

**Administrative Regulation****INSTRUCTION****Identification and Education Under Section 504****A. Eligibility**

A disabled student eligible for services under Section 504 is one who: (a) has a physical or mental impairment that substantially limits one or more major life activities, including learning; (b) has a record of such an impairment; or (c) is regarded as having such an impairment. Code of Federal Regulations, Title 34, Part 104.3.)

Major life activities are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Examples of students with such impairments include, but are not limited to:

1. Students with a normal ability to learn but who have a mobility impairment;
2. Students with a normal ability to learn academically but who require occupational or physical therapy in order to function physically; and
3. Students with emotional disabilities manifested by behavior problems, which result in exclusion from classes or school.

Indications of a possible disability that significantly interferes with learning include, but are not limited to:

1. Medical conditions such as severe asthma or heart disease;
2. Temporary medical condition due to illness or accident; or
3. Poor or failing grades over a lengthy period of time.

**B. Referral and Identification Procedures**

1. Any student may be referred by a parent/guardian, teacher, other certificated school employee, or community agency for consideration of eligibility as a disabled student under Section 504. This referral should be made to the school site principal.
2. The Section 504 student study team shall promptly consider the referral and determine whether an evaluation under this procedure is appropriate. This determination shall be based on a review of the student's school records (including academic, social, and behavioral records) and the student's needs. Students requiring evaluation shall be referred to appropriate evaluation specialists.
3. If a request for evaluation is denied, the Section 504 student study team shall inform the parents/guardians of the denial and of their procedural rights as described below.

C. Accommodation Plan

1. When a student is identified as disabled within the meaning and scope of Section 504, the Section 504 student study team shall determine what services are necessary to ensure that the student's individual education needs are met as adequately as the needs of non-disabled students.
2. In making this determination, the Section 504 student study team shall consider all significant factors relating to the learning process for the student, including his/her adaptive behavior and cultural and language background. The evaluation may include, but is not limited to, classroom and playground observation, performance-based testing, academic assessment information, and data offered by the parent/guardian.
3. The parents/guardians shall be invited to participate in the Section 504 student study team meeting where services for the student will be determined and parents/guardians shall be given an opportunity to examine all relevant records.
4. The Section 504 student study team shall develop a written plan describing the disability and specifying the services the student needs. A copy of this plan shall be kept in the student's cumulative file. The student's teacher and any other staff who provide services to the student shall be informed of the services necessary for the student, to the extent that they need to be informed in order to provide for the student in the school setting.
5. If the Section 504 student study team determines that no services are necessary for the student, the record of the team's meeting shall reflect the identification of the student as a disabled person under Section 504 and shall state the basis for the decision that no special services are presently needed.
6. The disabled student shall be placed in the regular educational environment unless the district demonstrates that a more restrictive placement is required in order to meet the student's needs. The disabled student shall be educated with those who are not disabled to the maximum extent appropriate to the student's individual needs.
7. The parents/guardians shall be notified in writing of the final decision concerning services to be provided, if any, and of the Section 504 procedural safeguards, including the right to an impartial hearing to challenge the decision.
8. The district shall complete the identification, evaluation, and placement process within a reasonable time frame.
9. The student's plan shall include a schedule for periodic review of the student's needs and shall indicate that this review may occur sooner at the request of the parent/guardian or school staff. In no case shall the review be performed less than once annually.

D. Review of the Student's Progress

1. The Section 504 student study team shall monitor the disabled student's progress and the effectiveness of the student's plan. The team shall periodically determine whether the services are appropriate and necessary and whether the disabled student's needs are being met as adequately as the needs of non-disabled students.
2. The student's needs will be reevaluated before any subsequent significant change in placement.

E. Procedural Safeguards

Parents/guardians shall be notified in writing of all district decisions regarding the identification, evaluation, or educational placement of students with disabilities or suspected disabilities. Notifications shall include a statement of their rights to:

1. Examine relevant records;
2. Have an impartial hearing with an opportunity for participation by the parents/guardians and their counsel; and
3. Have a review procedure. (Code of Federal Regulations, Title 34, Part 104.36)

Notifications shall also set forth the procedures for requesting a hearing, including the name, address, and telephone number of the person with whom the request should be made, and the fact that reimbursement for attorney's fees is available only as authorized by law.

The Superintendent or designee shall maintain a list of impartial hearing officers who are qualified and willing to conduct Section 504 hearings. To ensure impartiality, the hearing officers shall not be employed by or under contract with the district in any capacity other than that of hearing officer and shall not have any professional or personal involvement that would affect their impartiality or objectivity in the matter.

F. Appeal Process

If a parent/guardian disagrees with the identification, evaluation, or educational placement of a student with disabilities under Section 504, he/she may initiate the following procedures:

1. Within 30 days of receiving the student's accommodation plan, a parent/guardian may submit a written request to the school principal and Section 504 student study team to review the plan in an attempt to resolve the disagreement. This review shall be held within 14 days of receiving the parent/guardian's request, and the parent/guardian shall be invited to attend the meeting at which the review is conducted.
2. If the disagreement is not resolved, a parent/guardian may submit a written request

to the Superintendent or designee, asking that the Superintendent or designee review the plan. This review shall be held within 14 days of receiving the parent/guardian's request, and the parent/guardian shall be invited to meet with the Superintendent or designee to discuss the review.

3. If the disagreement is not resolved, a parent/guardian may submit a written request to the Superintendent or designee for a Section 504 hearing. The request shall include:
  - a. The specific nature of the decision with which the parent/guardian disagrees;
  - b. The specific relief the parent/guardian seeks; and
  - c. Any other information the parent/guardian believes pertinent.

These procedures are not sequential but are listed in an attempt to resolve disagreements in a timely manner. The review and resolution meetings described in F(1) and F(2) above are optional and not a prerequisite to a parent/guardian's request for a 504 hearing.

#### G. Section 504 Appeal Hearing

Within 20 days of receiving the parent/guardian's request, the Superintendent or designee shall select an impartial hearing officer. This 20-day timeline may be extended for good cause or by the parties' mutual agreement.

Within 45 days of the selection of the hearing officer, the Section 504 hearing shall be conducted and a written decision mailed to all parties. This 45 day timeline may be extended for good cause or by the parties' mutual agreement. The Superintendent or designee shall represent the district at this hearing.

Any party to the hearing shall be afforded the right to:

1. Be accompanied and advised by counsel and by individuals with special knowledge or training related to the problems of students who are qualified as disabled under Section 504;
2. Present written and oral evidence;
3. Question and cross examine witnesses; and
4. Receive written findings by the hearing officer.

If desired, either party may ask a federal court of competent jurisdiction to review the hearing officer's decision.

Approved: September 27, 1993  
 Revised: April 25, 1995  
 Revised: April 15, 1997

**BERRYESSA UNION SCHOOL DISTRICT  
SECTION 504/ADA  
CONSENT FOR ACADEMIC PROGRESS EVALUATION**

To Parent or Guardian of \_\_\_\_\_ Birth Date \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ District of Residence \_\_\_\_\_ District of Service \_\_\_\_\_

Language Proficiency Status \_\_\_\_\_ Language to be Used for Evaluation \_\_\_\_\_

In order to meet your child's individual education needs, the following evaluation may be required. The evaluation will be conducted by appropriately qualified staff, and when appropriate, suitable interpreters of the individual's primary language may be used. You may receive a copy of the evaluation findings, upon request, prior to the Student Study Team meeting. You will be asked to participate in a meeting of the Student Study Team following completion of the evaluation. The results of this evaluation may be a recommendation for an Accommodation Plan. All information and evaluation results will be kept confidential.

PROFILE CATEGORIES	DESCRIPTION/COMMENTS
ACADEMIC ACHIEVEMENT	
TESTING Test Instruments: _____ _____	
MEDICAL	
BEHAVIORAL	

**The professional(s) involved in the individual evaluation plan above may include:**  
 Resource Specialist  Audiologist  Special Education Teacher  Adapted PE Specialist  Psychologist  Nurse  Language, Speech, and Hearing Specialist  Other: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS ABOUT THE ABOVE EVALUATION PLAN, PLEASE CALL:**  
 Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**THIS FORM MUST BE SIGNED BEFORE EVALUATION CAN BEGIN.**  
 Please check the following items, as appropriate.  
 I give informed consent for my child, \_\_\_\_\_, to be assessed according to the evaluation plan above.  
 I understand: (1) that the results will be confidential, and that I will be invited to discuss them at a Student Study Team meeting; and (2) that no Section 504/ADA placement/service will result from this evaluation without my written permission.  
 I request that these independent evaluations be considered \_\_\_\_\_  
 I deny consent to conduct the evaluation described above.  
 Please contact me. Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Please sign this form and return it to:** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**BERRYESSA UNION SCHOOL DISTRICT**

**SECTION 504  
REFERRAL CHECKLIST**

Student Name \_\_\_\_\_

Referral Date \_\_\_\_\_

Check (X) each step as it is completed, indicate the date of completion and person initiating action.

(X) Date of Completion  
Completion Signature

<p>1. The form <b>Referral for Section 504 Services</b> is completed and submitted to the Student Study Team Chairperson          Note: <u>All</u> Section 504 forms/documentation must be copied for the:              Parent/Legal Guardian              Student's cumulative folder              Special Services file</p>	
<p>2. The Student Study Team Chairperson records the referral information in the school's <b>Section 504 Referral Log.</b></p>	
<p>3. The parent/legal guardian is given the:          a) Notice: Receipt of Section 504 Referral          b) Notice of Parent/Student Rights in Identification, Evaluation, Accommodation, and Placement          c) A copy of the <u>completed</u> referral form <b>Referral for Section 504 Services (504-1)</b></p>	
<p>4. The Student Study Team Chairperson notifies appropriate staff members and/or others to conduct the Section 504 evaluation.</p>	
<p>5. The Student Study Team Chairperson establishes and notifies the evaluation team members of the meeting date, time, and place.</p>	
<p>6. The Student Study Team Chairperson sends the <b>Invitation to Section 504 Student Study Team Meeting</b> to the parent/legal guardian.</p>	
<p>7. The Section 504 <b>Student Study Team</b> meeting and the <b>Section 504 Student Study Team Meeting Report</b> is completed. If the child is determined to be disabled under Section 504, a <b>Section 504 Education Plan</b> is written by the meeting participants.*</p>	
<p>8. Following the Section 504 meeting, the Student Study Team Chairperson:          a) places all information in the student's special services file and          b) sends copies of the 504 documents to the building principal for inclusion in the student's cumulative folder.**</p> <p>** Psychological reports/evaluations are considered confidential and will be maintained in a separate, protected file at the building Principal's office.</p>	
<p>* Upon completion of (7), a copy of this form should be included in the student's special services file and the student's cumulative folder.</p>	

**BERRYESSA UNION SCHOOL DISTRICT**  
**REFERRAL FOR SECTION 504 SERVICES**  
 (Section 504 of the Rehabilitation Act of 1973)

<b>Student Name</b> _____	<b>School</b> _____
<b>Date of Birth (DOB):</b> _____	<b>Grade Level:</b> _____

**I. Statement of Suspected Section 504 Handicap:**

<p><b>Please check (T) the statement(s) that apply.</b></p> <p>I am concerned that this person:</p> <p>___ (A)            may have a physical or mental impairment that substantially limits one or more major life activities (e.g., walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and/or performing manual tasks);</p> <p>___ (B) may have a record of such an impairment;</p> <p>___ (C) may be regarded as having such an impairment.</p>
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**II. Nature of the Concern:**

- A.        State the physical or mental impairment that may be substantially limiting a major life activity.
  
- B.        Indicate which major life activity(s) is being limited.
  
- C.        Indicate how the major life activity(s) is being limited.

<b>Signature of the Person Making Referral</b>	<b>Title</b>	<b>Date of Referral (mo./day/yr.)</b>
The signature of the Principal receiving this referral also documents that the <i>Notice: Receipt of Section 504 Referral, Parent/Student Rights in Identification, Evaluation, Accommodation, and Placement</i> , and a copy of this referral have been given or sent to the parent/legal guardian.		
<b>Receiving Referral</b>	<b>Date Received (mo./day/yr.)</b>	<b>Signature of Principal</b>
Copies to:    ( ) Parent/Guardian            ( ) Educational Services            ( ) Cumulative Folder		504-1

**BERRYESSA UNION SCHOOL DISTRICT**

**NOTICE: RECEIPT OF SECTION 504 REFERRAL**  
(Section 504 of the Rehabilitation Act of 1973)

<b>Student Name:</b> _____	<b>School</b> _____
<b>Date of Birth (DOB):</b> _____	<b>Grade Level</b> _____

Date \_\_\_\_\_

Dear \_\_\_\_\_,  
Parent/Legal Guardian

In order to determine if your child's individual educational needs are being appropriately addressed, a referral has been made and an evaluation has been requested under Section 504 of the Rehabilitation Act of 1973. The purpose of the Section 504 referral process is: (1) to determine whether your child has a physical or mental impairment that may be substantially limiting one or more major life activities (e.g., walking, seeing, hearing, speaking, breathing, learning, and/or caring for one's self); and, (2) to develop a special accommodation plan so that your child can have access to and receive an appropriate education if he/she is determined to be disabled under Section 504.

The Section 504 evaluation, which will be conducted at no cost to you, may include the following procedures; a review of records, interviews with those knowledgeable about your child, observations, and use of other educational and/or psychological assessment measures. If individual psychological assessment instruments are to be administered, you will be asked to give written consent for those procedures.

Following the evaluation, a meeting will be held to discuss the findings. You will be invited to this Section 504 Evaluation Meeting.

Please read the statement of **Parent/Student Rights in Identification, Evaluation, Accommodation, and Placement** attached to this notice.

If you have any questions, need additional information, wish to discuss the referral information, or have any information which may be helpful, please contact me or the school principal.

Sincerely,

\_\_\_\_\_  
Student Study Team Chairperson

Attachment: Copy of Referral for Section 504 Services

Copies to:     Parent/Guardian                       Educational Services                       Cumulative Folder                      504-2

**BERRYESSA UNION SCHOOL DISTRICT**  
  
**NOTICE OF PARENT/STUDENT RIGHTS**  
**in**  
**IDENTIFICATION, EVALUATION, ACCOMMODATION, AND PLACEMENT**

**(Section 504 of the Rehabilitation Act of 1973)**

The following is a description of the rights federal law grants 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. **Please keep this explanation for future reference.**

**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 disabling condition.
2. Have the Berryessa Union School District advise you of your rights under federal law.
3. Receive notice with respect to Section 504 identification, evaluation, accommodation, and/or placement of your child.
4. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the Berryessa Union 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 to non-disabled students.
6. Have your child receive exceptional education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. Chapter 33, P.L. 101-476).
7. Have an evaluation, educational recommendation, and placement decision developed by a team of persons who are knowledgeable of the student, the assessment data, and any 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 Berryessa Union School District.
9. Have your child be given an equal opportunity to participate in non-academic and extracurricular activities offered by the Berryessa Union School District.
10. Examine all relevant records relating to decisions regarding your child's Section 504 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. Obtain a response from the Berryessa Union 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 Berryessa Union School District refuses this request for amendment, Educational Services, shall notify you within a reasonable time and advise you of your right to an impartial hearing.
14. Request mediation or file a grievance in accordance with Berryessa Union School District's Section 504 mediation, grievance, and hearing procedures.
15. Request an impartial hearing regarding the Section 504 identification, evaluation, accommodation, and/or placement of your child. You and the student may take part in the hearing and have an attorney represent you.
16. File a formal complaint with the U.S. Department of Education:
 

Office for Civil Rights, Region V
401 S. State Street, 700-C
Chicago, IL 60605-1202
(312) 353-2520

**BERRYESSA UNION SCHOOL DISTRICT**

**INVITATION TO THE SECTION 504  
STUDENT STUDY TEAM MEETING  
(Section 504 of the Rehabilitation Act of 1973)**

<b>Student Name:</b> _____	<b>School:</b> _____
<b>Date of Birth (DOB):</b> _____	

Date \_\_\_\_\_ 9 Initial Section 504 Evaluation

Dear \_\_\_\_\_, 9 Section 504 Reevaluation  
Parent/Legal Guardian

You are invited to attend a Section 504 Student Study Team Meeting to discuss the results of your child's evaluation. The purpose of this meeting is to determine if your child is eligible to receive or continues to need special accommodations/services under Section 504 in order that he/she can have access to and can receive an appropriate education. If your child is determined to be eligible for Section 504 services, the Student Study Team will develop and implement an appropriate program based upon your child's individual needs.

You are encouraged to attend this meeting. You may bring a friend or advisor to the meeting, if you wish. Copies of Berryessa Union School District's 504 Policy and Notice of Parent/Student Section 504 Rights are enclosed. The meeting will be held at:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Each of the school staff members listed below has been involved in your child's evaluation. Each will attend the meeting or be represented by someone who is knowledgeable about your child and the evaluation.

Name _____	Title _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you have any questions or need additional information, please contact Educational Services, at (408) 923-1830.

Copies to:      ( ) Parent/Guardian      ( ) Educational Services      ( ) Cumulative Folder      504-4

**BERRYESSA UNION SCHOOL DISTRICT**  
**SECTION 504 EVALUATION MEETING REPORT**  
**(Section 504 of the Rehabilitation Act of 1973)**

<b>Student Name:</b> _____	<b>D.O.B.:</b> _____	<b>School:</b> _____
<b>Address:</b> _____	<b>City:</b> _____	<b>Meeting Date:</b> _____

**I. Summary of Section 504 Evaluation Findings:**

**II. Determination of Section 504 Handicap:** (Check (T) "Yes" or "No" by each of the statements).

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	This person has a physical or mental impairment, has a record of such impairment, and/or is regarded as having such an impairment. If "Yes," identify the impairment:
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which <u>substantially limits</u> one or more major life activities. If "Yes," identify the major life activity(s):
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	This person qualifies as disabled under Section 504 of the Rehabilitation Act of 1973. (#3 response may be "Yes" only if #1 and #2 are answered "Yes.")

**III. Section 504 Evaluation Team Members:**

Name/Title	Signature	Date
(Chairperson)		

Copies to:     Parent/Guardian             Educational Services             Cumulative Folder

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**BERRYESSA UNION SCHOOL DISTRICT**

**SECTION 504 EDUCATION PLAN**

Name:	Grade:	School:	Date
Educational Goal	Necessary Accommodations/ Intervention Strategies	Review Date(s)	Signature of Person Responsible

I have reviewed this plan and have received a copy of the Notice of Parent/Student Rights under Section 504 of the Rehabilitation Act of 1973.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Copies to: ( ) Parent/Guardian

( ) Educational Services

( ) Cumulative Folder

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