

**ADMINISTRATIVE REGULATIONS REGARDING  
CLASSIFICATION OF EDUCATION RECORDS**

The New Milford Public Schools (the "District") will appoint a Custodian of Records who will ensure that student education records are kept as follows:

**A. CATEGORY "A" RECORDS:**

1. Category A includes official administrative records that constitute the minimum personal data necessary for the operation of the educational system.
2. Category A records shall be maintained for at least fifty (50) years after the student leaves the school district or graduates.
3. All Category A records created by the district shall include the student's state-assigned student identifier (SASID).
4. Notice of a student's suspension or expulsion shall be expunged from the student's cumulative education record if the student graduates from high school, except for notice of an expulsion of a student in grades nine through twelve, inclusive, based upon possession of a firearm or deadly weapon.
5. \*In cases where a student is suspended or expelled for the first time, and the Administration or the Board, respectively, has shortened or waived the period of suspension or expulsion in accordance with the Board's disciplinary policy relating to first time offenses, the Administration or the Board, respectively, may choose to expunge such notice of suspension or expulsion from the student's cumulative record at the time the student completes the specified program and any other conditions imposed by the Administration/Board, rather than upon graduation. The Board may choose to expunge an expulsion notice from a student's cumulative record prior to graduation if such student has demonstrated to the Board that the student's conduct and behavior in the years following such expulsion warrants an expungement. Should the notice be expunged in accordance with one of these provisions, a record of the fact that the student had been suspended or expelled shall be maintained apart from the student's cumulative record, for the limited purpose of determining whether any subsequent offenses by the student would constitute the student's first suspension or expulsion.
6. Category A records shall include, at a minimum, the following:

<u>RECORD</u>	<u>LOCATION</u>
a. Basic biographical information	Cumulative/Health File

	Cumulative File
c. Date of high school graduation or equivalent	Cumulative File
d. Records of immunizations	Cumulative/Health/Pupil Personnel File
	Cumulative File
f. *Notice of Expulsion for Firearm or Deadly Weapon (C.G.S. §§ 10-233c(e), 10-233d(f))	Cumulative File

**B. CATEGORY “B” RECORDS**

1. This includes verified information for the formulation of education programs for all students, but not absolutely necessary over an indefinite period of time.
2. Data in Category B must be accurate, clearly understood, and verified before becoming part of any continuing record. There should be no anonymous entries in a student’s education record.
3. Category B records must be maintained for at least six (6) years after the student leaves the school district or graduates from high school.
4. Notice of a student’s suspension or expulsion shall be expunged from the student’s cumulative education record if the student graduates from high school, except for notice of an expulsion of a student in grades nine through twelve, inclusive, based upon possession of a firearm or deadly weapon.
5. \*In cases where a student is suspended or expelled for the first time, and the Administration or the Board, respectively, has shortened or waived the period of suspension or expulsion in accordance with the Board’s disciplinary policy relating to first time offenses, the Administration or the Board, respectively, may choose to expunge such notice of suspension or expulsion from the student’s cumulative record at the time the student completes the specified program and any other conditions imposed by the Administration/Board, rather than upon graduation. The Board may choose to expunge an expulsion notice from a student’s cumulative record prior to graduation if such student has demonstrated to the Board that the student’s conduct and behavior in the years following such expulsion warrants an expungement. Should the notice be expunged in accordance with one of these provisions, a record of the fact that the student had been suspended or expelled shall be maintained apart from the student’s cumulative record, for the limited purpose of determining whether any subsequent offenses by the student would constitute the student's first suspension or expulsion.

6. Records containing information pertaining to child abuse/neglect referrals or reports, or containing confidential HIV-related information, should be kept separate from the student's cumulative folder, in confidential files.
7. Confidential HIV-related information contained in the confidential file should only be disclosed pursuant to district policy.
8. Information contained in documents related to any Department of Children and Families ("DCF") child abuse and/or neglect investigation, or any such investigation conducted by local law enforcement officials, shall be kept confidential in a central location. Such records shall only be disclosed in accordance with the Board's policy regarding Confidentiality and Access to Education Records.
9. Category B records shall include the following (if applicable):

<u>RECORD</u>	<u>LOCATION</u>
a. Child-Study Team Records / Student Assistance Team Records	Cumulative/Pupil Personnel File
b. Standardized group test scores (CAPT, CMT etc.)	Cumulative/Pupil Personnel File
c. <del>and/or personality testing program results</del> Diagnostic reading/math test results (not special education)	Cumulative File
d. Educational and/or vocational interest	Cumulative File
e. Speech/language and hearing evaluations (not special education)	Cumulative/Health File
f. Comprehensive health records	Cumulative/Health/Pupil Personnel File
g. Correspondence relating to the student	Cumulative/Health/Pupil Personnel File
h. Suspensions/expulsions, and the Individualized Learning Plan implemented for an expelled student, which shall include the student's state-assigned student identifier (SASID)	Cumulative File*
i. Parent/eligible student's signed release forms	Cumulative/Health/Pupil Personnel File
j. Truancy Records (including record of parent conferences and referrals )	Cumulative File
k. Child Abuse/Neglect Forms	CONFIDENTIAL FILE IN CENTRAL LOCATION

l. Reports Containing Confidential HIV-Related Information	CONFIDENTIAL FILE
m. Awards	Cumulative File
n. Diagnostic test results (non special education)	Cumulative File/Pupil Personnel File
o. Extracurricular Activities	Cumulative File
p. Letters of Recommendation	Cumulative File
q. Parent's/Eligible Student's signed release forms (permitting disclosure of records)	Cumulative File/Health/Pupil Personnel File
r. Diploma (if not picked up by student)	Cumulative File
s. Accident Reports	Cumulative File
t. Basic school entrance health histories	Cumulative/Health File
u. Cumulative Health Record (CHR-1, original or copy)	Health File (*copy remains with district/original follows student)
v. Individualized Health Care Plans / Emergency Care Plans	Cumulative/Health/Pupil Personnel File
w. Health Assessment Records (HAR-3)	Health File
x. Incident Reports	Cumulative File
y. Medication administration records (*6 yrs OR until superseded by yearly summary on CHR-1), which shall include the student's state-assigned student identifier (SASID)	Health File
z. Parent authorization for medications/treatments	Health File
aa. Physician's orders for medications treatments	Health File
bb. Referral forms for services based on results of mandated screenings	Health/Pupil Personnel File
cc. Sports histories and physical-examination reports	Health File

dd. Nursing Records (Health assessment data; Nursing process notes; 3 <sup>rd</sup> party health records)	Health File
ee. Correspondence to parents related to verified acts of bullying; intervention plans and safety plans, as may be required under state law	Cumulative File

**C. CATEGORY "C" RECORDS – SPECIAL EDUCATION**

1. Category C includes verified information necessary for the formulation of prescriptive educational plans designed to meet the unique needs of selected students.
2. Category C information should be kept separate from the student's cumulative folder, in the Pupil Personnel File.
3. Category C records must be maintained for at least six (6) years after the student leaves the school district or graduates from high school.
4. Prior to the destruction of Category C information, notification to parents and/or eligible students via media will be made and opportunity provided to copy said records.

Category C shall include (where applicable):

<u>RECORD</u>	<u>LOCATIONS</u>
a. PPT referral forms	Pupil Personnel File
b. School counselor case records	
c. School psychologists case records	
d. School social-work case records	
e. School speech/language pathology case records	
f. Section 504 Records	
g. Special Education assessment/evaluation reports	Pupil Personnel File
h. Due process records (including complaints, mediations, and hearings)	Pupil Personnel File

i. Individual Transition Plan	Pupil Personnel File
j. Individualized Education Program ("IEP") Records	Pupil Personnel File
k. Planning and Placement Team ("PPT") records (including notices, meetings, consent forms)	Pupil Personnel File
l. Individualized Family Service Plans ("IFSPs")	Pupil Personnel File
m. Incident Reports of Seclusion	Pupil Personnel File
n. Incident Reports of Physical Restraint	Pupil Personnel File

## D. CATEGORY "D" RECORDS

1. Category D records must be maintained for minimum retention period specified below.

Category "D" shall include (if applicable):

<u>RECORD</u>	<u>MINIMUM RETENTION REQUIRED</u>	<u>LOCATION</u>
a. Sports Contract/Student Contract (including signature sheet for student handbook)	End of school year in which signed	Cumulative File
b. Permission slips / waivers	3 years	Cumulative File
c. Free/reduced meal application and documentation	3 years	Cumulative File
d. Annual Notification to Parents (Student behavior and Discipline, Bus Conduct, Electronic Communications Systems, and the National School Lunch Program)	1 year	Cumulative File
e. Adult education Registration Records	3 years or until audited, whichever comes first	Cumulative File
f. After school program registration records	1 year	Cumulative File
g. Pesticide application notification registration form	5 years	Cumulative File
h. School registration records including residency documentation	3 years or until audited, whichever comes later	Cumulative File
i. Student portfolio work (student produced work for grading assessment)	End of year in which student received grade	May be Maintained by Individual Teachers
j. Tardy slips from parents/guardians	End of school year	Cumulative File
k. Physician's Standing orders	Permanent; revise as required. Keep old copy separately.	Health File
l. Student's emergency information card	Until superseded or student leaves school district	Cumulative/Health File
m. Test Protocols	Discretion of district	Cumulative/Pupil Personnel File
n. Surveillance videotapes made on school bus (if maintained by district)	2 weeks	N/A

o. Log of access to education records	Maintained for same retention period as required for the record	Cumulative/Health/Pupil Personnel
p. Title IX records and documentation	7 years from date of creation	Cumulative/Other File as Designated by the Administration

**E. DURATION OF EDUCATION RECORDS**

1. Records shall be destroyed in accordance with district policy and the Records Retention Schedule of the Public Records Administrator.
2. Records may be maintained for longer periods of time whenever valid cause for the retention of records is shown to the custodian of records.
3. Notwithstanding the applicable retention schedule, the school district shall not destroy any education record if a parent or eligible student has an outstanding request to inspect and review the education record.

**F. MAINTENANCE OF EDUCATION RECORDS OF TRANSGENDER AND GENDER NON-CONFORMING STUDENTS**

1. The Administration shall comply with all processes and procedures relative to the amendment of education records when presented with a request to change a student's name, gender, or any other information contained in education records.
2. If the Administration changes the name and/or gender in a transgender or gender non-conforming student's education record, all education records containing the student's birth name and gender shall be maintained, if so required under federal and/or state law and regulations, separately from other education records and in a strictly confidential location and manner.

**G. RESPONSIBILITY FOR MAINTENANCE OF EDUCATION RECORDS**

1. The Director of Pupil Personnel **[or Special Education]** is the Custodian of Records.
2. In addition, the following personnel are designated as the guardians of records for each of the schools:
  - a) Categories A, B & D: Principal at each school.
  - b) Category C: Case Manager at each school.
  - c) With respect to confidential HIV-related information, if the Principal is a recipient of an HIV-related disclosure, the Principal shall be the guardian of



- records. If not, whoever was the recipient of the HIV-related disclosure shall be the guardian of the records.
- d) With respect to child abuse and neglect investigation material, the Superintendent of Schools or designee shall be the guardian of the records.
  - e) With respect to Title IX records and documentation, the District's Title IX Coordinator shall be the guardian of the records.
3. The chief custodian of records will annually list for public inspection the names and positions of the custodians of records in each of the schools.
  4. Each of the custodians of records shall supply parents, on request, a list of the types and locations of education records collected, maintained, or used within the New Milford Public Schools.
  5. The custodians of records is responsible for ensuring compliance with the confidentiality and access provisions of this Board policy and these administrative regulations.

Regulation approved:  
Regulation revised:

NEW MILFORD PUBLIC SCHOOLS  
New Milford, CT

**Model Notification of Rights  
Under FERPA for Elementary and Secondary Institutions**

***[NOTE: Under the procedures outlined in the policy, the following information will be disclosed on an annual basis to parents of students currently in attendance, or eligible students currently in attendance.]***

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, et seq., affords parents and eligible students (*i.e.*, students over 18, emancipated minors, and those attending post-secondary educational institutions) certain rights with respect to the student's education records. They are:

(1) The right to inspect and review the student's education records within forty-five (45) calendar days of the day the District receives a request for access.

Parents or eligible students should submit to the school principal **[or appropriate school official]** a written request that identifies the record(s) they wish to inspect. The principal **[or appropriate school official]** will make arrangements for access and notify the parents or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parents or eligible student believe are inaccurate or misleading, or otherwise violate the student's privacy rights.

Parents or eligible students who wish to ask the District to amend a record should write the school principal **[or appropriate school official]**, clearly identify the part of the record the parents or eligible student want changed, and specify why it should be changed.

If the District decides not to amend the record as requested by the parents or eligible student, the District will notify the parents or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parents or eligible student when notified of the right to a hearing.

(3) The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception that permits disclosure without consent is disclosure to a school official with legitimate interests. A school official is a person employed by the District as an administrator, supervisor, instructor or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the Board of Education; a person or company with whom the District has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official

committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the District discloses a student's education record without consent to officials of another school, including other public schools, charter schools, and post-secondary institutions, in which the student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. Further, and in accordance with state and federal law and guidance, the District may disclose education records to another school for enrollment purposes, which may include exploration of educational placement options by the District or educational placement decisions made by a planning and placement or Section 504 team, or in order to explore placement options for the provision of alternative educational opportunities.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Student Privacy Policy Office  
U.S. Department of Education  
400 Maryland Avenue, S.W.  
Washington, DC 20202-8520

***[Note: In addition, a school district may want to include a directory information public notice, as required by the regulations, 34 CFR § 99.37, with its annual notification of rights under FERPA. The following two paragraphs are recommended for inclusion and must be included in the annual notification if the school district wants to be able to disclose "Directory Information" under II.B of the Student Records Policy:]***

Unless notified in writing by a parent or eligible student to the contrary within two weeks of the date of this notice, the school district will be permitted to disclose "Directory Information" concerning a student, without the consent of a parent or eligible student. Directory Information includes information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to, the parent's name, address and/or e-mail address, the student's name, address, telephone number, e-mail address, photographic, computer and/or video images, date and place of birth, major field(s) of study, grade level, enrollment status (full-time; part-time), participation in school-sponsored activities or athletics, weight and height (if the student is a member of an athletic team), dates of attendance, degrees, honors and awards received, the most recent previous school(s) attended and student identification numbers for the limited purposes of displaying a student identification card. The student identification number, however, will not be the only identifier used when obtaining access to education records or data. Directory information does not include a student's social security number, student identification number or other unique personal identifier used by the student for purposes of accessing or communicating in electronic systems unless the identifier cannot be used

to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN or password.

The school district may disclose directory information about students after they are no longer in enrollment in the school district. Notwithstanding the foregoing, the district will continue to honor any valid objection to the disclosure of directory information made while a student was in attendance unless the student rescinds the objection.

An objection to the disclosure of directory information shall not prevent the school district from disclosing or requiring a student to disclose the student's name, identified or institutional email address in a class in which the student is enrolled. Parents and/or eligible students may not use the right to opt out of directory information disclosures to prohibit the school district from requiring students to wear or display a student identification card.

The written objection to the disclosure of directory information shall be good for only one school year. School districts are legally obligated to provide military recruiters and institutions of higher learning, upon request, with the names, addresses and telephone numbers of secondary school students, unless the secondary student or the parent of the student objects to such disclosure in writing. Such objection shall be in writing and shall be effective for one school year. In all other circumstances, information designated as directory information will not be released when requested by a third party unless the release of such information is determined by the administration to be in the educational interest of the school district and is consistent with the district's obligations under both state and federal law.

**Model Notification of Data Sharing Agreements Under Conn. Gen. Stat § 10-234bb(g)**

***[NOTE: This notice must be sent on or before September 1 of each school year]***

Pursuant to the requirements of Conn. Gen. Stat. § 10-234bb(g), the New Milford Board of Education (the "Board") maintains and updates an Internet website with information relating to all contracts into which it has entered for which a contractor may gain access to student records, student information, or student-generated content (collectively, "student data"). The address of the Internet website is [www.newmilfordps.org](http://www.newmilfordps.org) . The Internet website includes copies of these contracts, and notices regarding each contract that include (1) the date the contract was executed, (2) a brief description of the contract and the purpose of the contract and (3) what student data may be collected as a result of the contract.

## RELEASE OF CONFIDENTIAL HIV-RELATED INFORMATION

I hereby authorize \_\_\_\_\_ [name of individual who holds the information] \_\_\_\_\_, to release confidential HIV-related information, as defined in Conn. Gen. Stat. § 19a-581, concerning \_\_\_\_\_ [name of protected individual] \_\_\_\_\_, to the following personnel:

- \_\_\_\_\_ 1) School Nurse
- \_\_\_\_\_ 2) School Administrator(s)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
- \_\_\_\_\_ 3) Student's Teacher(s)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
- \_\_\_\_\_ 4) Paraprofessional(s)
- \_\_\_\_\_ 5) Director of Pupil Personnel Services
- \_\_\_\_\_ 6) Other(s)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_

This authorization shall be valid for

- \_\_\_\_\_ 1) The student's stay at \_\_\_\_\_ School.
- \_\_\_\_\_ 2) The current school year.
- \_\_\_\_\_ 3) Other \_\_\_\_\_  
specify period

I provide this information based on my responsibility to consent for the health care of \_\_\_\_\_ . I understand that such information shall be held confidential by the persons

authorized here to receive such information, except as otherwise provided by law.

\_\_\_\_\_  
[Name]

\_\_\_\_\_  
[Relationship to Student]

\_\_\_\_\_  
[Date]

**TRANSFER OF CONFIDENTIAL STUDENT INFORMATION**

Date: \_\_\_\_\_

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the [\_\_\_\_\_] Public Schools to **release** and/or **obtain** (please circle) the following confidential records regarding my child for the purpose of \_\_\_\_\_:

**Name of Child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_  
**School:** \_\_\_\_\_

(Please check all that apply)

	<u>Obtain</u>	<u>Release</u>
All Records	<input type="checkbox"/>	<input type="checkbox"/>
Cumulative File	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Personnel/Special Education	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary	<input type="checkbox"/>	<input type="checkbox"/>
Health/Medical*	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
_____		

To/From: \_\_\_\_\_

Name

Address: \_\_\_\_\_

Street

Town

State/Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian



\*\*\*\*\*

**If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPAA, the following section must also be completed:**

I, the undersigned, specifically authorize \_\_\_\_\_ to disclose my child's

Name of Physician

medical information, as specified above, to my child's school,

\_\_\_\_\_

Name of School

at the above address for the purposes described below (i.e. health assessment for school entry, special education evaluation etc.):

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician's office in writing, but if I do, it will not have any effect on actions taken by the Physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child's treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

\*\*\*\*\*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian



**ADMINISTRATIVE REGULATIONS REGARDING STUDENTS  
AND SECTION 504 OF THE REHABILITATION ACT OF 1973  
AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990**

*[The following administrative procedures are not part of the Section 504/ADA policy. However, because school districts are required by law to have procedures related to Section 504 complaints, this model is included for your convenience. Reference to the ADA is also included in these regulations because there is overlap between Section 504 and the ADA.]*

New Milford Board of Education Section 504/ADA Grievance/Complaint  
Procedures Regarding Discrimination Against Students on the Basis of Disability

Section 504 of the Rehabilitation Act of 1973 ("Section 504") and Title II of the Americans with Disabilities Act of 1990 ("Title II" or "ADA") (collectively, "Section 504/ADA") prohibit discrimination on the basis of disability. For the purposes of Section 504/ADA, the term "disability" with respect to an individual means: (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment.

**I. Definitions**

**Free appropriate public education (FAPE)** for purposes of Section 504, refers to the provision of regular or special education and related aids and services that are designed to meet individual educational needs of students with disabilities as adequately as the needs of students without disabilities are met, that are provided without cost (except for fees similarly imposed on nondisabled students/parents), and is based upon adherence to procedures that satisfy the Section 504 requirements pertaining to educational setting, evaluation and placement, and procedural safeguards.

**Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. A major life activity also includes the operation of a major bodily function, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

**Mitigating measures** include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s)



or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.

**Physical or mental impairment** is (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability; or (c) an impairment that is episodic or in remission if it would substantially limit a major life activity when active. Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

## **II. Procedures for Grievances/Complaints Alleging Discrimination on the Basis of Disability**

- A. Any eligible person, including any student, parent/guardian, staff member or other employee who feels that the individual has been discriminated against on the basis of disability (including differential treatment, harassment and retaliation) may submit a written complaint to the designated Section 504/ADA Coordinator (see contact information below) for the New Milford Public Schools (the "District") within thirty (30) school days of the alleged occurrence. Complaints by students and/or parents/guardians alleging discrimination involving students will be investigated under these procedures; complaints by employees or other non-students will be investigated under Administrative Regulation \_\_\_\_.
- B. Timely reporting of complaints facilitates the prompt investigation and resolution of such complaints. If a complaint is filed relating to alleged discrimination occurring more than thirty (30) school days after the alleged occurrence, the Board's ability to investigate the allegations may be limited by the passage of time. Therefore, complaints received after thirty (30) school days of the alleged occurrence shall be investigated to the extent possible, given the passage of time and the impact on available information, witnesses and memory. If a complaint is made verbally, the individual taking the complaint will reduce the complaint to writing.
- C. At any time, when a complaint involves discrimination that is directly related to a claim regarding the identification, evaluation or educational placement of a student under Section 504, the complainant may request that the Section 504/ADA Coordinator submit the complaint directly to an

impartial hearing officer and request a due process hearing in accordance with Section III.D. Complaints regarding a student's rights with respect to the student's identification, evaluation or educational placement shall be addressed in accordance with the procedures set forth below in Section III.

- D. Retaliation against any individual who complains pursuant to the Board's policy and regulations listed herein is strictly prohibited. The District will not tolerate any retaliation that occurs as a result of the good faith reporting or complaint of disability-based discrimination or as a result of an individual's participation or cooperation in the investigation of a complaint. The District will take necessary actions to prevent retaliation as a result of filing a complaint or the participation in an investigation of a complaint.

***[NOTE: Districts should note that Section 504 does not provide a statute of limitations for filing grievances/complaints with the district. We recommend that districts encourage prompt reporting by suggesting that complaints be filed within thirty (30) school days in order to facilitate timely resolution of potential disputes.]***

- E. If the Section 504/ADA Coordinator is the subject of the complaint, the complaint should be submitted directly to the Superintendent who may conduct the investigation or appoint a designee to conduct the investigation in accordance with these procedures. If the Superintendent is the subject of the complaint, the Board shall designate an appropriate party to conduct the investigation in accordance with these procedures.
- F. Complaints will be investigated promptly. Timeframes may be extended as needed given the complexity of the investigation, availability of individuals with relevant information and other extenuating circumstances. Confidentiality will be maintained by all persons involved in the investigation to the extent possible.
- G. If a disability discrimination complaint raises a concern about bullying behavior, the Section 504 Coordinator shall notify the Safe School Climate Specialist or designee who shall coordinate any bullying investigation with the Section 504 Coordinator, so as to ensure that any such bullying investigation complies with the requirements of applicable Board policies.
- H. The complaint should contain the following information:
  - 1. The name of the complainant;
  - 2. The date of the complaint;
  - 3. The date(s) of the alleged discrimination;
  - 4. The names of any witnesses or individuals relevant the complaint;
  - 5. A detailed statement describing the circumstances in which the alleged discrimination occurred; and
  - 6. The remedy requested.

However, all complaints will be investigated to the extent possible, even if such information is not included in the complaint. In such circumstances, additional information may be requested by the investigator as part of the investigation process.

I. Upon receipt of the complaint, the individual investigating the complaint shall:

1. Provide a copy of the written complaint to the Superintendent of Schools;
2. Meet separately with the complainant and the respondent within ten (10) school days to discuss the nature of the complaint, identify individuals the complainant and respondent believe have relevant information, and obtain any relevant documents the complainant and respondent may have;
3. Provide the complainant and the respondent with a copy of the applicable Board Section 504/ADA Policy and these administrative regulations;
1. Consider whether and which interim measures might be appropriate for an alleged victim and the respondent pending the outcome of the District's investigation;
2. Conduct an investigation of the factual basis of the complaint that is adequate, reliable, and impartial, including conducting interviews with individuals with information and review of documents relevant to the complaint;
3. Maintain confidentiality to the extent practicable throughout the investigative process in accordance with state and federal law;
4. Communicate the outcome of the investigation in writing to the complainant, and to the respondent (to the extent permitted by state and federal confidentiality requirements), within fifteen (15) school days from the date the complaint was received by the Section 504/ADA Coordinator or Superintendent. The written notice shall include a finding whether the complaint was substantiated and if so, shall identify how the District will remedy any identified violations of Section 504/ADA. The investigator may extend this deadline for no more than fifteen (15) additional school days if needed to complete the investigation. The complainant and the respondent shall be notified of any such extension;
5. If a complaint is made during summer recess, the complaint will be reviewed and addressed as quickly as possible given the availability of staff and/or other individuals who may have information relevant to the complaint, and no later than fifteen (15) school days after the start of the following school year. The complainant and the respondent will receive notice if the investigation has been impeded by the summer recess, and interim measures may be implemented as necessary (see sub-paragraph 4);
6. Ensure that appropriate corrective action is taken whenever allegations are verified. When allegations are verified, ensure that

measures to remedy the effects of the discrimination and prevent its recurrence are appropriately considered, and offered, when appropriate. Corrective action should include steps to avoid continuing discrimination;

7. In the event the investigator concludes that there is no violation of Section 504/ADA, the District may attempt to resolve the complainant's ongoing concerns, if possible.
  
- J. If the complainant or the respondent is not satisfied with the findings and conclusions of the investigation, the dissatisfied party may request review and reconsideration of the conclusion of the complaint (an "Appeal") within thirty (30) days of receipt of the written outcome. In requesting an Appeal, the appealing party must submit the complaint, the written outcome of the complaint, and explain why such party believes the factual information relied upon by the investigator was incomplete, the analysis of the facts was incorrect, and/or the appropriate legal standard was not applied, *and* how this information would change the investigator's determination in the case. Failure to provide all such information may result in the denial of the Appeal.

Upon review of an Appeal from the appealing party, the Superintendent shall review the investigative results of the investigator and determine if further action and/or investigation is warranted, or shall appoint a designee to do so. Such action may include consultation with the investigator and other relevant witnesses, a meeting with appropriate individuals to attempt to resolve the complaint or a decision affirming or overruling the investigator's conclusions or findings. The Superintendent or designee shall provide written notice to the appealing party and the other party of the Superintendent or designee's decision within ten (10) school days following the receipt of the Appeal. When an Appeal is received during summer recess, the Superintendent or designee shall conduct the review as quickly as possible given the availability of staff and/or other individuals who may have information relevant to the review, and no later than ten (10) school days after the start of the following school year. The Superintendent or designee's decision shall be final.

### **III. Grievance/Complaint Resolution Procedures for Complaints Involving a Student's Identification, Evaluation or Educational Placement**

Complaints regarding a student's identification, evaluation or educational placement shall generally be handled using the procedures described below. **However, at any time, the complainant may request that the Section 504/ADA Coordinator submit the complaint directly to an impartial hearing officer, and request a hearing in accordance with the provisions of subsection D (below).**

#### **A. Submission of Complaint to Section 504/ADA Coordinator**



1. In order to facilitate the prompt investigation of complaints, any complaint regarding a student's identification, evaluation or educational placement under Section 504 should be forwarded to the District's Section 504/ADA Coordinator (see contact information below) within thirty (30) school days of the alleged date that the dispute regarding the student's identification, evaluation and/or education placement arose. Timely reporting of complaints facilitates the resolution of potential educational disputes.

***[NOTE: Districts should note that Section 504 does not provide a statute of limitations for filing complaints. We recommend that districts encourage prompt reporting by suggesting that complaints be filed within thirty (30) days in order to facilitate timely resolution of educational disputes.]***

2. The complaint concerning a student's identification, evaluation or educational placement should contain the following information:
  - a. Full name of the student, age, and grade level;
  - b. Name of parent(s);
  - c. Address and relevant contact information for parent/complainant;
  - d. Date of complaint;
  - e. Specific areas of disagreement relating to the student's identification, evaluation and/or placement; and
  - f. Remedy requested.

However, all complaints will be investigated to the extent possible even if such information is not included in the written complaint. In such circumstances, additional information may be requested by the investigator as part of the investigation process.

3. Complaints will be investigated promptly within timeframes identified below. Timeframes may be extended as needed given the complexity of the investigation, availability of individuals with relevant information and other extenuating circumstances.
4. Upon receipt of the complaint, the Section 504/ADA Coordinator or the Coordinator's designee shall:
  - a. Forward a copy of the complaint to the Superintendent of Schools;
  - b. Meet with the complainant within ten (10) school days to discuss the nature of the complainant's concerns and determine if an appropriate resolution can be reached, or whether interim measures may be appropriate. If a complaint is made during summer recess, the complaint will be reviewed and addressed as quickly as possible given the availability of staff and other individuals who may

have information relevant to the complaint, and no later than ten (10) school days after the start of the following school year;

- c. If, following such a meeting, further investigation is deemed necessary, the Section 504/ADA Coordinator or designee shall promptly investigate the factual basis for the complaint, consulting with any individuals reasonably believed to have relevant information, including the student and/or complainant; and
- d. Communicate the results of the investigation in writing to the complainant and any persons named as parties to the complaint (to the extent permitted by state and federal confidentiality requirements) within fifteen (15) school days from the date the complaint was received by the Section 504/ADA Coordinator or designee.
- e. In the event that the Section 504/ADA Coordinator or designee has a conflict of interest that prevents such individual from serving in this role, the complaint shall be forwarded to the Superintendent who shall appoint an investigator who does not have a conflict of interest.

B. Review by Superintendent of Schools

1. If the complainant is not satisfied with the findings and conclusions of the investigation, the dissatisfied party may present the complaint and written outcome to the Superintendent for review and reconsideration (an "Appeal") within thirty (30) calendar days of receiving the findings. This process provides an opportunity for the appealing party to bring information to the Superintendent's attention that would change the outcome of the investigation. In submitting an Appeal, the appealing party must explain why such party believes the factual information relied upon by the investigator was incomplete, the analysis of the facts was incorrect, and/or the appropriate legal standard was not applied, *and* how this information would change the investigator's determination in the case. Failure to provide all such information may result in the denial of the Appeal.
2. Upon review of an Appeal from the appealing party, the Superintendent shall review the investigative results of the investigator and determine if further action and/or investigation is warranted, or appoint a designee to do so. Such action may include consultation with the investigator and other relevant witnesses, a meeting with appropriate individuals to attempt to resolve the complaint or a decision affirming or overruling the investigator's conclusions or findings. The Superintendent or

designee shall provide written notice to the appealing party of the Superintendent or designee's decision within ten (10) school days following the receipt of the Appeal, or if the Appeal is received during summer recess, as quickly as possible but no later than ten (10) school days after the start of the following school year.

3. If the complainant is not satisfied with the Superintendent or designee's decision or proposed resolution, such individual may request that the Superintendent submit the matter to a neutral mediator or to an impartial hearing officer. This request for mediation or a hearing should be made within fifteen (15) school days of the Superintendent or designee's decision.

C. Mediation Procedures

1. A parent/guardian or student aged 18 or older may request mediation with a neutral mediator to attempt to resolve a disagreement with the decisions made by the professional staff of the District with respect to the identification, evaluation or educational placement of the student.
2. A request for mediation regarding a student's identification, evaluation or educational placement under Section 504 should be forwarded to the District's Section 504/ADA Coordinator within thirty (30) school days of the alleged date that the dispute regarding the student's identification, evaluation, and/or education placement arose or within fifteen (15) school days of the Superintendent's decision in reviewing a complaint handled through the grievance/complaint procedure described in Section III.B, above. Mediation shall only occur by mutual agreement of the parties.
3. The request for mediation concerning a disagreement relating to a student's identification, evaluation or educational placement should contain the following information:
  - a. Full name of the student, age, and grade level;
  - b. Name of parent(s);
  - c. Address and relevant contact information for parent/complainant;
  - d. Date of complaint;
  - e. Specific areas of disagreement relating to the student's identification, evaluation and/or placement; and
  - f. Remedy requested.
4. Upon receipt of a request for mediation,
  - a. The Section 504/ADA Coordinator shall:
    - i. Forward a copy of the request for mediation to the Superintendent of Schools; and

- ii. Inform the parent/guardian or student 18 years old or older as to whether the District agrees to mediation in writing.
  - b. If the District agrees to mediation, the Board shall retain a neutral mediator who is knowledgeable about the requirements of Section 504/ADA and has an understanding of a free appropriate public education ("FAPE") under Section 504 and the distinctions between and among Section 504, the ADA and the Individuals with Disabilities Education Act ("IDEA").
  - c. If the District does not agree to mediation, the Section 504/ADA Coordinator shall inform the parent/guardian or student aged 18 or older of their right to request an impartial hearing.
- 5. The mediator shall inform all parties involved of the date, time and place of the mediation and of the right to have legal counsel or other representation at the complainant's own expense, if desired.
- 6. The mediator shall meet with the parties jointly, or separately, as determined by the mediator, and shall facilitate a voluntary settlement of the dispute between the parties, if possible.
- 7. All statements, offers, or discussions and/or information shared during the mediation process, but not available from other means, shall be confidential, and may not be used in a subsequent hearing or other administrative or judicial proceeding related to the disagreement that is the subject of the mediation.
- 8. If the parties are not able to reach a voluntary settlement of the dispute, the complainant may request an impartial hearing, as described below.

D. Impartial Hearing Procedures

An impartial due process hearing is available to a parent/guardian of a student, or a student aged 18 years of age or older, who disagrees with the decisions made by the professional staff of the District with respect to the identification, evaluation or educational placement of the student, or otherwise makes a claim of discrimination relating to the identification, evaluation or educational placement of the student.

- 1. The request for a due process hearing concerning a disagreement relating to a student's identification, evaluation or educational placement should contain the following information:
  - a. Full name of the student, age, and grade level;

- b. Name of parent(s);
  - c. Address and relevant contact information for parent/complainant;
  - d. Date of complaint;
  - e. Specific areas of disagreement relating to the student's identification, evaluation and/or placement; and
  - f. Remedy requested.
2. Upon receipt of a request for an impartial due process hearing, the Board shall retain an impartial hearing officer. The impartial hearing officer must be someone who is knowledgeable about the requirements of Section 504/ADA and has an understanding of a free appropriate public education ("FAPE") under Section 504 and the distinctions between and among Section 504, the ADA and the IDEA.
  3. The impartial hearing office shall schedule a pre-hearing conference with the District and the parent(s) or student aged 18 years of age or older (and/or legal counsel for the student) to identify the issue(s) for hearing, set the hearing schedule and address other administrative matters related to the hearing, including the option for mediation.
  4. The impartial hearing officer shall inform all parties involved of the date, time and place of the hearing and of the right to present witnesses, other evidence and to be represented by legal counsel at each party's own expense, if desired.
  5. The impartial hearing officer shall hear all aspects of the complainant's complaint concerning the identification, evaluation or educational placement of the student and shall reach a decision within forty-five (45) school days of receipt of the request for hearing. The decision shall be presented in writing to the complainant and to the Section 504/ADA Coordinator. The impartial hearing officer's decision shall be final.
  6. An impartial hearing officer under Section 504 does not have jurisdiction to hear claims alleging discrimination, harassment or retaliation based on an individual's disability unless such a claim is **directly related** to a claim regarding the identification, evaluation, or educational placement of a student under Section 504.
  7. The time limits noted herein may be extended for good cause shown for reasons including, but not limited to, permitting more time for thorough review of the record, presentation of evidence or opportunity for resolution.

E. Drug/Alcohol Violations

If a student with a disability violates the Board's policies relative to the use or possession of illegal drugs or alcohol, the Board may take disciplinary action against such student for the student's illegal use or possession of drugs or alcohol to the same extent that the Board would take disciplinary action against nondisabled students. Such disciplinary action is not subject to the complaint or due process procedures outlined above.

**IV. The Section 504/ADA Coordinator for the District is:**

**Holly Hollander, Assistant Superintendent  
New Milford Public Schools  
25 Sunny Valley Road, Suite A  
New Milford, CT 06776  
Telephone: 860-354-3235  
e-mail: [hollanderh@newmilfordps.org](mailto:hollanderh@newmilfordps.org)**

**V. Complaints to Federal Agencies**

At any time, the complainant has the right to file a formal complaint with the U.S. Department of Education, Office for Civil Rights, 8<sup>th</sup> Floor, 5 Post Office Square, Suite 900, Boston, MA 02109-0111 (TELEPHONE NUMBER (617) 289-0111); <http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>.

Regulation approved:

***[School districts are required by law to provide notice of parent/student rights under Section 504. Reference to ADA is also included in this notice because there is overlap between Section 504 and the ADA. This suggested notice is not part of the model policy, but must be disseminated annually to parents. We recommend inclusion of this notice within your student handbook.]***

## **NEW MILFORD PUBLIC SCHOOLS**

### **NOTICE OF PARENT/STUDENT RIGHTS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973 AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990**

Section 504 of the Rehabilitation Act of 1973 ("Section 504") is a non-discrimination statute enacted by the United States Congress. Section 504 prohibits discrimination on the basis of disability by recipients of federal funds. Title II of the Americans with Disabilities Act ("ADA" or "Title II") also prohibits discrimination on the basis of disability by state and local governments. To be protected under Section 504 and the ADA ("collectively, "Section 504/ADA") as an individual with a disability, an individual must (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

Under Section 504, the New Milford Public Schools (the "District") has specific responsibilities to identify, evaluate and provide an educational placement for students with a disability. The District's obligation includes providing such eligible students a free appropriate public education ("FAPE"). Section 504 defines FAPE as the provision of regular or special education and related services that are designed to meet the individual educational needs of a student with a disability as adequately as the needs of students without disabilities are met, and that are provided without cost (except for fees similarly imposed on nondisabled students/parents).

A student is eligible for regular or special education and related services under Section 504 if it is determined that the student has a mental or physical disability that substantially limits one or more major life activity such as (but not limited to): caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating or working. A major life activity may also include the operation of a major bodily function, such as an individual's immune, digestive, respiratory or circulatory systems.

A student can have a disability and be covered by Section 504/ADA even if the student does not qualify for, or receive, special education services under the IDEA.

The purpose of this notice is to provide parents/guardians and students 18 years of age or older with information regarding their rights under Section 504. Under Section 504, you have the right:

1. To be informed of your rights under Section 504;

2. To have your child take part in and receive benefits from the District's education programs without discrimination based on your child's disability;
3. For your child to have equal opportunities to participate in academic, nonacademic and extracurricular activities in your school without discrimination based on your child's disability;
4. To be notified of decisions and the basis for decisions regarding the identification, evaluation, and educational placement of your child under Section 504;
5. If you suspect your child may have a disability, to request an evaluation, at no expense to you and to have an eligibility determination under Section 504 (and if eligible, placement decisions made) by a team of persons who are knowledgeable of your child, the assessment data, and any placement options;
6. If your child is eligible for services under Section 504, for your child to receive a free appropriate public education (FAPE). This includes the right to receive regular or special education and related services that are designed to meet the individual needs of your child as adequately as the needs of students without disabilities are met;
7. For your child to receive reasonable accommodations and services to allow your child an equal opportunity to participate in school, extra-curricular and school-related activities;
8. For your child to be educated with peers who do not have disabilities to the maximum extent appropriate;
9. To have your child educated in facilities and receive services comparable to those provided to non-disabled students;
10. To review all relevant records relating to decisions regarding your child's Section 504 identification, evaluation, and educational placement;
11. To examine or obtain copies of your child's educational records at a reasonable cost unless the fee would effectively deny you access to the records;
12. To request changes in the educational program of your child, to have your request and related information considered by the team, a decision made by the team, and if denied, an explanation for the team's decision/determination;
13. To request an impartial due process hearing if you disagree with the District's decisions regarding your child's Section 504 identification, evaluation or educational placement. The costs for this hearing are borne



by the District. You and the student have the right to take part in the hearing and to have an attorney represent you at your expense;

14. To file a local grievance/complaint with the District's designated Section 504/ADA Coordinator to resolve complaints of discrimination including, but not limited to, claims of discrimination directly related to the identification, evaluation or placement of your child; and
15. To file a formal complaint with the U.S. Department of Education, Office for Civil Rights.

The Section 504/ADA Coordinator for the District is:

**Holly Hollander, Assistant Superintendent**  
**New Milford Public Schools**  
**25 Sunny Valley Road, Suite A**  
**New Milford, CT 06776**  
**Telephone: 860-354-3235**  
**e-mail: [hollanderh@newmilfordps.org](mailto:hollanderh@newmilfordps.org)**

For additional assistance regarding your rights under Section 504 and Title II of the Americans with Disabilities Act, you may contact:

Office for Civil Rights, Boston Office  
U.S. Department of Education  
8<sup>th</sup> Floor  
5 Post Office Square  
Boston, MA 02109-0111  
(617) 289-0111.

***[The following sample forms may be useful in addressing Section 504 issues.  
They are  
not meant to be part of the policy.]***

### **Section 504 Referral Form**

#### **I. Identifying Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Referral: \_\_\_\_\_

Primary Language: \_\_\_ English \_\_\_ Other: \_\_\_\_\_

Referring Person: \_\_\_\_\_ Relationship to Student:  
\_\_\_\_\_

Parent/Guardian:

Address:

Cell Phone: \_\_\_\_\_ E-mail:

Parent/Guardian

Address:

Cell Phone: \_\_\_\_\_ E-mail:

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### **II. Background Information**

A. Reason for Referral: (Identify areas of concern)

B. Strategies/Interventions to Date: (Attach copies of documentation)

C. Pertinent Evaluative Data: (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, describe the type, location and provider of the service.

---

4. Parent Notification (if individual other than Parent has made referral):

Has the parent/guardian been notified about your concerns regarding this student?

Yes       No

If Yes, method of notification: \_\_\_\_\_

Date(s) parent/guardian was notified: \_\_\_\_\_

Signed: \_\_\_\_\_

Date:

\_\_\_\_\_  
(Signature of individual completing this form)

## 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:  
(Child's Name)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

The purpose of this meeting is to:

- \_\_\_\_\_ Plan evaluation/initial evaluation
- \_\_\_\_\_ Determine eligibility
- \_\_\_\_\_ Develop Section 504 Plan
- \_\_\_\_\_ Review new information and/or possible need for re-evaluation
- \_\_\_\_\_ Review re-evaluation
- \_\_\_\_\_ Other

The following individuals have been invited to attend:

Name	Administration	Name	Title
Name	Instruction	Name	Title
Name	Related Service	Name	Title
Name	Student, if appropriate	Name	Title

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:

Sincerely, \_\_\_\_\_  
[Name and Title]

A copy of this notice has been sent to the parent(s), as 504 Rights have been transferred to the student at age 18.



eyeglasses and contact lenses)? For example, if the student is currently using a hearing aid, did the team consider whether the student has a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Yes                      No

Please describe:

7. Does the student require accommodations (i.e., regular or special education, and/or related aids and services) under section 504, in order to access the student's education and other programs of the District and/or to receive educational benefit? If so, please describe each accommodation that is necessary:

Accommodation/Service	Frequency (time/daily/weekly)	Responsible staff/implementer	Additional Description

Use this space for narrative descriptions, if necessary:

Next Projected Meeting Date: \_\_\_\_\_  
 Next Review/Re-evaluation Date: \_\_\_\_\_  
*(must be completed)*

Participants (Name and Title)

cc: Student's Cumulative File

**Section 504**  
**Student Eligibility Determination Worksheet**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

Reason for Meeting: Initial \_\_\_ Review \_\_\_ Revise Plan \_\_\_

**Describe the nature of the concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe any evaluation procedure, tests, recommendations or documentation used as a basis for the decision:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cognitive:(dated)_____             | <input type="checkbox"/> Social/Emot./Beh:(dated)_____ |
| <input type="checkbox"/> Classroom Observation:(dated)_____ | <input type="checkbox"/> Developmental:(dated)_____    |
| <input type="checkbox"/> Health/Med:(dated)_____            | <input type="checkbox"/> Adaptive:(dated) _____        |
| <input type="checkbox"/> Communication:(dated)_____         | <input type="checkbox"/> Motor:(dated)_____            |
| <input type="checkbox"/> Achievement:(dated)_____           |  |
| <input type="checkbox"/> Other:(dated)_____                 |  |

**If further medical information is needed in order to determine eligibility, please specify steps to be taken to verify and/or obtain additional information:**

\_\_\_\_\_ Consent to communicate with student's physician/medical provider requested

\_\_\_\_\_ information Request for Parent(s)/Guardian(s) to provide additional medical or other (specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Consultation with the District's medical advisor and/or school nurse requested

\_\_\_\_\_ Other (please describe): \_\_\_\_\_

**Specify the mental or physical impairment(s):**

\_\_\_\_\_ (as recognized in DSM-5 or other respected source if not excluded under 504/ADA, e.g., current illegal drug use)

**Indicate the Major Life Activity or Activities Substantially Affected by the Disability:**

\_\_\_\_\_

\_\_\_\_\_ Does Require a 504 Plan

\_\_\_\_\_ Does NOT Require a



**Section 504**  
**Student Eligibility Determination Worksheet/Meeting Summary**

Student's Name: _____	Date of Birth: _____	Grade: _____
School: _____	Date of Meeting: _____	
Section 504 Case Manager: _____	Title: _____	

**A. The purpose of the meeting:**

- Review initial referral
- Determine eligibility under Section 504; and if eligible, consider whether regular or special education, or related aid or services are required for Student to receive equal access to school programs and services or to receive FAPE
- Re-evaluation to review eligibility determination due to new information
- Reevaluation due to change in placement (related to discipline)
- Review before other significant change in placement
- Review/revise Section 504 Plan

**B. 504 Team Members Present** *(Must include individuals who are knowledgeable about the student, the meaning of evaluative data, and placement options)*

Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____

**C. Review student's current academic and overall performance in all school programs and activities.**

Include and attach referral information if this is an initial referral, and describe nature of concerns, basis for suspecting disability, and impact of suspected disability on student (including academic, social, behavioral etc.)

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**D. Eligibility Determination:**

*A student is eligible to receive services and/or accommodations under Section 504 if it is determined that the student has a physical or mental impairment that substantially limits one or more major life activities. The team must consider a variety of sources when determining whether a student has such impairment.*

1. What sources of information are available at this time? **Check all that apply**  
*(Include relevant dates and names of evaluators, where appropriate.)*

- |  |  |
|--|--|
| <input type="checkbox"/> School records review (dated) _____<br><input type="checkbox"/> Grades & report card review (dated) _____<br><input type="checkbox"/> Parent and/or student report (dated) _____<br><input type="checkbox"/> Medical information (dated) _____<br><input type="checkbox"/> Standardized testing (dated) _____<br><input type="checkbox"/> Checklists/behavior rating scales (dated) _____ | <input type="checkbox"/> Observations of student (dated) _____<br><input type="checkbox"/> Teacher reports (dated) _____<br><input type="checkbox"/> Informal assessments (dated) _____<br><input type="checkbox"/> Nursing Assessment (dated) _____<br><input type="checkbox"/> Parent/Student Interviews (dated) _____ |
|--|--|

Other (dated) \_\_\_\_\_

2. Is current available information 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 team determines additional information is necessary and the information to be obtained includes testing, team must obtain parent consent on *Consent for Section 504 Evaluation* form; tests/evaluations recommended by the team shall be conducted at District expense. Parent may wish to provide outside evaluation and/or testing information from a qualified provider to be considered by the team; such evaluations and/or testing shall be at Parent expense. The District shall consider such outside information at team meeting, and must determine whether the information provided by the Parent meets the District's standards for evaluators and evaluations. If it is necessary to communicate with outside providers, the District must obtain a release to communicate with professionals outside of district. Once needed information is gathered, a 504 meeting will be reconvened to continue the process of determining eligibility.

3. Does the student have one or more physical or mental impairments?

*A "physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine or (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability. Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.*

NO       YES

If "**NO**": If no physical or mental impairment exists, the student is not identified as an individual with a disability. Go to **Section E** of this form.

If "**YES**": What are the impairments? *Please describe as recognized in DSM-5 or other respected source, if possible, if not excluded under Section 504/ADA (e.g., illegal drug use).*

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- **Attach all supporting documentation to this form. A statement of "YES" without supporting documentation is insufficient to meet this standard.**
- **If the team determines that the student is identified as having one or more physical or mental impairments, continue to the next page to determine whether there is a substantial limitation to one or more major life activities.**

4. Does the identified impairment substantially limit one or more major life activities? Please describe degree of limitation as compared to other students. **Ask:** *Is the impairment impacting one or more major life activities? Which ones? How is one or more major life activity impacted? What is the impact at school?*

A "major life activity" includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, or working. A major life activity also includes the operation of a major bodily function, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, or reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

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**5. Mitigating Measures:**

In determining eligibility, the team must consider the impact of the disability without consideration of the ameliorative effects of any "mitigating measures" that the student may be using. For example, if the student is currently using a hearing aid, did the team consider whether the student would have a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Therefore, with respect to this student, did the team consider the impact of the disability on a major life activity without the potential impact of mitigating measures (except eyeglasses or contact lenses)?

Yes  No

*Mitigating measures include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.*

**Please include any information relevant to consideration of mitigating measures:**

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**E. Does the student have a disability under Section 504? \_\_**

1. Does the student have one or more **physical or mental impairments**?  No  Yes
2. Does the physical or mental impairment **substantially limit** one or more Major Life Activity?  No  Yes

*Both questions must be answered **YES**, based on the preceding review of evaluative data, in order to determine that the student **has a disability under Section 504** of the Rehabilitation Act.*

3. Based on the answers to #1 and #2 above, does the student have a disability? under Section 504?  No  Yes

*If the answer to #3 is "No," skip to Section I. If the answer to #3 is "Yes," continue to Section F.*

**F. Does the student require a Section 504 Plan in order to provide the student with a free appropriate public education and access to the school's programs (e.g. curriculum, extra-curricular activities, facilities, etc.)?**

- No       Yes

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

**G. Is this a re-evaluation (i.e. review of current plan/status) before a significant change in placement (e.g., review of new information)?**

- No     Yes    *[If "NO," skip to Section H]*

1. What is the anticipated significant change of placement?

- New information received about the student, the impairment or current placement
- Graduation
- Change in program due to Disciplinary Action
- Other

(specify) \_\_\_\_\_

Please describe the updated information considered by the team in conducting the reevaluation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional information, individualized testing and/or evaluations are necessary to determine continued eligibility and/or what is needed in the Student's Section 504 Plan to provide FAPE, please indicate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Consider: Is the student still eligible?  No     Yes

3. If "Yes," does the student's Section 504 Plan as currently written provide FAPE?  Yes  No

4. If "No," what changes to the plan are required? Explain basis for each decision in light of information gathered in re-evaluation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Other Relevant Information Discussed at Meeting, including any requests rejected, and basis for such rejection.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**I. Summary of Actions Taken**

- Parent/Guardian (or student if age 18 or over) was provided written notice of rights under Section 504 at the meeting.
- 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 and in need of regular or special education, or related services or aids.
  - A Section 504 Plan was developed.
- Student is NOT identified as a person with a disability under Section 504.
- A reevaluation has been conducted.
  - Additional information and/or evaluations are required.
- A re-valuation prior to significant change in placement has been conducted.
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Recorder

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Title

*[This form is intended to be used if a parent or guardian or student 18 years of age or older wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of the student. It is not intended to be used a general complaint or grievance form for all parties eligible under Section 504].*

**Section 504 Request for Mediation/Hearing**

*This form is intended to be used if a parent or guardian or student 18 years of age or older wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of the student.*

Name of person requesting mediation/hearing: \_\_\_\_\_

Relationship to student:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Phone #:  
\_\_\_\_\_

E-mail:  
\_\_\_\_\_

I/we request a **MEDIATION / HEARING** (please circle) concerning:  
\_\_\_\_\_, \_\_\_\_\_, who resides at  
(Name of student) (Date of birth)  
\_\_\_\_\_ and attends \_\_\_\_\_  
(Address of student) (Name of school)

The date of the Section 504 meeting at which the parties failed to reach agreement:  
\_\_\_\_\_

Description of the issues in dispute between the parties regarding the identification, evaluation or educational placement of the student:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed resolution or corrective action you wish to see taken with regard to the stated issues:  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Parent/Guardian

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Date

**SECTION 504/ADA DISCRIMINATION  
GRIEVANCE/COMPLAINT FORM FOR ISSUES REGARDING STUDENTS**

*This form is intended to be used if an individual has grievance/complaint under Section 504/ADA alleging discrimination on the basis of a disability, including in the identification, evaluation or educational placement of a student.*

1. Name of Complainant: \_\_\_\_\_  
Date: \_\_\_\_\_

2. Contact Information for Complainant:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home Tel. #)

\_\_\_\_\_  
(Cell # or Work #)

\_\_\_\_\_  
(E-mail)

3. Name of the Student: \_\_\_\_\_

4. Address of Student (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

5. Age/Grade Level/School/ (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

6. Please describe the nature of your complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Proposed resolution or corrective action you wish to see taken with regard to the stated issues:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**NEW MILFORD PUBLIC SCHOOLS  
 AGREEMENT TO CHANGE SECTION 504 PLAN WITHOUT CONVENING  
 A SECTION 504 MEETING**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ 504 Plan Being Changed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

We agree to make the changes to the student’s Section 504 Plan as described in the documents specified below and which are attached to this agreement. We understand that these changes were not made at a Section 504 meeting. We agree only to the changes described in the attached documents. We understand that this agreement is optional and that a parent/guardian can request a Section 504 meeting at any time to review the Section 504 Plan. We understand that this agreement can be made only if the changes are not part of an Annual Review of the student’s program.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 School District Representative

\_\_\_\_\_  
 Date

*This agreement must be signed by an administrator of the District who has full authority to sign such a document on behalf of the District and who is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.*

**The following documents are attached to this agreement:**

	Amendments (please specify)	
	Other (please specify)	

**NEW MILFORD PUBLIC SCHOOLS**  
**NOTICE AND CONSENT TO CONDUCT A SECTION 504 EVALUATION/RE-EVALUATION**

Date \_\_\_\_\_  
 :

Dear \_\_\_\_\_

Your child, \_\_\_\_\_, \_\_\_\_\_ has been referred for an evaluation to  
 (student's name) (DOB)  
 determine eligibility for services under Section 504. The District must obtain the consent of parents before  
 conducting such an evaluation.

The tests/evaluation procedures listed below were recommended:

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adaptations/accommodations required for this evaluation are:  
 \_\_\_\_\_  
 \_\_\_\_\_

If the student requires physical adaptations in order for testing/evaluations to be completed,  
 the following adaptations are required: \_\_\_\_\_

If the student's native language is other than English, the following adaptations are required:  
 \_\_\_\_\_

No adaptations/accommodations required

**PARENTAL CONSENT**

**I give my consent** for the [DISTRICT NAME] Public Schools to conduct the evaluations described  
 above. I understand that this consent may be revoked at any time.

\_\_\_\_\_  
 Parent/Guardian Signature Date

**I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations  
 described above. I understand that the District must take steps as are necessary, which may include  
 requesting an impartial hearing, to ensure that my child receives or continues to receive a free  
 appropriate public education.

\_\_\_\_\_  
 Parent/Guardian Signature Date

**NOTICE AND CONSENT FOR PLACEMENT ON SECTION 504 AND  
FOR THE PROVISION OF SECTION 504 ACCOMMODATIONS/SERVICES**

Date  
: \_\_\_\_\_

Dear \_\_\_\_\_

Your child, \_\_\_\_\_, \_\_\_\_\_ has been evaluated and has been  
(student's name) (DOB)

found eligible under Section 504. Prior to the implementation of Section 504 placement, and the provision of accommodations/services under Section 504 (as described in the Section 504 Plan attached hereto), the District requires your consent.

**PARENTAL CONSENT**

**I give my consent** for the [DISTRICT NAME] Public Schools to place my child on a Section 504 plan as described in the Section 504 Plan attached hereto). I understand that this consent may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian Signature Date

**I do not give** my consent for the [DISTRICT NAME] Public Schools to provide the accommodations/services described in the Section 504 Plan attached hereto.

\_\_\_\_\_  
Parent/Guardian Signature Date

Included with this form are:

- The Section 504 Plan developed at the Section 504 meeting on \_\_\_\_\_.
- Your Notice of Rights Under Section 504.

**WORKSHEET FOR MANIFESTATION DETERMINATION**

(For those situations when the expulsion of a 504 student is contemplated; following a series of suspensions that constitute a change in placement; or following a series of informal exclusions that constitute a change in placement)

**STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**1. SECTION 504 MEETING PARTICIPANTS:**

NAME	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**2. DESCRIBE NATURE OF STUDENT'S DISABILITY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. DESCRIPTION OF MISCONDUCT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a. Date of Disciplinary Action: \_\_\_\_\_
- b. Date Parents Notified of Disciplinary Action: \_\_\_\_\_
- c. 504 of Notice of Rights Given? Yes No

**4. INFORMATION CONSIDERED IN CONDUCTING A MANIFESTATION DETERMINATION:**  
(Each item below must be considered. Check box as each topic is addressed.)

- Teacher Observations of the Student
- Relevant Information Supplied by Parents
- Evaluations and Diagnostic Results
- Student's 504 Plan
- Relevant Information Supplied by School Staff
- [ ] Other (describe)

5. Was the misconduct in question caused by the student's disability, or does the misconduct in question have a **direct and substantial relationship** to the student's disability?

YES NO

Comments:

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6. Was the misconduct in question a **direct result** of the District's failure to implement the Section 504 Plan (in relationship to the misconduct in question)?

YES NO

Comments:

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7. If the answer to **either** #5 or #6 is "Yes", the behavior under review **is** considered a manifestation of the student's disability.

8. If the answer to **both** #5 and #6 is "No", the behavior under review **is not** considered a manifestation of the student's disability.

***Procedure if Misconduct is not a Manifestation of the Student's Disability:***

If the manifestation determination team determines that the misconduct in question is **not** a manifestation of the student's disability, school personnel may apply the relevant disciplinary procedures to the student in the same manner and for the same duration as the procedures would be applied to a student without disabilities.

***Procedure if Misconduct is a Manifestation of the Student's Disability:***

If the manifestation determination team determines that the misconduct in question **is** a manifestation of the student's disability, the 504 Team should:

1) conduct a functional behavioral assessment unless the District had conducted a functional behavioral assessment before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan for the student;

**or**

2) if a behavioral intervention plan already has been developed, review the behavioral intervention plan, and modify it, as necessary, to address the behavior; **and**

3) return the student to the placement from which the student was removed, unless the parent and the District agree to a change of placement as part of the modification of the behavioral intervention plan.

