### Section 504 Accommodation Plan Procedures

**Part 1: Review Request** (pre-meeting)

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<th>Grade</th>
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<th>Parent(s) Name(s)</th>
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<th>Building 504 Coordinator or designee</th>
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Section 504 of the Rehabilitation Act of 1973 is designed to prohibit discrimination based on disability in any program or activity receiving Federal money. This statute obligates most public schools to provide equal access and equal opportunity to otherwise qualified persons with disabilities. For a student to be eligible for a 504 plan, the student must meet all three of the following criteria. It must be because of this disability that the student is unable to gain equal access and benefit from school programs and services.

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

If you believe that a student may be eligible for Section 504 support please complete the following form and submit it to your school’s principal or building 504 coordinator.

Please describe the student concern and how it matches the above criteria.

Signature of person requesting Section 504 review

[Signature]

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*Section 504 Appendix: Student Study Team Process*

*July 2001*
Part 2: Pre-Meeting Details:
(To be accomplished by building 504 coordinator or designee.)

1. Based on information gathered as part of this review request will an eligibility meeting be scheduled?  
   
   Yes _____  No _____  
   
   If “No” briefly explain ________________________________________________________________  
   

2. The purpose of this meeting is to conduct: Initial review ______ Yearly review ______  
   Other (describe) ___________________________  
   

3. Does additional information need to be secured before the eligibility meeting is convened?  
   
   Yes _____  No _____  
   
   If “Yes” identify information needed for the eligibility meeting, and who is responsible for securing this information.  
   ________________________________________________________________  
   

4. The Office of Civil Rights (OCR) mandates that the following documents must be provided to parent(s)/guardian(s) before an eligibility meeting is held. Please list the date each of the following was provided in the space below.  
   
   Date sent  
   
   • Parent/student Section 504 rights ________________  
   • Parent Notice: Section 504 meeting ________________  

5. Eligibility meeting details  
   
   Eligibility meeting date/time  
   Location  
   
   Notes  
   
   ________________________________________________________________  
   
   ________________________________________________________________  
   
   ________________________________________________________________  
   
   ________________________________________________________________
Part 3a: 504 Eligibility Meeting

The 504-eligibility team is to include individuals who are knowledgeable about the student and the meaning of the data/information reviewed. The information reviewed by the eligibility team should be current and focus on the area of concern. All eligibility team members sign on page 5.

1. Area(s) of concern

2. Summary of formal performance data reviewed (e.g. CSAP, ITED, Grades, Terra Nova, etc.)

3. Summary of staff reports/comments

4. Summary of parent(s)/guardian(s) report/comments

5. Other pertinent information
Part 3b: Eligibility Statement

Based on the eligibility team’s findings answer the following questions.

1. Does the student have a disability or handicap that substantially limits one or more life activities? Yes
   No

   Explain: ____________________________________________________________

2. If “Yes” which of the following major life activities is being substantially limited by the disability or handicap?
   Learning _____  Seeing _____  Hearing _____  Breathing ________________
   Walking ______  Speaking _____  Working _____  Caring for self __________
   Other (describe) ____________________________________________________
   ________________________________________________________________

3. Does the disability impact the student’s ability to receive equal access and benefit from school programs and services? Yes _____  No _____

   ♦ If the eligibility team answered “Yes” to question 1 and 3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 accommodation plan. The eligibility team is to proceed to Part 4.

   ♦ If the eligibility team answered “No” complete this eligibility meeting by documenting the team’s rationale in the space below and completing page 6.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Section 504 Appendix: Student Study Team Process
July 2001
Part 4: 504 Accommodation Plan

Student Name: ________________________ Today’s Date: ________________________

1. Specific accommodations and the staff who are responsible for implementing them:

2. Student responsibilities:

3. Parent/guardian responsibilities:

4. Other accommodations and related services that will be provided the student and individuals for arranging and/or providing them:

Provide a copy of page 5 to all individuals responsible for implementing this plan.
5. Eligibility team signatures:

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6. Date for 504 accommodation plan review: ________________________________

The building 504 coordinator or designee will be responsible for scheduling and assembling staff needed to conduct this review.

7. Parent/Guardian statements:

- _____ I received a written notice of my rights under Section 504.
- _____ I received notice of the Section 504 evaluation and accommodation plan meeting.
- _____ I agree with the Section 504 plan as written.
- _____ I understand that, if I disagree with the content of this plan, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal, building 504 coordinator or designee.

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- File this original 504 Accommodation Plan (all 6 pages) in the student’s cumulative file.
- If this plan is no longer needed by the student it **must** be officially terminated by a 504-evaluation committee. Have the committee convene, complete a Section 504 Termination Form and attach the completed form to the **front** of this Section 504 Accommodation Plan.
- Terminated 504 Accommodation Plans are filed in the student’s cumulative file.
To:  
From:  
Re: Parent Notice: Section 504 Student Eligibility Meeting

The Section 504 Eligibility Team at (school) is in the process of planning an eligibility meeting for your child. The purpose of this meeting is to determine whether (student name) is eligible for accommodations that will better insure his/her access to services, programs, and/or school activities. The following concern(s) has prompted our staff to organize this meeting.

_____________________________________________________

Students are eligible for this kind of support if they have a disability or handicap that substantially limits one or more major life activities and impacts their ability to access the program. Section 504 is part of the Rehabilitation Act of 1973. This civil rights law guarantees that students with a qualifying disability are provided the same access (both physical and academic) to public school services, programs, and activities as non-disabled students. We will be reviewing the following information in order to determine if your child is eligible for accommodations under Section 504.

_____________________________________________________

Meeting details:
Date ____________________________ Time ____________________________
Location ____________________________
Eligibility Team Members ____________________________
Review meeting type: Initial _____ Yearly _____ Other ____________________________
Please indicate if it will be possible for you to do participate on the bottom portion of this form. Sign and return this form to the principal of your student’s school. If you should have questions or need more information please contact ____________________________
At (phone) ____________________________

I will participate in the meeting described above.

Yes _____  No _____

Parent Signature ____________________________ Date ____________________________
Parent/Student Rights under Section 504

Parents 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 District advise you as to 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-disabled students 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 students without disabilities.

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 (IDEA), or to receive reasonable accommodations under Section 504 of the Rehabilitation Act.

7. Have eligibility and educational placement decisions made based upon a variety of information sources, and by individuals who know the student, the eligibility 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 District.

9. Give your child an equal opportunity to participate in nonacademic and extracurricular activities offered by the school District through the provision of reasonable accommodations.

10. Examine all relevant records relating to decisions regarding your child's identification, eligibility, 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. Receive a response from the 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 District refuses this request, it shall notify you within a reasonable time, and advise you of the right to a hearing.

14. Request impartial due process hearing related to decisions regarding your child’s identification, eligibility, and educational placement. You and your child may take part in the hearing and have an attorney represent you at your own cost.

15. File a complaint with the District when you believe your child’s rights have been violated.

Section 504 compliance Coordinator for Norwell is: Ellen Willard. 781 659 8800

willard@norwellschools.org
Section 504 Plan Termination Form

Student Name: ___________________________  Student I.D.: ___________________________
School: ___________________________  Grade: ___________________________
Date: ___________________________

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-accommodation plan currently in place for the above named student is no longer needed. (Please have the building principal or sign off on each Section 504 Termination Form.)

Signatures and titles of participants:

__________________________________________________________________________  _______________________________________________________________________

__________________________________________________________________________  _______________________________________________________________________

Building principal, building 504 coordinator
or designee signature  _______________________________________________________________________

Parent/guardian signature  _______________________________________________________________________

(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 school principal or Ellen Willard 504 coordinator for Norwell Public Schools.)

Attach this completed form to the front of the student Section 504 Accommodation Plan. Both terminated and active Section-504 Accommodations plans are to be maintained the student cumulative file.
Section 504 Complaint Form

Norwell Public Schools complies with Section 504 regulations and no discrimination on the basis of disability is permitted in the programs or activities that the District operates. If you believe that discrimination has occurred against a student because of a disability please complete, sign and submit this form to your school’s principal.

Date: ______________________

On behalf of: __________________________

Complainant is: __________________________ Student: __________________________

Student’s parent(s): __________________________

Other: __________________________

Address: __________________ Street __________________ City __________________ State ______ Zip

Telephone: __________________ Home __________________ Work __________________

1. Describe the alleged violation of Section 504 in specific terms. Include 1) the specific incident or activity that is viewed as discrimination; 2) the individuals involved; 3) dates, times, and locations involved; and 4) the disability that forms the basis of the complaint (attach additional pages if needed).

2. Describe any communication that has already occurred, with whom and when, to address the issue.

3. Please describe how you propose to resolve this issue.

Please return this form to your school’s principal or to the 504 Coordinator, Ellen Willard, 322 Main Street, Norwell MA 02061.
Checklist for Section 504 Eligibility Review

A signed copy of *Section 504 Student Review Request Form* is forwarded to the school. This form will serve as Part 1 of the accommodation plan.

Building 504 coordinator or designee completes page 2 of the *Section 504 Accommodation Plan*.

Meeting time and location are set.

Eligibility team members are notified of meeting time, location, and any information they may need to bring to the meeting.

Parents are provided a copy of *Parent/Student Rights under Section 504* and *Parent Notice: Section 504 Student Eligibility Meeting*.

Signed copy of *Parent Notice: Section 504 Student Eligibility Meeting* is secured by building 504 coordinator or designee (not required to proceed with an eligibility review meeting).

Part 3a and 3b of the *Section 504 Accommodation Plan* is to be completed at all eligibility meetings.

Part 4 of the *Section 504 Accommodation Plan* is completed if the student is found to be eligible for a Section 504 plan. The first page of Part 4 is a summary of the accommodation plan. A copy of this page is to be given to individuals responsible for implementing the plan.

The final page of the Section 504 Accommodation Plan is the “sign off” sheet and is to be completed at every eligibility meeting. Secure signatures from parents and all team members.

Identify tentative date for next review of the plan (usually done yearly).

The original *Section 504 Accommodation Plan* is filed in the student’s cumulative file.

If a plan is no longer needed by the student it must be officially terminated through review by an eligibility team. Completing and attaching the one page *Section 504 Termination Form* to the front of the plan does this. Terminated plans are filed in the student’s cumulative file.

Parent is notified in writing of any action taken by a 504 eligibility Team, copied to the student’s cumulative file.