

Swansea Public Schools

**SECTION 504 REFERRAL**

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

A. Personal Information:

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Referred By: \_\_\_\_\_

\_\_\_\_\_

B. Referral Information:

1. Reason For Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Strategies/Intervention Initiated (attach copies of intervention documentation):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by \_\_\_\_\_

Principal/Date

*This Page Intentionally Left Blank*

Name of Student: \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Referral Date: \_\_\_\_\_

**PARENT NOTICE OF SECTION 504 REFERRAL**

Dear \_\_\_\_\_:

A Section 504 Referral (attached) has been initiated for your (*son/daughter*). This correspondence serves as notification that I would like to gather information from a variety of sources in an effort to help. I would like to meet with you on:

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

I anticipate that the referring teacher(s) will join us. The purpose of this meeting will be to:

1. discuss the referral;
2. consider the information needed (testing may be necessary);
3. gain a release of information, if necessary;
4. gain permission to test, if necessary; and
5. explain your rights and options.

Additionally, this letter is to provide you with written notice that an evaluation of your child will be performed and a meeting held to review evaluation results. If you have any evaluation information relevant to this issue which you would like to share with the school, please contact the individual who signed this letter as soon as possible. You will be invited to the meeting at which evaluation results are reviewed and an individual 504 plan written, if appropriate.

If your child is determined to be eligible under S 504, the committee will develop an 504 plan to address your child’s educational needs and make appropriate accommodations.

Following the meeting, you will be informed in writing of all decisions regarding your child’s identification, evaluation or placement as S 504 student. Consent for services will be requested only where applicable.

For your further information, we are enclosing a Notice of Parent and Student Rights under S 504, Rehabilitation Act of 1973. Please call the individual noted below if you have any further questions.

In the meantime, I would appreciate a call from you if this date and time is not convenient or if you have any questions in this regard.

Thank you.

Sincerely,

Enc: 504 Referral  
Parents/student rights  
cc: Educational Record

**This Page Intentionally Left Blank**

## **INFORMATION REGARDING SECTION 504 OF THE REHABILITATION ACT OF 1973**

Section 504 is an Act, which prohibits discriminating against persons with a handicap in any program receiving Federal financial assistance. The Act defines a person with a handicap as anyone who:

1. has a mental or physical impairment, which substantially limits one or more major life activities (major life activities include activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

In order to fulfill its obligation under Section 504, the Swansea School Department District recognizes a responsibility to avoid discriminating in policies and practices regarding its personnel and students. No discrimination against any person with a handicap will knowingly be permitted in any of the programs and practices in the school system.

The school district has specific responsibilities under the Act, which include the responsibility to identify, evaluate and if the child is determined to be eligible under Section 504, to afford access to appropriate educational services.

If the parent or guardian disagrees with the determination made by the professional staff of the school district, he/she has a right to a hearing with an impartial hearing office.

The Family Educational Rights and Privacy Act (FERPA) also specifies rights related to educational records. This Act gives the parent or guardian the right to: 1) Inspect and review his/her child's educational records; 2) make copies of these records; 3) receive a list of all individuals having access to those records; 4) ask for an explanation of any item in the records; 5) ask for an amendment to any report on the grounds that it is inaccurate, misleading or violates the child's rights; and 6) a hearing on the issue if the school refuses to make the amendment.

If there are any questions, please feel free to contact Elizabeth White, 504 Coordinator for the school district, at phone number 508-675-1195.

**NOTICE OF PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION AND  
PLACEMENT**

***Please Keep This Explanation for Future Reference***  
**(Section 504 of Rehabilitation Act of 1973)**

**The following is a description of the rights granted by federal law to students with handicaps. 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 handicapping conditions.**
- 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 non-handicapped 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 non-handicapped students.**
- 6. Have your child receive special education and related services if she/he is found to be eligible under the Individuals with Disabilities Education Act 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 actions regarding your child’s identification, evaluation, educational program or placement. You and the student may take part in the hearing and have an attorney represent you. Hearing requests can be made to Elizabeth White at the Swansea Administration Building or Bureau of Special Education Appeals at the Department of Education.**
15. **Ask for payment of reasonable attorney fees if you are successful on your claim.**
16. **File a local grievance.**
17. **You also have a right to file a complaint with the Office of Civil Rights. The address of the Regional Office which covers Massachusetts is:**

**Office for Civil Rights, Boston Office  
U.S. Department of Education  
33 Arch Street, Suite 900  
Boston, MA 02110-1401  
(617) 289-0111; FAX (617) 289-0150; TDD 877-521-2172  
Email: [OCR\\_Boston@ed.gov](mailto:OCR_Boston@ed.gov)**

**The person in this district who is responsible for assuring that the district complies with Section 504 is Elizabeth White, telephone number (508) 675-1195.**

*This Page Intentionally Left Blank*



**SWANSEA SCHOOL DEPARTMENT  
PARENT NOTICE  
PERMISSION FOR SECTION 504 EVALUATION**

Date of Notice \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**TEACHER NAME:** \_\_\_\_\_

**1. Notice:**

a. A referral for a 504 evaluation has been initiated in order to determine the cause, extent, or possible remediation for a suspected physical or mental impairment. The reasons for this referral are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Other options considered and general education intervention procedures employed include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Other factors relevant to the proposed evaluation are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Proposed Assessment/Techniques/Personnel:

<b>Assessment Area</b>	<b>Evaluation Technique</b>	<b>Possible Evaluator</b>
Ex: Medical	Physical	
Educational Assessment	Observation	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Permission:**

The evaluation will be conducted within 30 instructional days of parent permission (which begins the date the signed form is received by the principal). 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.

I have also received a written copy of the “Notice of Parent/Student Rights in Identification, Evaluation, and Placement”, which was explained to me by:

\_\_\_\_\_.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian’s Signature

Enc: Parents Rights  
cc Section 504 Coordinator  
Educational Record

**SWANSEA SCHOOL DEPARTMENT  
SECTION 504  
NOTICE OF CONFERENCE**

Initial Conference    Annual Review    Causal Relationship    Reevaluation

This is to confirm our previous contact with you to establish the 504 Conference Committee meeting. The meeting was mutually agreed upon by the school and parents to be held.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_

A. The purpose of this meeting:

- |  |   |
|--|---|
| <input type="checkbox"/> Discuss results of evaluation/<br>Section 504 eligibility | <input type="checkbox"/> Discuss misconduct/infraction of school<br>as it relates to disability |
| <input type="checkbox"/> Review instructional progress                             | <input type="checkbox"/> Other (specify) _____<br>_____   |
| <input type="checkbox"/> Review of Placement                                       |   |

The following/records data will be discussed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. The following people will be included in the meeting:

1. School Principal \_\_\_\_\_
2. Guidance Counselor \_\_\_\_\_
3. Evaluation Specialist(s) \_\_\_\_\_
4. Other Specialist(s) \_\_\_\_\_
5. General Education Teacher(s) \_\_\_\_\_
6. School Nurse \_\_\_\_\_
7. Parent(s) \_\_\_\_\_
8. Student \_\_\_\_\_
9. Interpreter \_\_\_\_\_

# Swansea School Department

## SECTION 504 NOTICE OF CONFERENCE (CONTINUED)

\_\_\_\_\_ Student

Please complete this page and return in the enclosed envelope by:

Date: \_\_\_\_\_ to \_\_\_\_\_

1.    \_\_\_ I will attend the Section 504 Conference Committee meeting.  
       \_\_\_ I will not attend the Section 504 Conference Committee meeting, but I would like you to continue the process and send the paperwork to my home address.
2.    \_\_\_ I would like my child (age 14 or older) to attend the Section 504 Conference Committee meeting.  
       \_\_\_ I do not want my child to attend the Section 504 Conference Committee meeting.
3.    Please indicate if there are additional school personnel you would like to attend the Conference Committee Meeting.  
       \_\_\_\_\_  
       \_\_\_\_\_
4.    You may also bring any additional persons to the Section 504 Conference Committee meeting.

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

cc: Educational Record

# Swansea School Department SECTION 504 CONFERENCE COMMITTEE REPORT

Date of meeting: \_\_\_\_\_

**A. Personal Information:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

Initial Conference \_\_\_\_\_ Review \_\_\_\_\_ Re-Evaluation Conference \_\_\_\_\_

Date of Conference \_\_\_\_\_

**B. Conference Deliberations:**

The following data was presented: \_\_\_\_\_

\_\_\_\_\_

1. Is there a physical or mental impairment? Yes \_\_\_\_ No \_\_\_\_ Specify \_\_\_\_\_

\_\_\_\_\_

2. Is there a history of impairment? Yes \_\_\_\_ No \_\_\_\_ Specify \_\_\_\_\_

\_\_\_\_\_

3. Is the student regarded as having an impairment? Yes \_\_\_\_ No \_\_\_\_  
Specify \_\_\_\_\_

Does the Committee have sufficient data to consider the determination of disability? Yes \_\_\_\_ No \_\_\_\_  
Specify \_\_\_\_\_

\_\_\_\_\_

Designate degree of impairment and note major life activity impacted for this student. For a rating at 4.0 or above, fill in the specific information evaluated by the team that justifies the rating:

Degree:

5-Extremely 4-Substantially 3-Moderately 2-Mildly 1-Negligibly

Major Life Activity:

\_\_Seeing \_\_Hearing \_\_Walking \_\_Learning \_\_Self-Care \_\_Breathing  
\_\_Working \_\_Other \_\_\_\_\_

**Evaluation data/information supporting this rating:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If no, what action will be taken and what are the time lines for completion:

\_\_\_\_\_  
\_\_\_\_\_

5. Options Discussed: \_\_\_\_\_

\_\_\_\_\_

6. Were options accepted? If not, describe reasons options were rejected.

\_\_\_\_\_  
\_\_\_\_\_

**C. Recommendations:**

On the basis of the data presented, the following decision was made:

- \_\_\_ Student does not have an impairment.
- \_\_\_ Student does have impairment but does not qualify under section 504.
- \_\_\_ Student does have an impairment and qualifies under Section 504 (see "Plan")

**D. Conference Participation:**

1. Parents/Guardians:

- \_\_\_ a. I have been given the opportunity to participate in the Section 504 deliberations and understand the contents and reasons for the recommendations.
- \_\_\_ b. I have been given the opportunity to participate in the Section 504 deliberations and understand that my child is not eligible under Section 504.
- \_\_\_ c. I have been informed of the conference findings and have received a copy of my rights and options under Section 504.

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

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_

Any party to this referral may submit a written opinion to be attached to this report.

2. Other Participants:

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Guidance Counselor

\_\_\_\_\_  
General Class Teacher

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Other

\_\_\_\_\_  
Other

cc: Parents  
Section 504 Coordinator  
Educational Record

*Swansea Public Schools*

STUDENT ACCOMMODATION PLAN

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF MEETING: \_\_\_\_\_

1. Describe the nature of the concern:

---

---

---

2. Describe the basis for the determination of impairment (if any)?

---

---

---

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

---

---

---

4. Describe the reasonable accommodations that are necessary:

---

---

---

5. Select student's participation in state or district-wide assessment:

Note: If specific accommodations or alternate assessments are required. In order for a student to receive accommodations or an alternate assessment for participation in state or district-wide assessment, the student must require the same accommodations/form of assessment as part of the student's daily program and it must be specified in the student's 504 Accommodation Plan.

No modifications standard participation in state or district-wide assessments  
 Participation with accommodations as defined: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Alternate Assessment(s) as defined: \_\_\_\_\_

Review/Reassessment Date: \_\_\_\_\_

(must be completed)

Participants (Name and title)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Sources of Additional Written Input:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc: Parents  
Educational Record  
504 Coordinator



## Section 504 – Information and Procedures

The purpose of this packet is to provide information and procedures to be followed in Swansea in the implementation of section 504 of the Rehabilitation Act of 1973. Section 504 of the Rehabilitation Act of 1973 applies to all activities and programs of an agency, which receives federal funds, in this case, the Swansea Public Schools. Section 504 is a broad civil rights law and therefore violations are prosecuted by the Office of Civil Rights.

This act defines a person with a handicap as anyone who:

1. has a mental or physical impairment which substantially limits one or more major life activities (major life activities include activities such as, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, learning, breathing and working etc.)
2. has a record of such impairment
3. is regarded as having such an impairment

It is important to remember that the mere presence of a disability does not automatically qualify an individual for services under 504. It must be determined the impairment substantially limits a major life activity. Some typical 504 situations encountered by schools include:

- ❑ communicable diseases – tuberculosis, AIDS
- ❑ medical conditions – asthma, allergies, diabetes, cancer, heart disease, Tourette’s, epilepsy, hemophilia, etc.
- ❑ temporary medical conditions – i.e. broken limbs, illness
- ❑ ADD, or ADHD
- ❑ drug/alcohol addiction
- ❑ physical impairments – arthritis, cerebral palsy
- ❑ emotional disorders – depression, post traumatic stress disorder
- ❑ behavior disorders – conduct disorder

There are some especially critical times when school staff should consider the existence of a handicap and possible section 504 protection:

1. when suspension or expulsion is being considered
2. when retention is being considered
3. when a student shows a pattern of not benefiting from the instruction being provided
4. when a student returns to school after a serious accident or injury
5. when a student is evaluated and found not to qualify under the IDEA
6. when a student exhibits a chronic health condition
7. when a student is identified as “at risk” or exhibits the potential for dropping out of school
8. when substance abuse is an issue
9. when a handicap of any kind is suspected
10. when a new building or remodeling is being considered

Evaluation requirements include:

1. assessments determined by the type of handicap believed to be present and type of service the student may need
2. evaluation “sufficient” to adequately assess the suspected impairment
3. determination of services made by a group of persons knowledgeable about the student
4. process documented and reviewed “periodically” (in Swansea the procedure is annual review)
5. the parent/guardian must be provided with notice of actions affecting the identification, evaluation or placement of student
6. the student is entitled to an impartial hearing if there is disagreement with the determination

The following forms have been developed to assist in implementation. The forms are self-explanatory and presented in the sequence of events to be followed.

FORM I	Section 504 Referral – (Required)
FORM II	Parental Notice of Referral (Required)
FORM III	Notice of Parent/Student Rights (Required)
FORM IV	Permission for 504 Evaluation (Required)
FORM V	Notice of Conference (Required)
FORM VI	Conference Committee Report (Required)
FORM VII	504 Plan (If appropriate)