

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: June 12, 2018

REVISED:

103.1-AR-0. NONDISCRIMINATION – QUALIFIED STUDENTS WITH DISABILITIES

Definitions

ADA - Americans With Disabilities Act of 1990.

Chapter 15 - Pennsylvania State Board of Education Regulation which implements the requirements of Section 504 of the Rehabilitation Act.

Section 504 - Section 504 of the Rehabilitation Act of 1973.

Disability - means, with respect to a student, a physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. The term “disability” must be construed broadly in favor of expansive coverage, to the maximum extent permitted by law.

Physical or Mental Impairment - any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; immune; circulatory; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities. This includes but is not limited to contagious and noncontagious diseases and conditions such as orthopedic, visual, speech and hearing impairments, 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 (HIV) infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction and alcoholism.

Substantially Limits - means that the student is unable to perform one or more major life activities that the average student of approximately the same age can perform or that the student is significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age. The term “substantially limits” is not meant to be a demanding standard and must be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA. An impairment that substantially limits one (1) major life activity does not need to limit other major life activities in order to be considered a substantially limiting impairment.

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Record Of Such An Impairment - the student has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

Regarded As Having Such An Impairment - the student establishes that s/he has been subjected to an action prohibited under law because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity. This shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of six (6) months or less.

Episodic Impairment - an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

Temporary Impairment - does not constitute a disability unless its severity is such that it results in a substantial limitation of one or more major life activities for an extended period of time. The determination of whether a temporary impairment is substantial enough to be a disability must be resolved on a case-by-case basis.

Major Bodily Function - a “major life activity” includes the operation of a major bodily function, such as the functions of the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

Major Life Activities – these include, but are not limited to, caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others and working. The term “major life activity” must not be interpreted strictly to create a demanding standard and must not be interpreted as only being those activities of central importance to daily life.

Predictable Assessments – these are impairments that in virtually all cases will result in a determination that an individual has an actual disability because they virtually always can be found to impose a substantial limitation on a major life activity. Such impairments include, for example, major depressive disorder, bipolar disorder, post-traumatic stress disorder, traumatic brain injury, obsessive compulsive disorder, schizophrenia, deafness, blindness, intellectual disability, partially or completely missing limbs, autism, cancer, cerebral palsy, diabetes, epilepsy, and HIV. With respect to these types of impairments, the necessary individualized assessment should be particularly simple and straightforward.

Mitigating Measures - includes but is not limited to the use of medications; medical supplies, equipment or appliances; low-vision devices; prosthetics (including limbs and devices); hearing aids and cochlear implants or other implantable hearing devices; mobility devices; oxygen therapy equipment and supplies; assistive technology; reasonable accommodations, auxiliary aids or services; or learned behavioral or adaptive neurological modifications.

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Low-Vision Devices - devices that magnify, enhance, or otherwise augment a visual image.

Ordinary Eyeglasses or Contact Lenses - lenses that are intended to fully correct visual acuity or eliminate refractive error.

Section 504 Service Agreement (Service Agreement) - an individualized plan for a qualified student with a disability which sets forth the specific related aids, services, or accommodations needed by the student, which will be implemented in school, in transit to and from school, and in all programs and procedures, so that the student has equal access to the benefits of the school's educational programs, nonacademic services, and extracurricular activities.

Section 504 Team - a group of individuals who are knowledgeable about the student, the meaning of the evaluation data and the placement options for the student. This could include, as appropriate, documentation or input from classroom teachers, counselors, school nurses, psychologists, outside care providers and the student's parents/guardians.

Identification

A parent/guardian, teacher, or other knowledgeable person may submit a written request or a referral to the school's Section 504 building administrator, if s/he suspects a student should be identified as a qualified student with a disability or should no longer be identified as such.

If the request originates with the District, the District will provide the parent/guardian with written notice in the parent's/guardian's native language or mode of communication, unless it is clearly not feasible to do so.

If the request originates with the parent/guardian, the District will review the information submitted by the parent/guardian and respond within twenty-five (25) days of receipt of written request.

The District's response will be in the parent's/guardian's native language or mode of communication, unless it is clearly not feasible to do so, and will state whether or not the parent's/guardian's request is being granted or denied in whole or in part.

Evaluation

The Section 504 Team, as part of the preliminary evaluation, will draw upon, document, and carefully consider pertinent information from a variety of sources and factors, which may include student work samples; aptitude and achievement tests; teacher, parent/guardian, and physician recommendations; physical condition; social and cultural background; and adaptive behaviors.

The District may request and keep on file relevant and current medical information provided by the student's parent/guardian, physician, psychologist, psychiatrist, or other professional.

If the District requires a formalized evaluation, the District must obtain written consent from the parent/guardian. The District may use the procedural safeguards to override a parent's/guardian's denial of consent.

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The District's eligibility analysis will take into account the following criteria:

Step 1 - Does the student have a physical or mental impairment?

If not, the analysis ends, the student is not a qualified student with a disability under Section 504.

If so, the Section 504 Team must specify the mental or physical impairment. If the impairment is related to current use of illegal drugs or alcohol, the student is not eligible for Section 504.

Step 2 - Does the impairment affect one or more of the student's major life activities such that the student is excluded or substantially limited in participation in any programs or activities of the District?

The Section 504 Team cannot consider the ameliorative effects of mitigating measures in determining whether a student has a physical or mental impairment that substantially limits a major life activity. The use of ordinary eyeglasses or contact lenses can be considered.

If no major life activity is affected by the physical or mental impairment, the analysis ends, the student is not a qualified student with a disability under Section 504.

If so, the Section 504 Team must document how the major life activity is affected.

Step 3 - Is the student substantially limited in the identified major life activity(ies)?

If the Team determines the student's impairment does not substantially limit the identified major life activity, the analysis ends, the student is not a qualified student with a disability under Section 504.

Step 4 - Is an aid, service, or accommodation needed as a result of the disability to enable a student to attend or participate in an educational program, nonacademic service or extracurricular activity in a manner consistent with attendance and participation of a student without a disability?

If the Section 504 Team answered "yes" to all four (4) eligibility questions, the student is a qualified student with a disability and is entitled to aids, services, and accommodations under Section 504.

Service Agreement

If the student is determined to be a qualified student with a disability, a written Section 504 Service Agreement will be developed and executed by the District and parent/guardian. The Service Agreement will describe the specific related aids, services, or accommodations the District will provide as well as the date the services will begin, the date the services will be discontinued, and, if appropriate, the procedures to be followed in the event of a medical emergency.

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If the parent/guardian and the District cannot agree on the terms of the Service Agreement, either party may use the procedural safeguards specified in Board policy to resolve the dispute.

The District will provide a written copy of the Service Agreement to the parent/guardian.

The Section 504 Team will review the Service Agreement annually.

Placement

Residential Placement –

Residential placement, including nonmedical care and room and board, must be provided by the District at no cost to the parent/guardian only if necessary to provide a free and appropriate public education (FAPE).

Private Placement –

If the District has made available a free appropriate public education, which conforms to the requirements of Section 504, but the parent/guardian chooses to place the student elsewhere, the District is not responsible for the student's educational expenses such as tuition incurred by the parent/guardian.

Under some circumstances, through use of dual enrollment in public and private schools provided for in 24 P.S. §5-502 or provision of auxiliary services required by 24 P.S. §9-972.1, a District may have the obligation to provide certain services to qualified students with disabilities who are attending private school. Specific circumstances must be reviewed to determine whether and in what manner such services are to be provided.

Transportation –

If the District places a student in a program not operated by the District, the District must assure that adequate transportation to and from the program is provided at no greater cost than the parent/guardian would have paid to transport the student to the District-operated program.

Counseling Services –

The District may not counsel students with disabilities toward more restrictive career objectives than students without disabilities with similar interests and abilities.

Physical Education And Athletics –

The District must provide equal opportunity for students with disabilities to participate in physical education courses and interscholastic, club, or intramural athletics without discrimination and to the maximum extent appropriate to the student's needs. The District may offer these activities separately for students with disabilities only if necessary.

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Re-Evaluation

The District will re-evaluate qualified students with disabilities every three (3) years or more frequently if conditions or the student's Service Agreement warrant, or if the student's parent/guardian or District staff request a re-evaluation. Findings will be documented in writing. The District will update assessments as needed to ensure that eligibility and accommodation planning is based on information that defines the student's disability accurately and reflects the student's current needs.

If significant changes in eligibility, services or placement are proposed, the District will first evaluate current information and conduct additional evaluations as necessary to support such changes.

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103.1-AR-2. PROCEDURAL SAFEGUARDS NOTIFICATION

Dear Parent/Guardian:

As part of the protections available to you if we cannot agree as to what related aids, services, or accommodations should or should no longer be provided to your child, one or more options available through the procedural safeguard system may be used to resolve the dispute.

Parental Request For Assistance –

Parents/Guardians may file a written request for assistance with the Department of Education if you believe the School District is not providing the related aids, services, and accommodations specified in the Service Agreement and/or the School District has failed to comply with Chapter 15 of the State Board of Education Regulations.

The Pennsylvania Department of Education will investigate and respond to requests for assistance and, unless exceptional circumstances exist, will, within sixty (60) calendar days of receipt of the request, send to the parents/guardians and School District a written response to the request.

Written requests should be addressed to:

Pennsylvania Department of Education
Bureau of Special Education
333 Market Street
Harrisburg, PA 17126
717-783-6913

Informal Conference –

Parents/Guardians may file a written request with the School District for an informal conference with respect to the identification or evaluation of a student, or the student's need for related aids, services, or accommodations. Within ten (10) school days of receipt of the request, the School District shall convene an informal conference. At the conference, every effort shall be made to reach an amicable agreement.

Formal Due Process Hearing –

Parents/Guardians may file a written request with the School District for an impartial due process hearing.

1. The hearing shall be held before an impartial hearing officer.

2. The hearing shall be held in the local School District at a place reasonably convenient to the parents/guardians. At the request of the parents/guardians, the hearing may be held in the evening.
3. The hearing shall be an oral, personal hearing and shall be open to the public unless the parents/guardians request a closed hearing.
4. If the hearing is open, the decision issued in the case, and only the decision, shall be available to the public.
5. If the hearing is closed, the decision shall be treated as an educational record of the student and may not be available to the public.
6. The decision of the hearing officer shall include findings of fact, discussion and conclusions of law. The decision shall be based solely upon the substantial evidence presented at the hearing. The hearing officer shall have the authority to order that additional evidence be presented.
7. A written transcript of the hearing shall, upon request, be made and provided to parents/guardians at no cost.
8. Parents/Guardians may be represented by legal counsel.
9. A parent/guardian or a parent's/guardian's representative shall be given reasonable access to all educational records, including any tests or reports upon which the proposed action is based.
10. Any party may prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five (5) days before the hearing.
11. A parent/guardian or a parent's/guardian's representative has the right to compel the attendance of and question witnesses of the school entity or agency who may have evidence upon which the proposed action might be based.
12. Any party has the right to present evidence and testimony, including expert medical, psychological or educational testimony.

The following timeline applies to due process hearings:

1. A hearing shall be held within thirty (30) calendar days after a parent's/guardian's initial request for a hearing.
2. The hearing officer's decision shall be issued within forty-five (45) calendar days after the parent's/guardian's request for a hearing.

Judicial Appeals –

The decision of the impartial hearing officer may be appealed to a court of competent jurisdiction. Under some circumstances, you may raise these claims directly under Section 504 without going through the due process hearing.

If, within sixty (60) calendar days of the completion of the administrative due process proceedings under this chapter, an appeal or original jurisdiction action is filed in state or federal court, the administrative order shall be stayed pending the completion of the judicial proceedings, unless the parents/guardians and School District agree otherwise.

Please indicate the type of procedural safeguard you are requesting:

Informal Conference

Formal Due Process Hearing

Parent(s)/Guardian(s) Signature

Date

Section 504 Building Administrator Signature

Date

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103.1-AR-3. NOTICE OF DISTRICT-INITIATED EVALUATION AND PROVISION OF SERVICES FOR QUALIFIED STUDENTS WITH DISABILITIES

Dear _____:
(Parent/Guardian)

The School District believes that _____:

1. _____ should be identified as a qualified student with a disability.
2. _____ should no longer be identified as a qualified student with a disability.
3. _____ requires a change or modification of his/her Service Agreement.

The basis for the belief that the student is or is no longer a qualified student with a disability is:

The procedures and types of tests that will be used in the evaluation are:

The proposed change or modification in the Service Agreement is:

If you have any additional information or medical records which will assist in this evaluation, please forward them to me or call me at _____ to discuss this information.

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the evaluation and/or the provision of services.

Directions: Please check the applicable option and sign the form.

Evaluation – complete this section if the District checked item 1 above.

_____ I give my permission to proceed with the evaluation.

_____ I do not give my permission to proceed with the evaluation.

My reason for disapproval is: _____

_____ I request an informal conference to discuss the evaluation.

Termination – complete this section if the District checked item 2 above.

_____ I give my permission to proceed with the termination of services.

_____ I do not give my permission to proceed with the termination of services.

My reason for disapproval is: _____

_____ I request an informal conference to discuss the termination of services.

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Modification – complete this section if the District checked item 3 above.

_____ I give my permission to proceed with the modification of the Service Agreement.

_____ I do not give my permission to proceed with the modification of the Service Agreement.

_____ My reason for disapproval is: _____

_____ I request an informal conference to discuss the modification of the Service Agreement.

Parent(s)/Guardian(s) Signature

Date

Section 504 Building Administrator Signature

Date

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103.1-AR-4. PARENT/GUARDIAN REQUEST FOR EVALUATION, TERMINATION, OR MODIFICATION UNDER SECTION 504

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____
Male: _____ Female: _____ Birth Date: _____
School: _____ Grade: _____ Class: _____

Parent/Guardian Information

Last Name: _____ First Name: _____ Middle Initial: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____

Referral Information

The parent/guardian believes that the above named student:

1. _____ should be identified as a qualified student with a disability.

The basis for the belief that the student is a qualified student with a disability is:

Describe how the disability affects the student's access to or benefit from the school's educational programs, nonacademic services, or extracurricular activities:

Describe the requested aids, services, or accommodations:

2. _____ should no longer be identified as a qualified student with a disability.

The basis for the belief that the student is no longer a qualified student with a disability is:

3. _____ requires a change or modification of his/her Service Agreement.

The proposed change or modification of the Service Agreement is:

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If you have any additional information or medical records which will assist in this process, please forward them to the Section 504 Building Administrator.

Notice Of Rights

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the evaluation and/or the provision of services.

Verification

By submitting this request, I am requesting that the District review the referral information above, and any additional information I attached. I understand that the District, its agents, and its employees are relying on the accuracy of the information that I have provided in this form, and any information attached thereto, to determine whether and to what extent my child will be provided with accommodations under Section 504.

Parent/Guardian Signature

Date Submitted

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OR MODIFICATION UNDER SECTION 504 - Pg. 3

**DO NOT WRITE BELOW
(FOR DISTRICT USE ONLY)**

Reviewed by: _____
Name (Please Print) Title

Student's Last Name: _____ First Name: _____ Middle Initial: _____
School: _____ Grade: _____ Class: _____

The Parent/Guardian Request for Evaluation, Termination, or Modification is:

Approved _____ Denied _____ Referred for Further Review _____

Reason Request Approved or Denied:

Signature - Reviewer **Date**

Signature - Section 504 Building Administrator **Date**

Notice Of Rights

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold consent to the evaluation and/or provision of services.

Procedural Safeguards

Parents/Guardians may also use one or more of the procedural safeguard options, listed in Board policy, to resolve a dispute related to the identification or evaluation of a student as a qualified student with a disability, or the student's need for related aids, services, or accommodations.

PERMISSION TO EVALUATE – CONSENT FORM

Student's Name: _____

Name and Address of Parent/Guardian:

Dear _____:

The District received a Section 504 referral, and we would like to conduct an initial evaluation to determine if your child is a qualified student with a disability.

The first step in the process is to conduct an individual evaluation of your child, which will consist of a variety of tests and assessments. We must have your consent before we can begin.

The procedures and types of tests that will be used in the evaluation are:

A Section 504 Team will conduct the proposed evaluation. Any information you can provide is important to us. Please send your ideas and concerns to us in writing or contact the person listed below if you prefer to discuss your concerns in person. If a team meeting is held, you will be notified. Information from all team members will be considered during the evaluation process.

If your child *is* determined to be a qualified student with a disability, you will be invited to participate in developing a Section 504 Service Agreement (Service Agreement) that will set forth the specific related aids, services, or accommodations needed by the individual student.

Giving your consent for evaluation does not mean you give consent to placement or services. If your child is eligible for a Section 504 Service Agreement, you will be asked to give written consent for services to begin.

Please read the enclosed *Procedural Safeguards Notice* that explains your rights, and **keep a copy of both forms for your records.**

If you have any questions, please contact the Section 504 Building Administrator.

Name: _____ Phone: _____

DIRECTIONS: Please check one (1) of the options and sign the form.

1. I give consent to start an initial evaluation as you propose.
2. I do not give consent to the proposed initial evaluation.
3. I would like to schedule an informal meeting with school personnel to discuss this request.

Parent/Guardian Signature

Date

Daytime Phone

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OR MODIFICATION UNDER SECTION 504 - Pg. 5

PLEASE RETURN THIS ENTIRE FORM TO:

Name: _____

Address: _____

