

Business/Non-Instructional Operations

Compliance with 504 Regulations

It is the policy of the Thomaston School System to comply with all aspects of the Section 504 regulations of the Rehabilitation Act of 1973. Section 504 prevents discrimination on the basis of handicap in programs and activities operated by the school system.

Legal Reference: Connecticut General Statutes
10-15c Discrimination in public schools prohibited
Title IX of the Education Amendments of 1972, 20 U.S.C. 1681 et. seq.
Section 504, U.S. Rehabilitation Act, 1973, 29 U.S.C. 791

Policy adopted: October 19, 2015

THOMASTON PUBLIC SCHOOLS
Thomaston, Connecticut

THOMASTON PUBLIC SCHOOLS
Section 504 Plan Termination Form

Student's Name: _____ Date of Birth: _____ Grade: _____
School: _____ Date of Meeting: _____

In the space below, briefly describe the reason for terminating the student's 504 Plan referencing the three qualifying criteria listed below: _____

- **A physical or mental impairment (has a history of having a physical or mental impairment)**
- **That substantially limits**
- **One or more major life activities**

The following eligibility team has determined that the 504 Accommodations Plan currently in place for the above named student is no longer needed: **(Please include Building Principal's signature on each Section 504 Plan Termination Form.)**

Signature	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: _____ Date: _____

I understand that, if I disagree with the content of this termination form, I have the right to ask for a Section 504 review meeting by filing a written request with the Director of Pupil Services (District 504 Coordinator).

(Attach this completed form to the front of the student's Section 504 Accommodation Plan. Both terminated and active Section 504 Accommodation plans are to be maintained in the student's cumulative file.)

THOMASTON PUBLIC SCHOOLS
SECTION 504
Student Eligibility Determination

Student Name: _____ DOB: _____ Age: _____
 Male Female
Date of Meeting: _____ Current School: _____ Grade: _____
Parent/Guardian Name: _____ Address: _____
Home Phone: _____ Work Phone: _____
Parent/Guardian Name: _____ Address: _____
Home Phone: _____ Work Phone: _____

A. Team Members Present:

Administrator/Designee: _____ Nurse: _____
Parent/Guardian: _____ Student: _____
Teacher(s): _____ Teacher(s): _____
Teacher(s): _____ Teacher(s): _____
Teacher(s): _____ Teacher(s): _____
Guidance: _____ Related Services: _____
Other: _____

B. Review of student's current academic status and educational performance. Include and attached referral information if this is an initial referral. *(Describe nature of concern)*

C. Eligibility Determination:

Eligible individuals under Section 504 have a physical/mental impairment that substantially limits a major life activity, such as walking, seeing, hearing, breathing, learning, standing, lifting, bending, speaking, communicating, sleeping, hearing and caring for oneself.

1. What sources of information are available to make this determination? *(Check all that apply (include relevant dates and names of evaluators, where appropriate.)*

- School records review (dated) _____
- Observations of student (dated) _____
- Grades and report card review (dated) _____
- Teacher reports (dated) _____
- Parent and/or student report (dated) _____
- Informal assessments (dated) _____
- Medical information (dated) _____
- Nursing assessment (dated) _____
- Standardized testing (dated) _____
- Parent/Student interviews (dated) _____
- Checklists, behavior rating scales (dated) _____
- Other: _____

2. **Is information available sufficient to make the determination of the presence of a physical or mental impairment that substantially limits a major life activity?**

Yes If "YES" continue to number 3 below.

No If "No" specify the type of additional information that is needed: _____

If the information to be obtained includes testing, list/describe the recommended tests and/or assessments. If it is necessary to communicate with outside providers obtain a release to communicate with professionals outside of district. Once needed information is gathered, reconvene a 504 meeting and continue the process of determining eligibility.

3. **Does the student have a physical or mental impairment?**

A "physical" or "mental impairment" mean a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine or b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. No Yes

If "No": If no physical or mental impairment exists, the student is not identified as an individual with a disability. Go to "E".

If "Yes": What is the impairment? _____

Attach all supporting documentation to this form. A statement of "YES" without supporting documentation is insufficient to meet this standard.

4. **Does the Identified Impairment Substantially Limit a Major Life Activity?**

No Yes

*In order to meet this standard, the student **must be unable to perform a major life activity** that the average person of the same age in the general population can perform (compared to national norms, not local norms). **OR**, the student **must be significantly restricted** as to the condition, manner, or duration under which the major life activity is performed by the average person of the same age in the general population (compared to national norms, not local norms).*

D. **Based on the answers to 1-4 above, does the student have a disability under Section 504?** No Yes

E. **Does student require Section 504 Accommodation Plan to provide the student with equal access and/or participation in district programs (e.g., curriculum, facilities, etc.?)** No Yes

If "Yes", the team must develop a Section 504 Accommodation Plan.

F. **Other relevant information discussed at meeting:** _____

G. **Summary of Actions Taken**

Parent/Guardian (or Student if 18 or older) was provided written notice of Section 504 rights.

Insufficient information is available to determine Student's eligibility. More evaluative information will be obtained prior to convening another Section 504 Team Meeting.

Student is identified as a person with a disability under Section 504.

A Section 504 Accommodation Plan was developed.

Student identified as a person with a disability under Section 504, but no accommodations required at this time.

Student is NOT identified as a person with a disability under Section 504.

Recorder _____

Title _____

**Thomaston Public Schools
Section 504 Referral Form**

I. Identifying Information

Name: _____ DOB: _____ Age: _____ Date of Referral: _____

Male Female

Primary Language: English Other: _____

Current School: _____ Grade: _____ Referring Person: _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Work Phone: _____

II. Background Information

- A. Reason for Referral (identify area(s) of concern)
- B. Strategies/Interventions to Date (attach copies of documentation)
- C. Pertinent Evaluative Data (list, e.g., test scores, grades, evaluations, etc.)
- D. Other Relevant Information
- E. Special Services History Are you aware of any special services that have been provided to this student in the past? Yes No If yes, location and provider of the service. _____

THOMASTON PUBLIC SCHOOLS
504 Review Meeting
SUMMARY REPORT

Student Name: _____ Date of Meeting: _____

DOB: _____ Grade: ____ Date of Initial Plan: _____

School: _____ Teacher/Counselor: _____

Team Members Present:

Administrator/Designee: _____ Nurse: _____

Parent/Guardian: _____ Student: _____

Teacher(s): _____ Teacher(s): _____

Teacher(s): _____ Teacher(s): _____

Teacher(s): _____ Teacher(s): _____

Guidance: _____ Other: _____

The purpose of this meeting is to:

- | | |
|---|---|
| <input type="checkbox"/> Discuss Evaluation Issues | <input type="checkbox"/> Develop Accommodation Plan |
| <input type="checkbox"/> Review/Revise Accommodation Plan | <input type="checkbox"/> Other _____ |

Meeting Summary: _____

The Next Projected 504 Meeting is: _____

Recommendations: _____

Signature of Chairperson/Case Manager _____ Date: _____

cc: Appropriate Staff
Student's Cumulative File

THOMASTON PUBLIC SCHOOLS
Section 504 Meeting Notice

Date: _____

Parent/Guardian: _____
Street: _____
City/Zip Code: _____

Parent/Guardian: _____
Street: _____
City/Zip Code: _____

Dear _____:

Please be advised that a Section 504 meeting will be convened on behalf of your child. The meeting is scheduled as follows:

Date: _____ Time: _____ Location: _____

The purpose of this meeting is to:

- Consider Referral
- Discuss Evaluation Issues
- Determine Eligibility
- Develop Student Accommodation Plan
- Review and/or revise Student Accommodation Plan
- Other: _____

The following individuals have been invited to attend:

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

Please make every effort to attend this meeting. You may bring anyone of your choosing to this meeting. The meeting can be rescheduled at a mutually agreed upon time and place. A COPY OF YOUR RIGHTS IS ENCLOSED.

If you have any questions or wish to reschedule the meeting, please contact me at: 860-283-3050x2

Sincerely,

Director of Pupil Services

cc: Student's Cumulative File

THOMASTON PUBLIC SCHOOLS
Receipt for Section 504 Rights

Name of Student: _____

Date of Birth: _____ School: _____

This is to verify that I have received a copy of the Notice of Parent and Student Rights under Section 504, the Rehabilitation Act of 1973, which informs me of my rights. These rights have been explained to me by:

Name Position

Date

I understand that my rights include the right to receive answers from school personnel to additional questions I may have. Questions may also be addressed to the district 504 Coordinator:

Director of Pupil Services
Black Rock School
57 Branch Road
Thomaston, CT 06787
860-283-3050 Option 2

My signature below indicates that I received the handout and understand its content.

Signature of Parent/Guardian or Adult Student Date