

REFERRAL TO THE SECTION 504 COMMITTEE

Student Name: _____

Parents'/Guardians' Names and Address: _____

DOB: _____ School: _____

Grade: _____ Teacher/Team: _____

Student's Preferred Language: _____

Home Phone: _____ Separated Parent Information (if applicable):

Mother's Office Phone: _____ Name: _____

Father's Office Phone: _____ Address: _____

Is an interpreter needed for parental communication? _____

If YES, please specify: _____ Phone: _____

REASONS FOR REFERRAL:

DESCRIBE THE STUDENT'S CLASSROOM/SCHOOL PERFORMANCE:

DOES THE STUDENT HAVE A PREVIOUSLY DOCUMENTED DISABILITY? YES NO

IF YES:
WHAT IS THE DISABILITY? _____

WHEN WAS IT DOCUMENTED: _____ DOCUMENTED BY: _____

IS THE DOCUMENTATION AVAILABLE AT THIS TIME? YES NO IF YES, PLEASE ATTACH.

DESCRIBE ATTEMPTED CLASSROOM INTERVENTIONS PRIOR TO REFERRAL AND THEIR OUTCOMES:

DESCRIBE PARENT-TEACHER CONTACTS PRIOR TO THIS REFERRAL AND THEIR OUTCOMES:

HAVE THE CHILD STUDY TEAM AND/OR OTHER SCHOOL BASED PERSONNEL BEEN CONSULTED ABOUT THE PRESENT REFERRAL CONCERNS?

	YES	NO	OUTCOME OF CONSULTATION
Child Study Team	<input type="checkbox"/>	<input type="checkbox"/>	_____
Classroom Teacher	<input type="checkbox"/>	<input type="checkbox"/>	_____
Principal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech Therapist	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Therapist	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

ARE REMEDIAL OR THERAPEUTIC EFFORTS BEING ATTEMPTED AT HOME OR PRIVATELY? YES NO

IF YES, WHO ARE THE CURRENT PROVIDERS? _____

DO YOU CONSENT TO THE EXCHANGE OF INFORMATION WITH THE PROVIDERS OF PRIVATE SERVICES AND/OR EVALUATIONS? YES NO

If yes, please enter the names and phone numbers of the private evaluators:

PLEASE DESCRIBE ANY ADDITIONAL CONCERNS OR ALERTS FOR THE COMMITTEE:



Signature of person submitting this referral

Title/Parent

Date

Revised 7/23/14

School office use

PLEASE ATTACH:

ATTENDANCE REPORTS FOR CURRENT AND LAST SCHOOL YEARS;

LATEST SCHOOL HEALTH REPORT with HEARING AND VISION RESULTS;

LAST ISSUED REPORT CARD AND LAST END YEAR (JUNE) REPORT CARD;

LAST REPORT OF STANDARDIZED GROUP TEST RESULTS (ex. ELA);

ALL AVAILABLE PRIVATE ASSESSMENT REPORTS FROM PARENTS;

FOR HIGH SCHOOL STUDENTS - A TRANSCRIPT OF EARNED CREDITS, REMAINING DIPLOMA REQUIREMENTS, AND A PRESENT PROGRAM OF CLASSES

SECTION 504 REQUEST FOR MEDICAL REPORT OF PHYSICAL EXAMINATION

Dear Parent:

A physical examination of your child is required by the Section 504 Committee to help determine if a medically-related disability is impacting upon a major life activity. Because many families routinely provide such examinations annually for their children, you may wish to ask your family physician to complete the form below. If you prefer, the Committee will schedule a physical examination by a consulting pediatrician, at no cost to you.

The examining physician is asked to complete the form below and a report of a physical examination. The "Physician's Health Appraisal" appears on the back of this letter for that purpose. Please return both completed forms to the Special Education Department. Thank you for your cooperation.

To the Examining Physician:

This medical report is requested by the Section 504 Committee to appropriately assess the need for specific accommodations by the student identified below. Your report will be used to help assess eligibility under Section 504 of the Rehabilitation Act of 1973.

Student's Name	Date of Birth	School/Grade
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1. Does the student have a medical or physical disability/diagnosis?

If yes, what is the disability/diagnosis?

When was the disability first diagnosed?

Has the disability affected the child differently over the years?

2. At this time, how do you think the diagnosed disability may impair a "major life activity" during the school day?

Physician's Signature	Office Address/Phone	Date
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PLEASE RETURN THIS FORM TO THE EDUCATION CENTER AT THE ABOVE ADDRESS

Physician's Health Appraisal
Chappaqua Central School District

Please return as soon as examination is completed

Name: _____ Date of Exam: _____

School: _____ Grade: _____

History

Hospitalization: _____

Operations/Surgery: _____

Allergies: _____

Chronic Medications: _____

Significant Illnesses: _____

Significant Injuries: _____

Physical Examination *(Leave blank if normal)*

Height: _____ Weight: _____ Pulse: _____ BP: _____

Skin: _____

Lymph Nodes: _____

HEENT: _____

Lungs: _____

Heart: _____

Abdomen: _____

Genitourinary: _____

Extremities: _____

Orthopedic: _____ Scoliosis: _____

Neurologic: _____

Vision: L _____ R _____ Hearing: L _____ R _____

Laboratory: _____

Immunizations Given in the Past 2 Years: _____

Last Tuberculin: _____

Hepatitis B Vaccine: #1 _____ #2 _____ #3 _____

Summary: Emotional Status: _____

Summary: Physical Assessment: _____

Physical Education: Yes _____ No _____ Duration: _____

Name of Physician: _____

Address: _____

Phone: _____ Signature: _____

Notice Of Parent And Student Rights Under Section 504

The Rehabilitation Act of 1973, commonly referred to as "Section 504", is a nondiscrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination on the basis of handicap in any program or activity receiving federal financial assistance, and to assure that disabled students have educational opportunities and benefits equal to those provided to non-disabled students.

An eligible student under Section 504 is a student who:

- a. has a physical or mental impairment which substantially limits one or more major life activities;
- b. has a record of such impairment; or
- c. is regarded as having such an impairment,

A major life activity means functions such as learning, self-care, walking, seeing, hearing, speaking, breathing, working and performing manual tasks.

Dual Eligibility:

Students may be eligible *for* educational services under both Section 504 and the Individuals With Disabilities Education Act (IDEA). Students who are eligible under the IDEA have certain specific rights that are not available to students who are eligible solely under Section 504. (A Parent's Guide to Special Education, prepared by the New York State Education Department, sets out the rights assured by the IDEA and is available through the school district's Special Education Department). It is the purpose of this Notice to set out the rights assured by Section 504 to those disabled students who do not qualify under the IDEA.

The Regulations:

As found in 34 CFR Part 104, Section 504 provides parents and/or students with the following rights:

1. You have the right to be informed of your rights under Section 504. The purpose of this Notice is to inform you of those rights.
2. Your child has the right to an appropriate education designed to meet his/her individual educational needs as adequately as the needs of non-disabled students are met.
3. Your child has the right to free educational services except *for* those *fees* that are imposed on non-disabled students or their parents.
4. Your child has a right to be educated, and to participate in nonacademic activities and extracurricular services, with students who are not disabled, to the maximum extent appropriate to the needs of the handicapped person.
5. Your child has a right to facilities, services and activities that are comparable to those provided *for* non-disabled students.
6. Your child has a right to an evaluation prior to an initial placement of the person in a regular or special education program, and any subsequent significant change in placement.
7. Testing and other evaluation procedures must be validated *for* the specific purpose *for* which they are used, must be administered by trained personnel in conformance with test instructions, and must include those tests tailored to assess specific areas of educational need. Tests must be selected and administered so as best to ensure that, when a test administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual or speaking skills (except where those skills are the factors that the test purports to measure).

8. In interpreting evaluation data and in making placement decisions, the district shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.
9. Placement decisions must be made by a group of persons, including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities.
10. If eligible under Section 504, your child has a right to periodic reevaluations.
11. You have the right to notice prior to any action by the district in regard to the identification, evaluation or placement of your child.
12. You have the right to examine relevant records.
13. If you disagree with action or inaction by the district in relation to rights secured by Section 504 and wish to challenge the actions of the district's Section 504 Committee in regard to your child's identification, evaluation or educational placement, you must file a written Notice of Appeal with the district's Section 504 Compliance Officer within 30 days from the time you receive written notice of the Section 504 Committee's action(s). A hearing will be scheduled before the Superintendent of Schools, who will serve as an impartial hearing officer. You will be notified in writing of the date, time, and place for the hearing.
14. You have the right to an impartial hearing with the Superintendent with respect to the district's actions regarding your child's identification, evaluation or education placement. There shall be opportunity for parental participation in the hearing and representation by counsel.
15. If you disagree with the decision of the Superintendent, you have the right to have your appeal heard by the Board of Education. Written request must be received by the district within 15 calendar days of the parent/child's receipt of the Superintendent's decision.
16. If you disagree with the decision of the Board, you have the right to a review of that decision by a court of competent jurisdiction.
17. You also have a right to file a complaint with the Office for Civil Rights. The address of the Regional Office which covers New York is:

United States Department of Education
Office for Civil Rights, Region n
Federal Building, 26 Federal Plaza
New York, NY 10278
(212) 246-4633

Cross-ref: 4321, Programs for Students with Disabilities
5020.3, Students with Disabilities Pursuant to Section 504
5310, Student Discipline
5313.3, Student Suspension
9110, Staff Attendance and Punctuality

Ref:

Rehabilitation Act of 1973, 29 D.S.C. §§794 et seq. (Section 504)
34 CFR Part 104
Individuals with Disabilities Education Act, 20 D.S.C. §§1400 et seq. (IDEA)
Education Law, §§ 4401 et seq. (Article 89)
8 NYCRR Part 200