

SECTION 504:

REFERRAL /
ASSESSMENT
PACKET

Revised 8/20/10

MERCED UNION HIGH SCHOOL DISTRICT

School

NOTICE OF PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION, AND PLACEMENT OF INDIVIDUALS WHO ARE DISABLED OR WHO ARE BELIEVED TO BE DISABLED

Section 504 of the Rehabilitation Act of 1973

In compliance with procedural requirements of Section 504 of the Rehabilitation Act of 1973, the following **Notice of Parent/Student Rights in Identification, Evaluation, and Placement** shall be utilized in the Merced Union High School District.

The following is a description of the rights and options 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 disabling condition.
2. Have the school district advise you of your rights and options 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 rights to be educated with students without disabilities 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 students without disabilities.
6. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act (IDEA – PL. 101-476), and/or general education intervention/modifications outside of special education 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 persons who know the student, evaluation data, and placement options.

MERCED UNION HIGH SCHOOL DISTRICT

Section 504 of the Rehabilitation Act of 1973 – *Rights*

(continued)

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 given an equal opportunity to participate in non-academic 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. This hearing will be according to the Family Educational Rights and Privacy Act (FERPA) and should not be confused with an impartial due process hearing.
14. Request mediation, an impartial hearing, or review (appeal) related to decisions or actions regarding your child's identification, evaluation, educational program, or placement. The costs for mediation and/or the hearing are borne by the local school district. You and the student may take part in the hearing and have an attorney represent you. Hearing requests must be made to the Merced Union High School District 504 Compliance Officer: Marie Nelson at (209) 385-6417.

The following list of rights and options are given to insure the parent's awareness of regulations about the evaluation of and/or special instruction which may be offered to his/her child. Should the parent have any questions, contact Marie Nelson, (209) 385-6417. The parent also has the right to meet with the Superintendent or designee, the local School Board, or the Regional Office for Civil Rights to resolve objections to either evaluation or educational placement.

Organizations and agencies which the parent may contact to obtain assistance with evaluation/placement questions include, but are not limited to, the following:

- A. Federal
Office of Civil Rights: San Francisco, CA: (415) 556-4275

MERCED UNION HIGH SCHOOL DISTRICT

School

SECTION 504 REFERRAL

Date

A. Personal Information:

Student: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Grade: _____

Referred By: _____

B. Referral Information:

1. Reason for Referral: _____

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

Case Manager

Date

Principal

Date

C. Direction of the Referral: _____

CC: Parent/Guardian
Section 504 Coordinator
Principal
Teacher
Educational Record

MERCED UNION HIGH SCHOOL DISTRICT

School

School Address

City, State, Zip Code

PARENT NOTICE PERMISSION FOR SECTION 504 EVALUATION

STUDENT NAME: _____

D.O.B.: _____ AGE: _____ GRADE: _____

ADDRESS: _____ TELEPHONE # (home): _____
TELEPHONE # (work): _____

1. Notice:

- a. Your student has been referred to the 504 Committee to determine his/her eligibility for special school accommodations. The Rehabilitation Act of 1973, which includes "Section 504," is a non-discrimination statute which prohibits discrimination and assures that disabled students have educational opportunities and benefits equal to those provided to non-disabled students. The reasons for this referral are:

- b. Other factors relevant to proposed evaluation:

- c. Proposed Assessment/Techniques/Personnel:

Assessment Area
Medical: (Specify)
Other: (Specify)

Evaluation Technique
Questionnaire: (Specify)
Other: (Specify)

Possible Evaluation/Consultation Personnel
Physician: (Specify)
Other: (Specify)

- d. Date/Time of Section 504 Conference Committee Meeting: _____
(Refer to Notice of Section 504 Conference Committee Meeting)

2. Permission:

The evaluation will be conducted within 60 calendar 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.

_____ Interpreter Needed (Specify) _____

3. Rights and Options

I have received a written copy of the "Notice of Parent/Student Rights in Identification, Evaluation, and Placement of Individuals Who are Disabled or Who Are Believed To Be Disabled" which was explained to me by: _____
date: _____

Parent/Guardian's Signature: _____ Date: _____

Principal/Designee: _____ Date: _____

Other: _____

CC: Parent/Guardian
Principal
Section 504 Coordinator
Educational Record

MERCED UNION HIGH SCHOOL DISTRICT

School

SECTION 504 RELEASE OF INFORMATION FORM

For the purpose of providing the most appropriate instruction and assistance in school, I do hereby give permission for a mutual exchange of psychoeducational evaluations, psychosocial evaluations, and medical evaluations concerning:

NAME OF STUDENT: _____ BIRTHDATE: _____

SCHOOL WHERE ENROLLED: _____ GRADE: _____

Between the Merced Union High School District and the following: _____

(Hospital, Clinic, Physician, Institution, Association, or School)

(Address of Above)

Name of School Contact: _____ Phone Number: _____

Address: _____ Phone Number: _____

_____ Release all information

_____ Release the checked information:

_____ 1. General Identifying Data (Name, Address, Birthdate, Grade Level Completed, Grades, Class Standing, Attendance Record)

_____ 2. Standardized Achievement and Aptitude Test Scores

_____ 3. Personality and Interest Scores

_____ 4. Teacher Ratings

_____ 5. Record of Extra-Curricular Activities

_____ 6. Individualized Education Programs

_____ 7. Psychological Reports

_____ 8. Medical Reports

_____ 9. Psychiatric Reports

_____ 10. Other: (Specify)

_____ Please return to: _____

Parent/Guardian Signature: _____ Date: _____

CC: Parent/Guardian
Principal
Above-Named Institution
Educational Record

MERCED UNION HIGH SCHOOL DISTRICT

School

School Address

City, State, Zip Code

NOTICE TO PHYSICIAN/PROVIDER

Date

Dear _____:

A referral has been initiated for _____, DOB _____, through Section 504 of the Rehabilitation Act of 1973. The reason for the referral is as follows:

A variety of evaluation information will be used in the team's determination of eligibility. The team must assess the degree that the mental or physical impairment limits a major life activity, learning. This must be considered with the mitigation of prescribed medications or assistive devices (i.e., glasses, hearing aids).

Since the referral is related to medical concerns and it appears that these concerns may affect _____'s ability to benefit from education, we would appreciate your input by completing the attached questionnaire and sending us copies of pertinent medical reports. A Release of Information signed by _____'s parents is enclosed for your convenience. **I would appreciate your input by:** _____.

If you have any questions in this regard, please do not hesitate to contact me at _____.

Thank you for your assistance.

Sincerely,

Name

Position

Enclosure: Release of Information

CC: Educational Record

MERCED UNION HIGH SCHOOL DISTRICT

School

School Address

City, State, Zip Code

PHYSICIAN/PROVIDER'S QUESTIONNAIRE FOR MEDICAL CONCERNS

Date

Student: _____ Date of Birth: _____ Grade: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Physician/Provider's Name: _____

Address _____ Phone: _____

1. Detail available medical background including a written diagnostic statement and attach copies of any/all reports that can be used to specify the mental or physical impairment.

2. Treatment and prognosis.

FYI -- The following scale will be used by the Section 504 Plan Team to indicate the specific degree that the impairment (in #1) limits the major life activity of LEARNING.

For Your Information: The team will use your information and the following criteria to determine eligibility.

For an "X" at 4.0 or above, fill in specific information evaluated by the team that justifies the rating:

| | | | |
|---|-------|---------------|--|
| 5 | _____ | Extremely | <ul style="list-style-type: none">• Make sure the team focuses on the major life activity as a whole (e.g., learning), not in 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. Similarly, make an educated estimate <u>with</u> the mitigation of medication.• Use the average student in the general population as the frame of reference for purpose of comparison. |
| 4 | _____ | Substantially | |
| 3 | _____ | Moderately | |
| 2 | _____ | Mildly | |
| 1 | _____ | Negligibly | |

3. Please return this copy to the Counselor (*name*) _____ at the school site.

Thank you for your assistance.

Physician's Signature: _____ *Date:* _____

CC: Educational Records