

Student Disability Nondiscrimination

SECTION 504/AMERICANS WITH DISABILITIES ACT (ADA)

IDENTIFICATION, EVALUATION, AND EDUCATION OF STUDENTS WHO ARE QUALIFIED PERSONS WITH A DISABILITY WITHIN THE MEANING OF SECTION 504 OF THE REHABILITATION ACT OF 1973 AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT.

IDENTIFICATION AND REFERRAL PROCEDURES

1. A student who is believed to be an eligible and qualified Section 504/ADA individual with a disability, may be referred by a teacher, other certified school employee, parent/guardian or community agency for evaluation to determine the student’s eligibility under Section 504/ADA.

Section 504/ADA Referral Form

2. The referral team will be composed of persons knowledgeable about the student, the meaning of the evaluation data, and the placement options. The Section 504 Building Coordinator will monitor the composition of the team to ensure that qualified personnel participate.
3. The team will promptly consider the referral and, based upon a review of the student's existing records, make a decision as to whether an evaluation under this procedure is appropriate.

EVALUATION

Evaluation of the student and formulation of a plan of services, if any, will be carried out by the building team according to the following procedure:

1.
 - a. Prepare an evaluation or assessment plan to be submitted to the parent(s);
 - b. If adequate evaluation data is available, schedule a Section 504/ADA eligibility meeting.

*Parent Permission/Request For Section 504 Evaluation
Parent/Student Rights In Identification, Evaluation, and Placement*

2. The team will evaluate the nature of the student's disability and the impact of the disability upon the student's education.
3. No final determination of whether the student will or will not be identified as an individual with a disability within the meaning of Section 504/ADA will be made without first inviting the parent or guardian of the student to participate in a meeting concerning such determination.
4. A final decision will be made by the building team in writing and the parents or guardian of the student shall be notified of the Section 504/ADA procedural safeguards available to them.

<i>504 Eligibility Determination</i>

PLAN FOR SERVICES

1. For each student who has been identified as having a disability within the meaning of Section 504/ADA, the building team shall be responsible for determining what reasonable accommodations, adaptations, and/or special services, if any, are needed to ensure that the student receives a free, appropriate education.
2. In making this determination, the building team shall consider relevant information in its possession, including any independent outside evaluations paid for by the parent, and draw upon a variety of sources including, but not limited to, assessments conducted by the District's professional staff.
3. The parent or guardian shall be invited to participate in the meetings where services for the student will be determined.
4. The team will develop a written plan describing the reasonable modification(s) needed, if any. The plan will specify how the regular or special education and related aids and services, if any, will be provided. As a matter of courtesy, this plan will be submitted to the parent for his or her signature.

<i>Section 504/ADA Student Accommodation Plan Parent/Student Rights In Identification, Evaluation, and Placement</i>
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5. The team may also determine that no special education or related services are appropriate. If so, the record of the building team proceedings will reflect the identification of the student as a person with a disability and state the basis for the decision that no special services are presently needed.

6. In all cases, a student with a disability requiring related aids and services shall be placed in the regular educational environment of the District unless the District demonstrates that such placement cannot be achieved satisfactorily. A student with a disability shall be educated with nondisabled students to the maximum extent appropriate to the individual needs of the student.
7. The building team shall notify the parents or guardian in writing of its final decision concerning the services, if any, to be provided.

REVIEW OF STUDENT'S PROGRESS

The Section 504 Building Coordinator will monitor the progress of each student with a disability and the effectiveness of the student's plan annually and will provide for periodic re-evaluations to determine whether the plan is appropriate. Prior to any subsequent significant change in the placement of a student with a disability, a re-evaluation of the student's needs will be conducted.

PROCEDURAL SAFEGUARDS

1. The parents or guardian of each student with a disability shall be notified in writing concerning District decisions on the identification, evaluation, or educational placement of the student made under this policy.
2. As to such District decisions, parents and guardians shall have right to file a grievance, without fear of reprisal, if they believe there has been a violation of Section 504/ADA. Any such grievance must be filed in writing within a reasonable period of time after the alleged violation occurred. The grievant must fully state the facts of the alleged violation and the remedy that is being sought.

STEP ONE: The grievance should be submitted to the Building Section 504 Coordinator, who will investigate the circumstances of the alleged violation. The Building Section 504 Coordinator will provide a written report of his/her findings of fact and conclusions within ten (10) school days to the grievant and District Section 504 Administrative Liaison.

STEP TWO: If the grievance has not been resolved to the satisfaction of the grievant, she/he may appeal to the District Section 504 Administrative Liaison within five (5) school days of receipt of the report. The District Section 504 Administrative Liaison will conduct an investigation and within ten (10) school days of receipt of the appeal, s/he will affirm, reverse, or modify the report of the Building Section 504 Coordinator.

STEP THREE: If the grievance has not been resolved in Step Two to the

satisfaction of the grievant, she/he may appeal to the Superintendent of Schools within five (5) school days of receipt of the District Section 504 Administrative Liaison's report. The Superintendent will conduct an investigation to review the alleged violation. S/he will affirm, reverse, or modify the report issued by the District 504 Administrative Liaison within fifteen (15) school days of receipt of the appeal.

STEP FOUR: If the grievance has not been resolved in Step Three to the satisfaction of the grievant, and the action is in regard to the identification, evaluation, or educational placement of the student with a disability, s/he may request an impartial due process hearing officer and follow state and federal rules for due process hearings.

EXTENSION OF TIME LIMITS: Any time limits set by these procedures may be extended by mutual consent of the parties involved.

This procedure provides written assurance that complaints may be made without fear of reprisal.

The grievant may file a complaint with community, state, or federal agencies. Organizations and agencies which the parent may contact to obtain assistance with evaluation/placement questions include, but are not limited to, the following:

Federal:

Chicago Office
Office for Civil Rights
U.S. Department of Education
111 N. Canal Street, Suite 1053
Chicago, IL 60606-7204
Telephone: 312-886-8434 FAX: 312-353-4888; TDD: 877-521-2172 Email:
OCR.Chicago@ed.gov

State:

Minnesota Department of Education
Compliance and Assistance
1500 Highway 36 West
Roseville, MN 55113
Phone: 651-582-8200

Organization:

PACER Center, Inc.
8161 Normandale Blvd.
Minneapolis, MN 55437

Voice: (952) 838-9000, TTY: (952) 838-0190,
Toll-free in Greater Minnesota: (800) 537-2237
Fax: (952) 838-0199

Website: pacer@pacer.org, www.pacer.org

St. Cloud Area School District 742
1000 44th Avenue North, Suite 100
St. Cloud, MN 56303-2037

Administrative Procedures

August 22, 1996

Revised/Updated: August 24, 2000

Revised/Updated: January 10, 2007

**SECTION 504/ADA
PARENT/STUDENT RIGHTS IN IDENTIFICATION,
EVALUATION AND PLACEMENT**

The following is a description of the rights granted by federal law to students with disabilities. 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 to:

1. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;
2. Have the school district advise you of your rights under federal law;
3. Receive notice with respect to identification, evaluation, or placement of your child;
4. Have your child receive a free appropriate public education. This includes the right to be educated with nondisabled students to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
5. Have your child educated in facilities and receive services comparable to those provided nondisabled students;
6. Have your child receive special education and related services if s/he is found to be eligible under the Individuals with Disabilities Improvement Act (PL 108-446) or Section 504 of the Rehabilitation Act;
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by persons who know the student, the evaluation data, and placement options;
8. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the district;
9. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the district;
10. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement;
11. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records;
12. A response from the school district to reasonable requests for explanations and interpretations of your child's records;
13. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time, and advise you of the right to a hearing;
14. Request mediation or an impartial due process hearing related to decisions or reactions regarding your child's identification, evaluation, educational program or placement. You and your child may take part in the hearing and have an attorney represent you.
15. Ask for payment of reasonable attorney fees if you are successful on your claim;
16. File a local grievance. See Administrative Procedures 521A for details.

The person at the school who is responsible for Section 504/ADA compliance is the building principal. The District Section 504 Administrative Liaison may be contacted at the District Administration Office, 1000 44th Avenue North, Suite 100, St. Cloud, MN 56303-2037 (320) 202-6800.

**ST. CLOUD AREA
SCHOOL DISTRICT 742**

**SECTION 504/ADA
REFERRAL FORM**

School: _____ Date: _____

Student: _____ D.O.B.: _____

Parent: _____ Phone (Home): _____

Address: _____ Phone (Work): _____

Teacher: _____ Grade: _____

Referred By: _____

1. Reason for referral:

2. Accommodations and interventions attempted (attach appropriate documentation):

3. Has the student ever been referred, evaluated, and/or received services from special education? ____ Yes ____ No. If yes, Explain:

4. Referral action:

Principal's Signature

Date

C: Student's File
Parent
Dist. 504 Liaison

PARENT PERMISSION/REQUEST FOR SECTION 504 EVALUATION

STUDENT NAME: _____ DOB: ____ / ____ / ____ AGE: _____

SCHOOL: _____ GRADE: _____

PARENT(S)
NAME: _____ TELEPHONE: _____

ADDRESS: _____

1. Notice:

a. A referral for a 504 evaluation has been initiated in order to determine eligibility and possible accommodation(s) for a suspected physical or mental impairment that substantially limits a major life activity. The reasons for this referral are:

b. Options considered and general education intervention procedures previously employed:

c. Proposed Evaluation: The evaluation procedures may include a review of school records, medical/diagnostic information, observation of your child's activities, personal interviews, completing behavior checklists, parent information, and consultation with you.

2. Permission:

The evaluation will be conducted within 30 instructional days of parent permission. A 504 Conference will be held to discuss the evaluation and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box below:

- Permission is given voluntarily to conduct the evaluation process as described.

- Permission is denied.

3. Rights and Options:

I have received a written copy of the Parent/Student Rights under Section 504 of the Rehabilitation Act.

Parent/Guardian's Signature _____ Date: _____

**ST. CLOUD AREA
SCHOOL DISTRICT 742**

**SECTION 504/ADA
NOTICE OF A CONFERENCE**

Student: _____ Grade: _____

School: _____ Date: _____

Re: Initial Conference Annual Review Special Meeting

Dear _____:

This is to confirm the Section 504 Conference Committee meeting that was mutually agreed upon to be held on: _____ at _____ in _____
Date Time Location/Room

The purpose of this meeting is to:

- | | |
|--|---|
| <input type="checkbox"/> Discuss results of evaluation
<input type="checkbox"/> Instructional progress
<input type="checkbox"/> Misconduct/infracton of school rules
as it relates to disability. | <input type="checkbox"/> Review of placement.
<input type="checkbox"/> Other (specify) _____ |
|--|---|

The following individuals are anticipated to be in attendance:

- | | |
|---|---|
| 1. <input type="checkbox"/> Parent(s)/Guardian
2. <input type="checkbox"/> Student
3. <input type="checkbox"/> Classroom Teacher
4. <input type="checkbox"/> Guidance Counselor
5. <input type="checkbox"/> Interpreter | 6. <input type="checkbox"/> School Principal
7. <input type="checkbox"/> School Psychologist
8. <input type="checkbox"/> School Social Worker
9. <input type="checkbox"/> School Nurse
10. <input type="checkbox"/> Other Specialists
11. <input type="checkbox"/> Other |
|---|---|

You may also bring additional persons to the meeting. Please contact me if there are additional school personnel you would like to have in attendance.

Please call if you have any questions.

Sincerely,

Name

Position

Telephone

ST. CLOUD AREA SCHOOL DISTRICT 742	SECTION 504/ADA STUDENT ACCOMMODATION PLAN
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NAME: _____ **BIRTHDATE:** _____ **GRADE:** _____
SCHOOL: _____ **DATE OF MEETING:** _____

1. Describe the nature of the concern:

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

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

4. Describe the reasonable accommodations that are necessary:

Review/Reassessment Date:

Participants:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

ENCLOSED: SECTION 504/ADA PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION AND PLACEMENT

C: Student's File
Parent
Dist. 504 Liaison

504 ELIGIBILITY DETERMINATION

STUDENT'S NAME: _____ GRADE: _____ DATE: _____

SCHOOL: _____ BIRTHDATE: _____ PARENT(S): _____

SCHOOL CONTACT PERSON: _____ POSITION: _____

Variety of sources of evaluation information: *(indicate each one used)*

_____ school records	_____ observations
_____ diagnostic information	_____ parent information
_____ medical reports	_____ other assessments
_____ other (specify): _____	

1. Specify the mental or physical impairment: _____

2. Check the major life activity that is affected by the impairment:

- | | | | |
|----------------------------------|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> caring for one's self | <input type="checkbox"/> breathing |
| <input type="checkbox"/> walking | <input type="checkbox"/> learning | <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> working |

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

a) unable to perform a major life activity that the average student of approximately the same age can perform

OR

b) significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age. The impairment must be substantial and somewhat unique, rather than commonplace, when compared to the average student of approximately the same age.

Discount from the analysis any sub-par performance due to other factors, such as lack of motivation, and the immediate situation or environment. Similarly, make an educated estimate of the mitigation of medication. Use the average student in the general population as the frame of reference for comparison.

Place an "X" on the following scale to indicate the specific degree that the impairment (in #1) limits the major life activity (in #2). For an "X" at 4.0 or above, fill in specific information evaluated by the team that justifies the rating.

5		Extremely	
4		Substantially	
3		Moderately	
2		Mildly	
1		Negligibly	

The team's determination was less than 4.0; the student is not eligible for Section 504 protections. Provide notice to parents of their procedural rights, including an impartial hearing.

OR

The team's determination was a "4" or above. The team should determine and list on the 504 Accommodation Plan the specific accommodations that are necessary for the student to have an opportunity commensurate with nondisabled students of approximately the same age in this district.

Eligibility Team Members:

Name of Team Member	Position/Relationship to Child	Agree/Disagree With Determination	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No