

**MARPLE NEWTOWN SCHOOL DISTRICT
SECTION 504
DISCRIMINATION GRIEVANCE
Filing Form**

Date: _____

Name of Person Filing Grievance _____

Title: _____

School: _____

Place where you may be reached _____

Address: _____

Phone: _____

SUMMARY OF GRIEVANCE:

If others are affected by the possible violation, please give their names and/or positions:

Please describe any corrective action you wish to see taken with regard to the possible violation.
You may also provide other information relevant to this grievance.

Signature of Person Filing Grievance

Date

Signature of Person Receiving Grievance

Date

Notice of Non-Discrimination

Applicants for admission, students, and parents of the school district are hereby notified that the school district does not discriminate on the basis of disability in admission or access to, or treatment in, its programs and activities. Any person having inquiries concerning the school's compliance with the regulations in implementing Section 504 of the Rehabilitation Act of 1973, is directed to contact:

**Director of Pupil Services
Section 504 Coordinator
26 Media Line Road
Suite 210
Newtown Square, PA 19073
610-359-4217**

Who has been designated by the school to coordinate efforts to comply with the regulations regarding non-discrimination.

**MARPLE NEWTOWN SCHOOL DISTRICT
NOTICE
SECTION 504 OF THE REHABILITATION ACT OF 1973**

Date: _____

Section 504 is an Act, which prohibits discrimination against individuals with disabilities in any program receiving federal financial assistance. The Act defines a person with a disability as anyone whom:

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 impairment; or*
3. *is regarded as having such an impairment.*

In order to fulfill obligations under Section 504, the school district has the responsibility to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability should knowingly be permitted in any of the programs and practices of the school system.

The school district has responsibilities under Section 504, which include the obligation to identify, evaluate, and if the student is determined to be eligible under Section 504, to provide 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 officer.

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 record 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 questions, please feel free to contact:

**Director of Pupil Services
Section 504 Coordinator
Suite 210
Newtown Square, PA 19073
610-359-4261**

MARPLE NEWTOWN SCHOOL DISTRICT
SECTION 504
SCHOOL INITIATED REFERRAL

Student: _____ Date: _____

School: _____ Date of Birth: _____

Parent: _____ Phone: _____

Address _____ School: _____

Teacher _____ Grade: _____

Referred by _____

Position: _____

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

Section 504 Coordinator

Date

MARPLE NEWTOWN SCHOOL DISTRICT

Parent Request for Evaluation and Provision of Services for Protected Handicapped Student

To: _____
Building Principal/District 504 Coordinator

Date: _____

From: _____
Parents

I believe my child, _____, presently a _____ grade student at _____ should be evaluated and identified as a protected handicapped student and that aids, services, or accommodations should be provided accordingly. My reasons for believing this are as follows:

I believe that the specific aids, services, or accommodations that should be provided are as follows:

A copy of additional relevant medical and/or psychological/psychiatric records (is) (is not) enclosed. This should include:

-
- a) Diagnosis
 - b) Who made the diagnosis
 - c) Basis for the diagnosis
 - d) Any tests that were used for the diagnosis

Signature of Parent(s)

Date

PARENTAL PRIOR NOTICE For Evaluations/Reevaluations

Student's Name	Grade	Birth date	Social Security #	Age	Sex
Address		Home Phone	Today's Date		

PURPOSE OF NOTICE: (Check those that apply)

- | | |
|--|---|
| <input type="checkbox"/> Referral for an evaluation | <input type="checkbox"/> Determination of the educational placement for your student |
| <input type="checkbox"/> Evaluation of your student's Section 504 needs | <input type="checkbox"/> Amendment of your student's Section 504 Plan |
| <input type="checkbox"/> A discussion of your student's evaluation results | <input type="checkbox"/> A change in the Section 504 accommodations/services now being provided to your student |
| <input type="checkbox"/> Determination of your student's eligibility for Section 504 protections | <input type="checkbox"/> other issues, specifically: _____ |
| <input type="checkbox"/> Reevaluation of your student's continued need for Section 504 protections | |
| <input type="checkbox"/> Development of a Section 504 Plan for your student | |

- For the reason(s) noted above, the district proposes to initiate/change the following course of action:
- For the reason(s) noted above, the school district is declining to initiate/change the following course of action:

The reason(s) why this course of action is being proposed or declined: _____

The following options and programs were considered by the district and for the reasons noted here, they were rejected: _____

The following school district reports, observations, records, academic tests, evaluations or developmental screening activities provide the basis for the school district's decision. Also listed here are the types of assessments or reports the district proposes to use to determine your child's eligibility/continuing eligibility for Section 504 protection/accommodations or the appropriate Section 504 Plan for your student:

Noted below are other factors which relate directly to the actions the district plans to take or actions the district declines to take: _____

PERMISSION FOR EVALUATION/REEVALUATION

Person(s) requesting evaluation _____ Date: ____/____/____

Administrator's Signature _____ Date: ____/____/____

The school district must gather important information in order to develop the best possible program to meet your child's educational needs. The school district's policy requires that you approve any testing and/or other evaluation of your child. Below you will find the types of tests that will be conducted, with your consent, by a qualified examiner. If you have any questions concerning the tests or the parent rights brochure enclosed, contact the school principal immediately.

The District requests the following additional information or medical records which will assist in this evaluation: _____

Please send the additional information to the school guidance counselor.

TYPES OF TESTS: (Check Test(s) to be given)

-
- Achievement Test(s)
 - Intelligence Test(s)
 - Personality Test(s)
 - Behavioral Test(s)
 - Adaptive Behavior Test(s)
 - Developmental Tests
 - Medical Test(s) (related to child's disability)
 - Vocational Test(s)
 - Physical Therapy Test(s) Perceptual Test(s)
 - Language Test(s)
 - Speech Test(s)
 - Hearing Test(s)
 - Vision Test(s)
 - Occupational Therapy Test(s)
 - Other Test(s)
-

**MARPLE NEWTOWN SCHOOL DISTRICT
PARENT/GUARDIAN CONSENT:**

“Consent” means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

I have been fully informed of all information relevant to the evaluation and hereby give my consent for the evaluation of the above named child.

Signature of Parent/Guardian _____ Date ____/____/____

Home Phone _____

Address _____

Work Phone _____

Please return this form to:

Phone number: _____

As this written notice is an initial referral for an evaluation, a notification of a Section 504 program meeting, a request for permission to reevaluate your child, or registration of a complaint, a copy of all procedural safeguards afforded you is enclosed. As the parent of a child with a disability, you are afforded certain rights under Section 504 of the Rehabilitation Act. Please read the provided copy of procedural safeguards and parental rights prior to our scheduled meeting. We will review these safeguards at our meeting. Additional sources for you to contact to obtain assistance in understanding your rights are attached.

*******FOR SCHOOL USE ONLY*******

Date received by the school district: _____ from parent or guardian.

PARENTAL PRIOR NOTICE FOR MEETINGS

Student's Name	Grade	Birth date	Social Security #	Age	Sex
Address			Home Phone	Today's Date	

PURPOSE OF NOTICE: (Check those that apply)

- _____ Referral for an evaluation
- _____ Evaluation of your student's Section 504 needs
- _____ A discussion of your student's evaluation results
- _____ Determination of your student's eligibility for Section 504 protections
- _____ Reevaluation of your student's continued need for Section 504 protections
- _____ Development of a Section 504 Plan for your student
- _____ Determination of the educational placement for your student
- _____ Amendment of your student's Section 504 plan
- _____ A change in the Section 504 accommodations/services now being provided to your student
- _____ Other issues, specifically: _____

- For the reason(s) noted above, the district proposes to initiate/change the following course of action:
- For the reason(s) noted above, the school district is declining to initiate/change the following course of action:

The reason(s) why this course of action is being proposed or declined: _____

The district considered the following options and programs and for the reasons noted here, they were rejected: _____

The following school district reports, observations, records, academic tests, evaluations or developmental screening activities provide the basis for the school district's decision. Also listed here are the types of assessments or reports the district proposes to use to determine your child's eligibility/continuing eligibility for Section 504 protection/accommodations or the appropriate Section 504 Plan for your student:

Noted below are other factors which relate directly to the actions the district plans to take or actions the district declines to take:

**MARPLE NEWTOWN SCHOOL DISTRICT
PROPOSED MEETING ARRANGEMENTS**

We will be meeting at: _____ (Place)
on _____ (Date) starting at _____ (Time).

Presently, we anticipate that _____,
_____,
_____,
_____, will be meeting with
us.

Representatives from the following agencies will also be invited to attend:

_____.

If the proposed meeting date, time and place are convenient for you, please initial and date this form and bring it with you to the meeting: _____ (Parent's initials) _____ (Date). If these arrangements are not convenient for you, please call us at the number listed below.

As this written notice is an initial referral for an evaluation, a notification of a Section 504 program meeting, a request for permission to reevaluate your child, or registration of a complaint, a copy of all procedural safeguards afforded you is enclosed. As the parent of a child with a disability, you are afforded certain rights under Section 504 of the Rehabilitation Act. Please read the provided copy of procedural safeguards and parental rights prior to our scheduled meeting. We will review these safeguards at our meeting. Additional sources for you to contact to obtain assistance in understanding your rights are attached.

Please call _____ at _____ between the hours of _____ and _____ if you have any questions about the information provided above or the enclosed parental rights brochure.

*******FOR SCHOOL USE ONLY*******

The district received this parental notice/consent form on: _____(Date)

**MARPLE NEWTOWN SCHOOL DISTRICT
SECTION 504 PROCEDURAL SAFEGUARDS**

School: _____

Date: _____

The following is a description of student and parent rights granted by federal law. 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 based on a disability.
2. Have the school district advise you as to your rights under federal law.
3. Receive written 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 other students without disabilities to the maximum extent appropriate. It also includes the right to have the 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 students without disabilities.
6. Have your child receive accommodations under Section 504 of the Rehabilitation Act of 1973.
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by individuals who know your child, the evaluation data, and placement options.
8. Have transportation provided to a school placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the school district.
9. Give your child an equal opportunity to participate in non-academic and extracurricular activities offered by the school 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 if the fee would effectively deny you access to the records.
12. Receive a response from the school district to reasonable requests for explanations and interpretations of your child's records.
13. Request, in writing, assistance from the Pennsylvania Department of Education.

14. Request an 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, it will notify you within a reasonable period of time, and advise you of the right to a hearing.
15. Request mediation or an impartial due process hearing related to decisions 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.
16. Ask for payment of reasonable attorney fees if you are successful in your claim.

File a local grievance or complaint to the Office of Civil Rights, U.S. Department of Education, Wanamaker Building, Suite 505, 100 Penn Square East, Philadelphia, PA 19107, (215) 656-6010, TDD (215)656-8604, Fax (215) 656-6020.

17. Sources for you to contact for additional assistance in understanding your rights:

Educational Law Center of PA
801 Arch Street
Suite 610
Philadelphia, PA 19107
215-238-6970

Pennsylvania Bar Association
Box 186
Harrisburg, PA 17108
800-932-0311

U.S. Department of Education
Office for Civil Rights
Wanamaker Building
Suite 505
100 Penn Square East
Philadelphia, PA 19107
(215) 656-6010
TDD (215) 656-8604
Fax (215) 656-6020.

The person at the school who is responsible for Section 504 compliance is:

Director of Pupil Services
Section 504 Coordinator

610-359-4217
Telephone Number

**MARPLE NEWTOWN SCHOOL DISTRICT
SECTION 504
REVIEW OF SERVICES**

Student: _____ Date: _____

PURPOSE OF MEETING: It is necessary to periodically review the student’s progress under Section 504 and make recommendations to continue, modify, or terminate the program(s).

DISCUSSION OF PROGRESS: _____

RECOMMENDATION:

- Continue present services with no changes.
- Modify the present program (specify below).
- Exit from program based upon the following evaluation results.

DISCUSSION OF RECOMMENDATIONS: _____

The following members of the CST/ IST agree with the recommendations:

Team Signatures	Position	Date

Marple Newtown School District 504/ADA Eligibility Determination

Child's Name: _____ School: _____ Date: _____

Eligibility Team Members: (fill in names and check whether Knowledgeable about the:

	<u>Child</u>	<u>meaning of evaluation data</u>	<u>accommodations/ placement options</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

- Aptitude and/or achievement tests
 Adaptive behavior
 teacher recommendations
 others (specify) _____

1. Specify the mental or physical *impairment*: _____
2. Specify the method used for diagnosis (if applicable) _____
3. Check the *major life* activity: ___ seeing ___ hearing ___ walking ___ learning
(If "other," specify) ___ other _____

4. Place an "X" on the following scale to indicate the specific degree that the impairment (in #1) *limits* the major life activity (in #2):

- Make sure the team focuses on the major life activity as a whole (e.g. learning), not in on aspect of learning (e.g. processing), a particular class (e.g. math), or for a particular sub-area (e.g. socialization).
- Discount from the analysis sub-par performance due to other factors, such as normal moods, lack of motivation, and the immediate situation or environment. Conversely, make an educated estimate without the mitigation of medication.
- Use the average student (i.e. same age, grade, etc.) in the general population as a frame of reference for purposes of comparison.

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	_____

5. If the team's determination for #3 was less than "4," provide notice to the parent's of their procedural rights, including an impartial hearing. If the team's determination was a "4" or above, the team should determine and list on the accommodation plan the specific accommodations that are *necessary* for the child to have an opportunity commensurate with nondisabled students (at about the same age and grade) in WCASD district.

**Marple Newtown School District
504 Service Agreement**

Name: _____ Date of Birth: _____

School: _____

Date Services will begin: _____

Date Services will be discontinued: _____

Check one: _____ Initial Agreement / _____ Modified Agreement

The Parents of _____ and the Marple Newtown School District (MNSD) agree that _____ is a Protected Handicapped Students pursuant to §504 of the 1973 Rehabilitation Act and 22 PA. Code § 15.2. Specifically, _____ has the following impairments: _____

These impairments manifests themselves in the following ways:

Under this Agreement Marple Newtown School District (MNSD) will provide the following aids, services, or accommodations:

The following procedure will be followed in the event of a medical emergency:

The attached letter outline your rights to resolve any disputes that you may have concerning the recommended aids, services, or accommodations. If you have any questions concerning your rights, or the aids, services, or accommodations recommended, please feel free to contact me.

Bldg/District 504/ADA Coordinator

Date

Directions: Please check one of the following options, sign the form, and return it to the Office of the Principal.

_____ I agree and give permission to proceed as recommended.

_____ I do not agree and do not give permission to proceed as recommended.

_____ I do not agree and would like to schedule an informal conference to discuss my concerns.

My reason for disapproval: _____

Parent(s) Signature

Date

Marple Newtown School District

26 Media Line Road · Newtown Square, PA 19073 · (610) 359-4217

504 Request Parent Cover Letter

Date:

Dear:

In response to your request for a Service Agreement for your child, _____, I have enclosed the form: *Parent Request for Evaluation and Provision of Services for Protected Handicapped Student*. Pennsylvania Regulations at 22 Pa. Code § 15.6 indicate that a parent's request for an evaluation and provision of services under this chapter, which complies with the requirements of § 504 of the Rehabilitation Act of 1973, must be in writing and contain specific information. Please complete and sign this form and then forward it to the building principal. I have also enclosed a copy of *Procedural Safeguards* which outlines student and parent rights in these matters. You will receive a written response from a district representative within 25 school days of the administrator's receipt of this form indicating whether your request, or a portion of your request, is being granted. In addition, prior to that time you will receive a request from the Child Study Team/ Instructional Support Team to attend a meeting to help determine if your child qualifies for a Service Agreement.

Please call me at: (610) ____ - _____ if you have any questions or concerns regarding this matter.

Very truly yours,

Building/District 504 Coordinator

Marple Newtown School District

26 Media Line Road • Newtown Square, PA 19073 • (610) 359-4217

District request for Additional Relevant Records

Date:
Student:
Parent:

Dear:

We have received your requests for identification of _____ as a protected handicapped student. Until such time as we have evaluated _____ and reviewed his/her records, we cannot make a determination whether to grant you request. At this time, we need additional records to make this determination. Please forward any medical, psychiatric/psychological, or any other records that can help the Team determine if your child is a protected handicapped student and in need of service, aids, or accommodations. If the Team is requesting specific records, they will be indicated below.

Thank you for your continued cooperation in providing a quality education to your child.

The Child Study Team/Instructional Support Team requests the following records:

Very truly yours,

Building 504 Coordinator

Marple Newtown School District

26 Media Line Road · Newtown Square, PA 19073 · (610) 359-4217

Denial of 504 Request

Name: _____ Date of Birth: _____

School: _____

Date request was received: _____

Dear _____:

The Child Study /Instructional Support Team has determined that _____ is not a Protected Handicapped Students pursuant to §504 of the 1973 Rehabilitation Act and 22 PA. Code § 15.2.

The following information was used to make this determination:

The basis for this determination was:

The attached letter outlines your rights to resolve any disputes that you may have concerning this denial. If you have any questions concerning your rights please feel free to contact me.

Bldg/District 504/ADA Coordinator

Date