

PITTSBURG UNIFIED SCHOOL DISTRICT

Section 504: MEETING NOTICE TO PARENTS

To the Parents of: _____

Date of Meeting: _____ Time: _____

Your child may have a physical or mental impairment as defined by Section 504 of the Americans with Disabilities Act (ADA)/Rehabilitation Act of 1973 that may entitle him or her to reasonable accommodations and /or services to insure a Free and Appropriate Public Education (FAPE).

You are invited to a Student Study Team meeting in order to:

- (1) DISCUSS THE NEEDS OF YOUR CHILD;
- (2) DETERMINE IF FURTHER ASSESSMENT NEEDS TO BE DONE;
- (3) DEVELOP A PLAN TO MEET YOUR CHILD'S NEEDS IN THE REGULAR PROGRAM, OR REFER TO AN IEP TEAM TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION SERVICES (unless recent assessment information is available).

You have a right to participate in these meetings. If you disagree with the recommendation of the team or if you feel your child is not getting an appropriate education because of his or her condition, you should share your concerns with the school principal.

If your concerns are not resolved at this level you may file a written complaint with the district 504 coordinator, who will work with you and the school to reach a prompt and equitable resolution of the issues.

You also have a right to an impartial hearing if there is a disagreement about the identification, evaluation or educational placement of your child.

Attached is an overview of parent and student rights under Section 504 of the ADA.

Sincerely,

School Site 504 Facilitator

PITTSBURG UNIFIED SCHOOL DISTRICT

Notice and Consent for Initial Section 504 Evaluation

Date Sent/Emailed: _____

Student's Name: _____ School _____ Grade _____

Parent's Address: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

We have carefully reviewed your child's school records and information from teachers. Additional information is necessary to fully determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504. We are requesting that you consent to an evaluation under Section 504 for the following reasons:

In many cases, the Section 504 evaluation may simply consist of staff persons reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores and other data, in order to determine if your child qualifies for accommodations in the regular classroom. This is not a Special Education evaluation.

Please review the enclosed document entitled "Notice of Parent Rights," which informs you of your rights under Section 504. If you consent to the evaluation, sign and return a copy of this letter.

Please call _____, at _____ if you have any questions.
Staff Member Staff Phone Number

As the parent/legal guardians of the above referenced student, having received notice of my Section 504 parent right, I hereby consent to an evaluation under Section 504.

Parent/Guardian Signature

Parent/Guardian Printed Name

PITTSBURG UNIFIED SCHOOL DISTRICT
2000 Railroad Avenue
Pittsburg, CA 94565

**NOTICE OF PARENT AND STUDENT RIGHTS
UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973**

(The School Site Facilitator will provide a copy of all required notices to the parent/guardian.)

There are several times during the planning process when parents/ guardians should be provided with a written copy of their rights:

1. When eligibility is questioned and assessment begins;
2. When eligibility is determined and a accommodation plan is developed;
3. Before there is a significant change in the plan for services.

Under “504”, students have the rights to the following:

- A free and appropriate education equal to that provided to non-disabled students;
- Placement in an appropriate least restrictive environment;
- The right to an evaluation by a group of persons knowledgeable about the student, the meaning of evaluation data, and placement options.

Under “504”, parents have rights to the following:

- Notification before the school district takes any action with respect to identification, evaluation or placement of student;
- An evaluation that draws information from a variety of relevant sources;
- To examine relevant records;
- To periodic reevaluations and an evaluation before any significant change in program or services occurs;
- To file a complaint with the District’s 504 Coordinator (Director of Student Services);
- To an impartial hearing if there is disagreement with the school district’s proposed action;
- To be represented by counsel in the impartial hearing process;

The school site coordinator will provide the parent/ guardian with written notification of all actions and/or decisions made by the 504 team, including those in which the parent/ guardian participated. A record of documentation provided to the parent/ guardian will be maintained at the school.

PITTSBURG UNIFIED SCHOOL DISTRICT

Section 504

Acknowledgement of Notice of Parent and Student Rights

STUDENT: _____

GRADE: _____

SCHOOL: _____

DATE OF MEETING: _____

TIME OF MEETING: _____

I have received a notice of the parent and student rights as related to Section 504 of the Rehabilitation Act of 1973.

Signature Parent/Guardian: _____

Date: _____

Section 504

Authorization for the Release of Health and/or Educational Information

Student Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Parent/Guardian:

Your signature on this authorization for release of information form will be provided to individuals, programs, organizations, and entities stated below.

Statement of Release On behalf of the above named student:

I authorize _____ (name of health care provider, agency, or medical institution) to release evaluation records to _____ (School or School District) for the purpose of determining eligibility for and/or provision of Section 504.

Site/District Contact: _____ Phone _____

Site/District Address: _____

For this purpose, I consent to the release of the following health information to the identified school district regarding this child from ___/___/___ to ___/___/___. I give consent for the following specific information to be exchanged:

- Current medical status/Diagnosis
- Current medications/treatments
- Recommendations for school
- Other (specify) _____

I give consent for the exchange of information by the methods indicated:

1. The exchange of written records containing the information described in this release by the agencies or individuals specified. Yes No
2. The verbal exchange of the information described in this release by the agencies or individuals specified. Yes No

I understand that the released information becomes a part of the student's educational records and, as such, is protected by the Family Educational Rights and Privacy Act (FERPA). The information may be reviewed by all members of the Section 504 team and, as appropriate, those identified as having legitimate educational interest. The information may also be used in the future, including if the student moves, for the purpose of educational decision making.

I understand that I have the following rights with respect to this authorization:

- The right to inspect or copy the health information to be disclosed by this form.
- The right to receive a copy of this form.
- The right to withdraw this Authorization by written notification at any time (although my withdrawal will not be effective as to uses and/or disclosures already made regarding this form).

This authorization is valid until ___/___/___ or until one year after the date of signing, whichever occurs first.

Printed name: _____ Relationship to student: _____

Date ___/___/___ Signature: _____