complaint or a decision affirming or overruling the investigator's conclusions or findings. The Executive Director or designee shall provide written notice to the appealing party and the other party of the Executive Director or designee's decision within ten (10) school days following the receipt of the Appeal. When an Appeal is received during summer recess, the Executive Director or designee shall conduct the review as quickly as possible given the availability of staff and/or other individuals who may have information relevant to the review, and no later than ten (10) school days after the start of the following school year. The Executive Director or designee's decision shall be final.

III. Grievance/Complaint Resolution Procedures for Complaints Involving a Student's Identification, Evaluation 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/ADA 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/ADA 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/ADA Coordinator (*see* contact information below) within thirty (30) school days of the alleged date that the dispute regarding the student's identification, evaluation and/or education placement arose. Timely reporting of complaints facilitates the resolution of potential educational disputes.

2. The 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 and/or placement; and
f. Remedy requested.

However, all complaints will be investigated to the extent possible even if such information is not included in the written complaint. In such circumstances, additional information may be requested by the investigator as part of the investigation process.

3. Complaints will be investigated promptly within timeframes identified below. Timeframes may be extended as needed given the complexity of the investigation, availability of individuals with relevant information and other extenuating circumstances.

4. Upon receipt of the complaint, the Section 504/ADA Coordinator or the Coordinator's designee shall:

   a. Forward a copy of the complaint to the Executive Director;

   b. Meet with the complainant within ten (10) school days to discuss the nature of the complainant's concerns and determine if an appropriate resolution can be reached, or whether interim measures may be appropriate. If a complaint is made during summer recess, the complaint will be reviewed and addressed as quickly as possible given the availability of staff and other individuals who may have information relevant to the complaint, and no later than ten (10) school days after the start of the following school year;

   c. If, following such a meeting, further investigation is deemed necessary, the Section 504/ADA Coordinator or designee 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 the investigation in writing to the complainant and any persons named as parties to the complaint (to the extent permitted by state and federal confidentiality requirements) within fifteen (15) school days from the date the

complaint was received by the Section 504/ADA Coordinator or designee.

e. In the event that the Section 504/ADA Coordinator or designee has a conflict of interest that prevents such individual from serving in this role, the complaint shall be forwarded to the Executive Director who shall appoint an investigator who does not have a conflict of interest.

B. Review by Executive Director

1. If the complainant is not satisfied with the findings and conclusions of the investigation, the dissatisfied party may present the complaint and written outcome to the Executive Director for review and reconsideration (an "Appeal") within thirty (30) calendar days of receiving the findings. This process provides an opportunity for the appealing party to bring information to the Executive Director's attention that would change the outcome of the investigation. In submitting an Appeal, the appealing party must explain why such party believes the factual information relied upon by the investigator was incomplete, the analysis of the facts was incorrect, and/or the appropriate legal standard was not applied, *and* how this information would change the investigator's determination in the case. Failure to provide all such information may result in the denial of the Appeal.

2. Upon review of an Appeal from the appealing party, the Executive Director shall review the investigative results of the investigator and determine if further action and/or investigation is warranted, or appoint a designee to do so. Such action may include consultation with the investigator and other relevant witnesses, a meeting with appropriate individuals to attempt to resolve the complaint or a decision affirming or overruling the investigator's conclusions or findings. The Executive Director or designee shall provide written notice to the appealing party of the Executive Director or designee's decision within ten (10) school days following the receipt of the Appeal, or if the Appeal is received during summer recess, as quickly as possible but no later than ten (10) school days after the start of the following school year.

3. If the complainant is not satisfied with the Executive Director or designee's decision or proposed resolution, such individual may request that the Executive Director submit the matter to a neutral mediator or to an impartial hearing officer. This request for mediation or a hearing should be made within fifteen (15) school days of the Executive Director or designee's decision.

C. Mediation Procedures

1. A parent/guardian or student aged 18 or older may request mediation with a neutral mediator to attempt to resolve a disagreement with the decisions made by the professional staff of the District with respect to the identification, evaluation or educational placement of the student.

2. A request for mediation regarding a student's identification, evaluation or educational placement under Section 504 should be forwarded to the District's Section 504/ADA Coordinator within thirty (30) school days of the alleged date that the dispute regarding the student's identification, evaluation, and/or education placement arose or within fifteen (15) school days of the Executive Director's decision in reviewing a complaint handled through the grievance/complaint procedure described in Section III.B, above. Mediation shall only occur by mutual agreement of the parties.

3. The request for mediation concerning a disagreement relating to 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 and/or placement; and
   f. Remedy requested.

4. Upon receipt of a request for mediation,

   a. The Section 504/ADA Coordinator shall:
      i. Forward a copy of the request for mediation to the Executive Director; and
      ii. Inform the parent/guardian or student 18 years old or older as to whether the District agrees to mediation in writing.

   b. If the District agrees to mediation, the Board shall retain a neutral mediator who is knowledgeable about the requirements of Section 504/ADA and has an understanding of a free appropriate public education ("FAPE") under Section 504 and the distinctions between and among Section 504, the ADA and the Individuals with Disabilities Education Act ("IDEA").

c. If the District does not agree to mediation, the Section 504/ADA Coordinator shall inform the parent/guardian or student aged 18 or older of their right to request an impartial hearing.

5. 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.

6. 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.

7. All statements, offers, or discussions and/or information shared during the mediation process, but not available from other means, shall be confidential, and may not be used in a subsequent hearing or other administrative or judicial proceeding related to the disagreement that is the subject of the mediation.

8. 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

An impartial due process hearing is available to a parent/guardian of a student, or a student aged 18 years of age or older, who disagrees with the decisions made by the professional staff of the District with respect to the identification, evaluation or educational placement of the student, or otherwise makes a claim of discrimination relating to the identification, evaluation or educational placement of the student.

1. The request for a due process hearing concerning a disagreement relating to 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 and/or placement; and
   f. Remedy requested.

2. Upon receipt of a request for an impartial due process hearing, the Board shall retain an impartial hearing officer. The impartial hearing officer must be someone who is knowledgeable about the requirements of Section 504/ADA and has an understanding of a free appropriate public education

("FAPE") under Section 504 and the distinctions between and among Section 504, the ADA and the IDEA.

3. The impartial hearing office shall schedule a pre-hearing conference with the District and the parent(s) or student aged 18 years of age or older (and/or legal counsel for the student) to identify the issue(s) for hearing, set the hearing schedule and address other administrative matters related to the hearing, including the option for mediation.

4. The impartial hearing officer shall inform all parties involved of the date, time and place of the hearing and of the right to present witnesses, other evidence and to be represented by legal counsel at each party's own expense, if desired.

5. The impartial hearing officer shall hear all aspects of the complainant's complaint concerning the identification, evaluation or educational placement of the student and shall reach a decision within forty-five (45) school days of receipt of the request for hearing. The decision shall be presented in writing to the complainant and to the Section 504/ADA Coordinator. The impartial hearing officer's decision shall be final.

6. An impartial hearing officer under Section 504 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.

7. The time limits noted herein may be extended for good cause shown for reasons including, but not limited to, permitting more time for thorough review of the record, presentation of evidence or opportunity for resolution.

E. Drug/Alcohol Violations

If a student with a disability violates the Board's policies relative to the use or possession of illegal drugs or alcohol, the Board may take disciplinary action against such student for the student's illegal use or possession of drugs or alcohol to the same extent that the Board would take disciplinary action against nondisabled students. Such disciplinary action is not subject to the complaint or due process procedures outlined above.

IV. The Section 504/ADA Coordinator for the District is:

Director of Human Resources
376 Hartford Turnpike
Hampton, CT 06247
(860) 455-1630

V. Complaints to Federal Agencies

At any time, 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); http://www2.ed.gov/about/offices/list/ocr/docs/howto.html.

EASTCONN
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EASTCONN
NOTICE OF PARENT/STUDENT RIGHTS
UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973
AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990

Section 504 of the Rehabilitation Act of 1973 ("Section 504") is a non-discrimination statute enacted by the United States Congress. Section 504 prohibits discrimination on the basis of disability by recipients of federal funds. Title II of the Americans with Disabilities Act ("ADA" or "Title II") also prohibits discrimination on the basis of disability by state and local governments. To be protected under Section 504 and the ADA ("collectively, "Section 504/ADA") as an individual with a disability, an individual must (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

Under Section 504, EASTCONN (the "District") has specific responsibilities to identify, evaluate and provide an educational placement for students with a disability. The 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 similarly imposed on nondisabled students/parents).

A student is eligible for regular or special education and related services under Section 504 if it is determined that the student has 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 or 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 have a disability and be covered by Section 504/ADA even if the student does not qualify for, or receive, special education services under the IDEA.

The purpose of this notice is to provide parents/guardians and students 18 years of age or older 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 District's education programs without discrimination based on your child's disability;

3. For your child to have equal opportunities to participate in academic, nonacademic and extracurricular activities in your school without discrimination based on your child's 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 and 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. 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 request an impartial due process hearing if you disagree with the District's decisions regarding your child's Section 504 identification, evaluation or educational placement. The costs for this hearing are borne by the 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/ADA 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; and

15. To file a formal complaint with the U.S. Department of Education, Office for Civil Rights.

The Section 504/ADA Coordinator for the District is:

Director of Human Resources
376 Hartford Turnpike
Hampton, CT 06247
(860) 455-1630
humanresources@eastconn.org

For additional assistance regarding your rights under Section 504 and Title II of the Americans with Disabilities Act, you may contact:

Office for Civil Rights, Boston Office
U.S. Department of Education
8th Floor
5 Post Office Square
Boston, MA 02109-0111
(617) 289-0111

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Section 504 Referral Form

I. Identifying Information

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

Primary Language: ___ English ___Other:_____

Referring Person: _____ Relationship to Student: _____

Parent/Guardian: _____
Address: _____ Cell Phone:_____ E-mail: _____
Parent/Guardian _____
Address: _____ Cell Phone:_____ E-mail: _____

Current School:_____ Grade:_____

II. Background Information

A. Reason for Referral: (Identify 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.

_____
_____
_____
_____

4. Parent Notification (if individual other than Parent has made referral):

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)

EASTCONN
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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 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 evaluation/initial evaluation
_____ Determine eligibility
_____Develop Section 504 Plan
_____ Review new information and/or possible need for re-evaluation
_____Review re-evaluation
_____Other

The following individuals have been invited to attend:

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

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SECTION 504 PLAN

NAME:_____ DOB:_____ GRADE:_____

SCHOOL:_____

DATE OF MEETING:_____

1. Describe the nature of the concern:

_____
_____
_____

2. Describe all evaluation data gathered:

_____
_____
_____

3. Identify the disability(ies) (i.e., physical or mental impairment that substantially impacts one or more major life activities) :

_____
_____
_____

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

_____
_____
_____

5. Describe how the disability affects each of the impacted major life activities:

_____
_____
_____

6. Please describe the analysis undertaken to determine the potential impact on a major life activity, without consideration of the ameliorating effects of any "mitigating measures," except for ordinary eyeglasses or contact lenses. Mitigating measures may include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.

Did the team consider the impact of the disability on a major life activity **without** the potential impact of any mitigating measures (except for ordinary eyeglasses and contact lenses)? For example, if the student is currently using a hearing aid, did the team consider whether the student has a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Yes No

Please describe:

_____
_____
_____

7. Does the student require accommodations (i.e., regular or special education, and/or related aids and services) under section 504, in order to access the student's education and other programs of the District and/or to receive educational benefit? If so, please describe each accommodation that is necessary:

Accommodation/Service	Frequency (time/daily/weekly)	Responsible staff/implementer	Additional Description

Use this space for narrative descriptions, if necessary:

_____
_____
_____
_____
_____
_____

Next Projected Meeting Date: _____
Next Review/Re-evaluation Date:_____
(must be completed)

Participants (Name and Title)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

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cc: Student's Cumulative File

Section 504
Student Eligibility Determination Worksheet

Name: _____ DOB: _____ Age: _____

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

Case Manager: _____

Parent/Guardian: _____

Address: _____ Cell phone: _____

_____ E-mail: _____

Parent/Guardian: _____

Address: _____ Cell phone: _____

_____ E-mail: _____

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)_____ ☐ Social/Emot./Beh:(dated)_____

☐ Classroom Observation:(dated)_____ ☐ Developmental:(dated)_____

☐ Health/Med:(dated)_____ ☐ Adaptive:(dated) _____

☐ Communication:(dated)_____ ☐ Motor:(dated)_____

☐ Achievement:(dated)_____

☐ Other:(dated)_____

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 or other information
(specify)

_____

_____

_____

_____ Consultation with the District's medical advisor and/or school nurse requested

_____ Other (please describe):_____

Specify the mental or physical impairment(s):

_____
(as recognized in DSM-5 or other respected source if not excluded under 504/ADA, e.g., current illegal drug use)

Indicate the Major Life Activity or Activities Substantially Affected by the Disability:

_____

_____ **Does Require a 504 Plan** _____ **Does NOT Require a 504 Plan**

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Section 504
Student Eligibility Determination Worksheet/Meeting Summary

Student's Name:_____ Date of Birth:_____ Grade:_____
School:_____ Date of Meeting:_____
Section 504 Case Manager:_____ Title:_____

A. The purpose of the meeting:

- ☐ Review initial referral
- ☐ Determine eligibility under Section 504; and if eligible, consider whether regular or special education, or related aid or services are required for Student to receive equal access to school programs and services or to receive FAPE
- ☐ Re-evaluation to review eligibility determination due to new information
- ☐ Reevaluation due to change in placement (related to discipline)
- ☐ Review before other significant change in placement
- ☐ Review/revise Section 504 Plan

B. 504 Team Members Present *(Must include individuals who are knowledgeable about the student, the meaning of evaluative data, and placement options)*

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

C. Review student's current academic and overall performance in all school programs and activities. Include and attach referral information if this is an initial referral, and describe nature of concerns, basis for suspecting disability, and impact of suspected disability on student (including academic, social, behavioral etc.)

_____
_____
_____
_____
_____
_____
_____

D. Eligibility Determination:

A student is eligible to receive services and/or accommodations under Section 504 if it is determined that the student has a physical or mental impairment that substantially limits one or more major life activities. The team must consider a variety of sources when determining whether a student has such impairment.

1. What sources of information are available at this time? ***Check all that apply***
   (Include relevant dates and names of evaluators, where appropriate.)

☐ **School records review (dated)** _____ ☐ **Observations of student (dated)** _____

☐ **Grades & report card review (dated)** _____ ☐ **Teacher reports (dated)** _____

☐ **Parent and/or student report (dated)** _____ ☐ **Informal assessments (dated)** _____

☐ **Medical information (dated)** _____ ☐ **Nursing Assessment (dated)** _____

☐ **Standardized testing (dated)** _____ ☐ **Parent/Student Interviews (dated)**_____

☐ **Checklists/behavior rating scales (dated) _____**

☐ **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 to number **3** below.
   ☐ No If "No," Specify the type of additional information that is needed:_____

_____
_____
_____

- If the team determines additional information is necessary and the information to be obtained includes testing, team must obtain parent consent on *Consent for Section 504 Evaluation* form; tests/evaluations recommended by the team shall be conducted at District expense. Parent may wish to provide outside evaluation and/or testing information from a qualified provider to be considered by the team; such evaluations and/or testing shall be at Parent expense. The District shall consider such outside information at team meeting, and must determine whether the information provided by the Parent meets the District's standards for evaluators and evaluations. If it is necessary to communicate with outside providers, the District must obtain a release to communicate with professionals outside of district. Once needed information is gathered, a 504 meeting will be reconvened to continue the process of determining eligibility.

3. Does the student have one or more physical or mental impairments?

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, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine or (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability. Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

☐ **NO** ☐ **YES**

If "<u>NO</u>": If no physical or mental impairment exists, the student is <u>not</u> identified as an individual with a disability. Go to **Section E** of this form.

If "<u>YES</u>": What are the impairments? *Please describe as recognized in DSM-5 or other respected source, if possible, 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 one or more physical or mental impairments, continue to the next page to determine whether there is a substantial limitation to one or more major life activities.**

4. Does the identified impairment substantially limit one or more major life activities? Please describe degree of limitation as compared to other students. ***Ask:*** *Is the impairment impacting one or more major life activities? Which ones? How is one or more major life activity impacted? What is the impact at school?*)

   A "major life activity" includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, or working. A major life activity also includes the operation of a major bodily function, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, or reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

   _____
   _____
   _____
   _____

5. **Mitigating Measures:**

   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. 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?

   Therefore, with respect to this student, 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)?

   Yes ☐ **No** ☐

   Mitigating measures include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.

   Please include any information relevant to consideration of mitigating measures:

   _____
   _____

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

1. Does the student have one or more **physical or mental impairments?** ☐ No ☐ Yes

2. Does the physical or mental impairment **substantially limit** one or more 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 I. If the answer to #3 is "Yes," continue to Section F.

F. Does the student require a Section 504 Plan in order to provide the student with a free appropriate public education and access to the school's programs (e.g. curriculum, extra-curricular activities, facilities, etc.)?

☐ No ☐ Yes *If "Yes," the team must develop a Section 504 Plan.*

G. Is this a re-evaluation (i.e. review of current plan/status) before a significant change in placement (e.g., review of new information)?

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

1. What is the anticipated significant change of placement?

☐ New information received about the student, the impairment or current placement
☐ Graduation
☐ Change in program due to Disciplinary Action
☐ Other (specify)_____

Please describe the updated information considered by the team in conducting the reevaluation.

_____
_____
_____
_____
_____
_____
_____
_____

If additional information, individualized testing and/or evaluations are necessary to determine continued eligibility and/or what is needed in the Student's Section 504 Plan to provide FAPE, please indicate.

_____
_____
_____
_____
_____
_____
_____

2. Consider: Is the student still eligible? ☐ No ☐ Yes

3. If "Yes," does the student's Section 504 Plan as currently written provide FAPE? ☐ Yes ☐ No

4. If "No," what changes to the plan are required? Explain basis for each decision in light of information gathered in re-evaluation. _____
_____
_____

H. Other Relevant Information Discussed at Meeting, including any requests rejected, and basis for such rejection.

_____
_____
_____
_____
_____
_____
_____

I. Summary of Actions Taken

☐ Parent/Guardian (or student if age18 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 regular or special education, or related services or aids.

☐ A Section 504 Plan was developed.

☐ Student is NOT identified as a person with a disability under Section 504.

☐ A reevaluation has been conducted.

☐ Additional information and/or evaluations are required.

☐ A re-valuation prior to significant change in placement has been conducted.

☐ Other (please specify) _____

_____

_____

_____

_____

_____

_____ _____

Recorder Title

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Section 504 Request for Mediation/Hearing

This form is intended to be used if a parent or guardian or student 18 years of age or older wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of the student.

Name of person requesting mediation/hearing: _____

Relationship to student: _____

Address: _____

Phone #: _____

E-mail:_____

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 regarding the identification, evaluation or educational placement of the student:

_____

_____

_____

_____

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

_____

_____

_____

_____ _____
Signature of Parent/Guardian Date

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SECTION 504/ADA DISCRIMINATION
GRIEVANCE/COMPLAINT FORM FOR ISSUES REGARDING STUDENTS

This form is intended to be used if an individual has grievance/complaint under Section 504/ADA alleging discrimination on the basis of a disability, including 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 #)

_____
(E-mail)

3. Name of the Student: _____

4. Address of Student (if different from above):
_____
_____

5. Age/Grade Level/School/ (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:
_____
_____
_____
_____
_____
_____

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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 a parent/guardian can request a Section 504 meeting at any time to review the Section 504 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 District who has full authority to sign such a document on behalf of the 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)	

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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 District must obtain the consent of parents before conducting such an evaluation.

The tests/evaluation procedures listed below were recommended:

TEST/EVALUATION PROCEDURE	AREA OF ASSESSMENT	EVALUATOR(S)

☐ Adaptations/accommodations required for this evaluation are:

_____

_____

If the student requires physical adaptations in order for testing/evaluations to be completed, the following adaptations are required:_____

_____

If the student's native language is other than English, the following adaptations are required:

_____

☐ No adaptations/accommodations required

PARENTAL CONSENT

☐ **I give my consent** for the [DISTRICT NAME] Public Schools to conduct 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 the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the District must take steps as are necessary, which may include requesting an impartial hearing, to ensure that my child receives or continues to receive a free appropriate public education.

_____

Parent/Guardian Signature Date

EASTCONN
Where Learning Comes to Life

NOTICE AND CONSENT FOR PLACEMENT ON SECTION 504 AND FOR THE PROVISION OF SECTION 504 ACCOMMODATIONS/SERVICES

Date: _____

Dear _____

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

found eligible under Section 504. Prior to the implementation of Section 504 placement, and the provision of accommodations/services under Section 504 (as described in the Section 504 Plan attached hereto), the District requires your consent.

PARENTAL CONSENT

☐ **I give my consent** for the [DISTRICT NAME] Public Schools to place my child on a Section 504 plan as described in the Section 504 Plan attached hereto). I understand that this consent may be revoked at any time.

_____ _____
Parent/Guardian Signature Date

☐ **I do not give** my consent for the [DISTRICT NAME] Public Schools to provide the accommodations/services described in the Section 504 Plan attached hereto.

_____ _____
Parent/Guardian Signature Date

Included with this form are:

☐ The Section 504 Plan developed at the Section 504 meeting on _____.
☐ Your Notice of Rights Under Section 504.

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WORKSHEET FOR MANIFESTATION DETERMINATION

(For those situations when the expulsion of a 504 student is contemplated; following a series of suspensions that constitute a change in placement; or following a series of informal exclusions that constitute a change in placement)

STUDENT: _____GRADE: _____DATE: _____

1. **SECTION 504 MEETING PARTICIPANTS:**

NAME	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. **DESCRIBE NATURE OF STUDENT'S DISABILTY:**

_____
_____

3. **DESCRIPTION OF MISCONDUCT:**

_____
_____
_____
_____

a. Date of Disciplinary Action: _____

b. Date Parents Notified of Disciplinary Action:_____

c. 504 of Notice of Rights Given? Yes No

4. **INFORMATION CONSIDERED IN CONDUCTING A MANIFESTATION DETERMINATION**:
(*Each item below must be considered. Check box as each topic is addressed.*)

[ ] Teacher Observations of the Student
[ ] Relevant Information Supplied by Parents
[ ] Evaluations and Diagnostic Results
[ ] Student's 504 Plan
[ ] Relevant Information Supplied by School Staff
[ ] Other (describe)

5. Was the misconduct in question caused by the student's disability, or does the misconduct in question have a **direct and substantial relationship** to the student's disability?

[ ] YES [ ] NO

Comments:

_____
_____
_____
_____

6. Was the misconduct in question a **direct result** of the District's failure to implement the Section 504 Plan (in relationship to the misconduct in question)?

[ ] YES [ ] NO

Comments:

_____
_____
_____
_____
___

7. If the answer to **either** #5 or #6 is "**Yes**", the behavior under review **is** considered a manifestation of the student's disability.

8. If the answer to **both** #5 and #6 is "**No**", the behavior under review **is not** considered a manifestation of the student's disability.

Procedure if Misconduct is not a Manifestation of the Student's Disability:

If the manifestation determination team determines that the misconduct in question is **not** a manifestation of the student's disability, school personnel may apply the relevant disciplinary procedures to the student in the same manner and for the same duration as the procedures would be applied to a student without disabilities.

Procedure if Misconduct is a Manifestation of the Student's Disability:

If the manifestation determination team determines that the misconduct in question **is** a manifestation of the student's disability, the 504 Team should:

1) conduct a functional behavioral assessment unless the District had conducted a functional behavioral assessment before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan for the student;

or

2) if a behavioral intervention plan already has been developed, review the behavioral intervention plan, and modify it, as necessary, to address the behavior; **and**

3) return the student to the placement from which the student was removed, unless the parent and the District agree to a change of placement as part of the modification of the behavioral intervention plan.