

Jackson Local Schools
SECTION 504 PARENT MEETING NOTICE

Student's Name _____

Date of Birth _____

School _____

This notice is to make you aware of the need to review your child's educational program and/or to meet to consider the existence of a disability based on the definition in Section 504 of the Rehabilitation Act of 1973. We are planning a conference as follows:

INITIAL MEETING **CHECKPOINT REVIEW**

Date: _____

Time: _____

Location: _____

A. The purpose of this meeting:

- Discuss referral of your child
- Discuss evaluation/reevaluation results/504 eligibility
- Review of eligibility/possible need for Section 504 Plan
- Possible amendment to current Section 504 Plan
- Review and discuss your child's present educational status
- Discuss misconduct/infracton as it relates to disability
- Other _____

B. The following individuals will be present at the meeting:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> School Principal | <input type="checkbox"/> Student | <input type="checkbox"/> Classroom Teacher(s) | <input type="checkbox"/> Guidance Counselor |
| <input type="checkbox"/> School Psychologist(s) | <input type="checkbox"/> Other Specialist(s) | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Other (specify) _____ | | | |

Counselor's Signature: _____

Date: _____

(Detach)

RESPONSE FORM

Please complete this section, sign and return to school counselor by _____ (date)

- | | |
|--|---|
| <input type="checkbox"/> I will attend this meeting and acknowledge receipt of Section 504 Parent/Child Rights and Procedural Safeguards | <input type="checkbox"/> I will <u>NOT</u> attend this meeting and acknowledge receipt of Section 504 Parent/Child Rights and Procedural Safeguards |
| <input type="checkbox"/> I would like my child to attend this meeting | <input type="checkbox"/> I do <u>NOT</u> want my child to attend this meeting |

Please indicate if there are additional individuals you would like to attend this meeting.

List name(s) _____

You are welcome to bring any information, including formal or informal test results, work samples, medical records, etc.

Parent/Guardian's Signature: _____

Date: _____

SECTION 504 PARENT/CHILD RIGHTS AND PROCEDURAL SAFEGUARDS

1. Your child has a right to take part in and receive benefits from public education programs without discrimination based on a disability.
2. You have the right to receive written notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
3. Your child has a right to an evaluation prior to the development of an initial § 504 plan and any subsequent significant change in placement. Your child is eligible for a free appropriate public education under § 504 of The Rehabilitation Act of 1973 if the § 504 Team determines that your child has a physical or mental impairment that substantially limits one or more major life activities, including the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of the student as adequately as the needs of students without disabilities are met and that are based upon adherence to Section 504's procedural requirements. Major life activities include, but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, working, and learning, or the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, or endocrine functions.
4. The district shall consider information from a variety of sources, including (as appropriate) but not limited to aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, medical reports, student grades, progress reports, parent observations, anecdotal reports, and test scores when making eligibility, educational, and placement decisions under § 504.
5. Eligibility decisions must be made by a group of persons knowledgeable about your child, the meaning of the evaluation data, and the placement options.
6. If eligible as disabled under § 504, your child has a right to periodic reevaluations, generally every three years, before your child's placement is terminated or significantly changed, and if otherwise determined to be necessary.
7. Your child has the right to a free appropriate public education ("FAPE"), meaning the provision of education and related services without cost to the person with a disability or his or her parents or guardians except for those fees that are imposed equally on non-disabled students or their parents.
8. Your child has a right to access facilities, services, and activities that are comparable to those provided for non-disabled students.
9. You have the right to examine educational records of your child and obtain copies at a reasonable cost.
10. With respect to actions regarding the identification, evaluation, or educational placement of your child under Section 504, you have the right to notice, an opportunity to examine relevant records, an impartial hearing with opportunity for participation by you and representation by counsel, and a review procedure.
11. If you wish to challenge the actions of the district's § 504 Team in regard to your child's identification, evaluation, or educational placement, you should file a written grievance with the district's § 504 Compliance Officer ***Barry Mason*** at ***Jackson Local Schools 7602 Fulton Rd. N.W. Massillon, Ohio 44646*** within 10 calendar days from the time you received written notice of the § 504 Team's action(s). A hearing will be scheduled before an impartial hearing officer selected and appointed by the district and you will be notified in writing of the date, time, and place for the hearing.
12. If you disagree with the decision of the impartial hearing officer appointed by the district, you have a right to a review of that decision by a court of competent jurisdiction.
13. You have a right to file a complaint with the United States Department of Education Office for Civil Rights (OCR) at any time. OCR may be contacted at 600 Superior Avenue, East, Suite 750, Cleveland, Ohio 44114-2611.