# NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT

## SECTION 504 MANUAL OF PROCEDURES AND FORMS

### Table of Contents

- Information Regarding Section 504 in Public School .......................... Section 1
- Institutional Requirements .................................................................................. Section 2
- Referral Process .................................................................................................. Section 3
- Evaluation/Eligibility Process .............................................................................. Section 4
- Section 504 Accommodation Plan .................................................................... Section 5
- District Forms ...................................................................................................... Section 6
- Grievance Procedures ........................................................................................ Section 7

---

Mr. James Santana  
Superintendent of Schools

Dr. Timothy Gouraige  
Principal, Demarest

*Ms. Luisella Marolda and *Ms. Nicolette Perna  
Assistant Principals, Demarest

Dr. Bruce Sabatini  
Principal, Old Tappan

*Dr. Jennifer Mezzina and *Dr. Robert Hyman  
Assistant Principals, Old Tappan

* 504 Building Administrators
SECTION I

INFORMATION REGARDING SECTION 504 IN THE PUBLIC SCHOOLS

Policy Statement

It is the policy of the Northern Valley Regional School District to provide a free and appropriate public education to each student, within its jurisdiction, who is evaluated and determined to have a disability under either Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Improvement Act of 2004. Therefore, it is the intent of the district to ensure that students who are determined to have a disability within the definition of Section 504 are identified, evaluated and provided with appropriate classroom accommodations. The due process rights of disabled students and their parents/guardians will be enforced.

Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112)

_No otherwise qualified individual with handicaps in the United States shall, solely by reason of his or her handicap, as defined in Section 706(8) of this Title, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance._

Section 504 is that section of the Rehabilitation Act of 1973 that applies to persons with disabilities. Basically, it is a civil rights act that prohibits discrimination against individuals with physical or mental disabilities who attend public or private schools receiving federal financial assistance. Examples of receiving federal funds include subsidized school lunch programs, Individuals with Education Act (IDEA), Every Student Succeeds Act (ESSA) and Safe & Drug Free Schools and Communities. The Office of Civil Rights (OCR), within the United States Department of Education, enforces Section 504 activities. Pursuant to New Jersey case law, if Section 504 regulations do not cover a specific issue, IDEA regulations are applicable.

Confidentiality

The Family Education Rights and Privacy Act (FERPA) regulations govern how school districts are expected to maintain confidentiality of Section 504 records. Most provisions of FERPA apply to Section 504 records. Section 504, unlike IDEA and FERPA, does not define the term “relevant records.”
SECTION II

INSTITUTIONAL REQUIREMENTS

Child Find

Individuals and/or families who know a high school age child that lives in one of the Northern Valley sending districts, between the ages of 3 and 21 and has a suspected disability, should contact the Office of the District Director of Special Education, located at 150 Knickerbocker Road, Demarest, NJ 07627. The Director of Special Education is available to discuss the possible need for educational services and to provide assistance as to how to access appropriate school personnel.

Student Identification and Referral Procedures

Students who are in need, or are believed to be in need, of services under Section 504 may be referred for evaluation by a parent/guardian, adult student or any District staff member operating under a standard certification.

Determination of Eligibility

To be considered eligible for services and protection under Section 504, a student must be determined, as a result of a comprehensive review of available information, to have a physical or mental impairment that substantially limits one or more major life activities.

- A physical or mental impairment is described as (A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following basic systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine, or (B) any mental or physiological disorder (such as mental retardation, organic brain syndrome, emotional or mental illness and special learning disabilities).
- Major life activities include, but are not limited to, functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- Section 504 regulations do not define the word “substantially.” The District 504 Team can determine if a physical or mental impairment constitutes a disability based on the information available at the time of eligibility determination.
- Section 504 does not automatically protect children with ADHD. If a student’s ADHD does not result in a substantial limitation in learning or an adverse effect on educational performance, he or she most likely will not be eligible for 504 services.
- Slow learning is considered a “condition” and as such is not regarded as a mental impairment.
- Pregnancy is a temporary health/medical condition that may result in a substantial limitation to learning pursuant to New Jersey law, temporary handicaps may result in a requirement to provide reasonable accommodations.
• A student cannot claim protection under Section 504 if in violation of the District’s policy on drugs and alcohol. However, a student who is not presently using drugs or alcohol and is in a recognized rehabilitation program is protected under Section 504.
• If a student’s learning and/or behavioral problems result primarily from social maladjustment (i.e., social and environmental factors), the student is not considered to be eligible to receive services under Section 504.
• Determination of continued eligibility for services in Northern Valley Schools under Section 504 will be reviewed annually.

If the District determines that the student is not eligible to receive services under Section 504, written notice will be provided to the parent/guardian/adult student at the eligibility meeting.

Placement

If a student has been determined to have a disability as defined in Section 504, the District will develop a Section 504 Accommodation Plan that will:

• draw upon information from a variety of sources including aptitude and achievement tests, teacher recommendations, physical issues, medical issues and other independent evaluations;
• ensure that all evaluation data is documented and carefully considered;
• ensure that decisions are made by a group of persons knowledgeable about the student, the evaluation data, accommodations;
• be implemented in the least restrictive educational environment.

If the District determines that a student is eligible to receive special education and related services as defined in New Jersey Special Education Administrative Code (NJAC 6A:14), those services will be delivered pursuant to the Individualized Educational Program developed by the District for that student.
SECTION III
REFERRAL PROCESS

I. EXTERNAL REFERRAL - From Parent/Guardian

A. Referral is forwarded to the appropriate building 504 Administrator for the student

B. The 504 Administrator dates receipt of referral and sends out to parents/guardians a packet with directions to return to the appropriate Assistant Principal’s office. The packet is to include:

1. Parent referral packet cover memo
2. Section 504 Parent Referral form
3. Supporting Documentation for 504 Plan Request form
4. Parents- Student Rights Statement
5. Eligibility Statement form

C. Upon receipt of documents, the 504 Administrator dates and logs receipt.

   1. If the forms are completed correctly, they are forwarded to the 504 committee.
   2. If forms are not completed correctly, Parent Referral Packet Missing Information form is sent to parent/guardian.

D. Upon receipt of materials the 504 Administrator sends Section 504 Teacher Input form to appropriate staff member(s).

   1. Staff member(s) are notified of requested return date of form.
   2. The 504 Administrator is responsible to ensure that appropriate staff member(s) complete and return form in a timely fashion.

E. When all forms are completed and returned, the 504 Administrator schedules the student for a Section 504 Eligibility Determination meeting with the 504 Committee.

   1. The 504 Administrator provides parent with written notification of meeting using Request for Parental Participation in a Section 504 Meeting form.
II. INTERNAL REFERRAL - From I&RS Team

A. Prior to formal referral, staff member is requested to consult with the Guidance Counselor and Assistant Principal for the student on issues of concern.

B. Written referral is forwarded to the appropriate 504 Administrator – **All referrals are to initiate through the I&RS process.**

   1. Parental participation will be consistent with District policy regarding parent input in the I&RS process.
   2. Teacher(s) making referral must complete a **Section 504 Teacher Input** form to support their referral.

C. If the I&RS Committee determines that the student might be eligible for a Section 504 Accommodation Plan, the I&RS form is completed and sent to the Section 504 Administrator along with all supporting documents.

D. The Section 504 Administrator will review the I&RS documentation.

   1. If any information or material is missing, the Section 504 Administrator will contact the I&RS Team.
   2. If the information is complete, the Section 504 Administrator will follow the procedures outlined starting in I-B in Section III of this manual.
III. INCOMING 9TH GRADE OR TRANSFER STUDENT

A. Referral is forwarded to the appropriate 504 Administrator for the student from the sending district. This will have to be requested from the sending district Principals by April 15 for incoming 8th grade students.

B. The 504 Administrator dates receipt of referral and sends out to parents/guardians a packet with directions to return to the Assistant Principal’s office. The packet is to include:
   1. *Parent referral packet* cover memo
   2. *Section 504 Parent Referral* form
   3. *Supporting Documentation for 504 Plan Request* form
   4. *Parents- Student Rights Statement*
   5. *Eligibility Statement* form

C. Upon receipt of documents, the 504 Administrator dates and logs receipt.

D. If the forms are completed correctly, they are forwarded to the 504 committee.

E. If forms are *not* completed correctly, *Parent Referral Packet Missing Information* form is sent to parent/guardian.

F. When all forms are completed and returned, the 504 Administrator schedules the student for a Section 504 Eligibility Determination meeting with the 504 Committee.

G. The 504 Administrator provides parent with written notification of meeting using *Request for Parental Participation in a Section 504 Meeting* form.
SECTION IV

EVALUATION/ELIGIBILITY PROCEDURES

IV. Before the Eligibility Determination Meeting:

A. The 504 Administrator/Chairperson is responsible to send parent Request for Parent Participation in a Section 504 Meeting form.

B. Meeting Participants may include:

1. Building Administrator
2. School Counselor
3. Nurse
4. CST Specialist
5. Teacher knowledgeable of student (Must have completed Teacher Input form)
6. Other District staff as warranted (i.e. Reading Specialist)
7. Parent/Guardian
8. Student, if appropriate
9. Other parties arranged by either District or Parent/Guardian (i.e. Physician).

V. During the Eligibility Determination Meeting

A. The 504 Administrator/Chairperson is responsible to chair meeting and have participants sign Meeting Attendance form.

B. Documentation provided by referring party is reviewed

C. If referral was submitted by the parent(s) and sufficient supporting documentation is not provided, committee can:

1. find the student not eligible for a 504 Accommodation Plan; or
2. resubmit the educational and/or behavioral issues back to the school’s I&RS Team; or
3. refer the student for a Child Study Team evaluation; or
4. request additional assessments at parent expense.

D. If referral was initiated by the District and the parent(s) did not provide sufficient supporting documentation, committee can:

1. find the student not eligible for a 504 Accommodation Plan; or
2. resubmit the educational and/or behavioral issues back to the school’s I&RS Team; or
3. refer the student for a Child Study Team evaluation; or
4. request additional assessments at District expense.

E. Upon receipt of supporting documentation and or completion of evaluations, the Section 504 Committee shall analyze the supporting documentation and evaluation data to determine if
the student has a mental or physical impairment that substantially impairs a major life function and is in need of educational related accommodations.

F. The 504 Administrator/Chairperson is responsible to complete Section 504 Eligibility form indicating one or more of the following decisions:

1. Meeting adjourned pending additional documentation and/or staff participation.
2. Not eligible for services under Section 504
3. Not eligible for services under Section 504, but with suggestions and/or recommendations made to regular education teachers.
4. Not eligible for services under Section 504 but referred to I&RS
5. Eligible for Services under Section 504
6. Request for Child Study Team evaluation.

VI. After the Eligibility Determination Meeting

A. If student is eligible for services under Section 504, the District and parents will develop a Section 504 Accommodation Plan (see Section V).

B. If student is not eligible for services under Section 504, the Section 504 Committee will communicate to the parents that the Committee intends to:

1. Not provide any additional services; or
2. Develop a list of suggestions and/or recommendations for teachers and parents; or
3. Forward the name of this student to the school’s Intervention and Referral Services (I&RS) Committee.
4. Contact the Director of Special Education to request a Child Study Team evaluation.

VII. Annual Review and Reevaluation

B. Annual Review

1. Each Section 504 Accommodation Plan is to be reviewed before June of each school year so as to determine its effectiveness.
2. The 504 committee will collect and review Teacher Evaluation of Section 504 Accommodation Plans Form to determine if there is compliance to all required accommodations in the plan.

C. Reevaluation

1. Eligibility for continued accommodations under a Section 504 Accommodation Plan will determined annually.
2. The 504 Administrators are responsible to implement the procedures in Sections II and III in order to ensure medical documentation of a disability and continued eligibility for a Section 504 Plan.
SECTION V

SECTION 504 ACCOMMODATION PLAN

I. Development of a Section 504 Accommodation Plan

A. Accommodations must reflect the documented disability or disabilities identified in the most recent *Section 504 Eligibility Determination* form.

B. Each accommodation must include sufficient detail to ensure compliance regarding frequency, duration, location and evaluation procedures.

C. If the accommodations result in the expenditure of funds, the District Director of Special Education is to be contacted and included in the meeting.

II. After Development of a Section 504 Accommodation Plan

A. Original copy of *Section 504 Accommodation Plan* and all supporting documentation is to be maintained in the student’s school.

B. If the *Section 504 Eligibility Determination*:
   1. The Section 504 Administrators are responsible to contact all teachers responsible to implement the accommodations in the *Section 504 Accommodation Plan* form and ensure that each teacher reviews and gets a copy of it.
   2. After reviewing the *Section 504 Accommodation Plan*, each teacher is to sign the *Receipt of Section 504 Accommodation Plan*.

C. The Section 504 Administrators are responsible to maintain a computer data base of all students with *Section 504 Accommodation Plans* and to monitor compliance to annual reviews and reevaluations.

D. The following staff members are to have copies of a *Section 504 Accommodation Plan*:
   1. Principal and Assistant Principals
   2. Section 504 Administrator(s)
   3. School Counselor
   4. Teacher(s) responsible to implement accommodations
   5. Related Service provider(s) responsible to implement accommodations
   6. School Nurse (if appropriate)

III. Implementation of Section 504 Accommodation Plans

A. Identified staff members are responsible to implement all accommodations stated in a student’s *Section 504 Accommodation Plan*.

B. The Section 504 Administrator, building administrators, Child Study Team specialists, related service providers, identified independent consultants and guidance counselors are available to provide technical assistance to instructional staff.
C. A staff member or parent/guardian can request to reconvene the Section 504 team at any time that he or she feels either that any accommodation stated in the *Section 504 Accommodation Plan* no longer is appropriate, OR if the *Section 504 Accommodation Plan* needs to be revised to increase accommodations to a Section 504 eligible student.

D. Staff is to be reminded that any student found eligible for a Section 504 Accommodation Plan is entitled to the same disciplinary procedural rights as are guaranteed to a student classified under New Jersey Special Education Administrative Code and having an Individualized Educational Program.

IV. Annual Review/Reevaluation

A. Each Section 504 Accommodation Plan is to be reviewed annually near the end of the school year so as to determine its effectiveness.

B. Eligibility for continued accommodations under a Section 504 Accommodation Plan will determined annually.

C. The building 504 administrators are responsible to implement the procedures in Sections II and III in order to ensure medical documentation of a disability and continued eligibility for a Section 504 Accommodation Plan.

D. In addition to materials needed to determine continued eligibility for a Section 504 Accommodation Plans, staff is responsible to submit *Teacher Evaluation of Section 504 Accommodation Plan* forms in a timely fashion prior to the scheduled annual review meeting date.
## SECTION VI

### SECTION 504 FORMS

### DIRECTORY

<table>
<thead>
<tr>
<th>Form</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Statement</td>
<td></td>
</tr>
<tr>
<td>Parent Referral Packet Cover Memo</td>
<td></td>
</tr>
<tr>
<td>Receipt of Section 504 Accommodation Plan Form: Secondary</td>
<td></td>
</tr>
<tr>
<td>Request for Parental Participation in a Section 504 Meeting Form</td>
<td></td>
</tr>
<tr>
<td>Section 504 Accommodation Plan Form</td>
<td></td>
</tr>
<tr>
<td>Section 504 Eligibility Determination Form</td>
<td></td>
</tr>
<tr>
<td>Section 504 Meeting Attendance Form</td>
<td></td>
</tr>
<tr>
<td>Section 504 Parent Referral Form</td>
<td></td>
</tr>
<tr>
<td>Section 504 Parent Referral Packet – Missing Information Form</td>
<td></td>
</tr>
<tr>
<td>Section 504 Parents – Students Rights Statement</td>
<td></td>
</tr>
<tr>
<td>Section 504 Teacher Input Form</td>
<td></td>
</tr>
<tr>
<td>Supporting Documentation for 504 Plan Request Form</td>
<td></td>
</tr>
<tr>
<td>Teacher Evaluation of Section 504 Accommodation Plan Form</td>
<td></td>
</tr>
</tbody>
</table>
Northern Valley Regional High School

Section 504 of the Rehabilitation Act of 1973

ELIGIBILITY STATEMENT

To be entitled to the protections of Section 504 of the Rehabilitation Act of 1973, an individual must demonstrate that he/she has a physical or mental impairment, which substantially limits a major life activity, has a record of such impairment or is regarded as having such impairment. Major life activities include, but are not limited to seeing, hearing, speaking, walking, breathing, learning, working, caring for oneself and performing manual tasks.

The act is designed to prevent discrimination against individuals with disabilities. It provides that a student shall not be excluded from participation in or be denied the benefits of or be subjected to discrimination under any program or activity receiving federal funds such as public schools.

Section 504 is different than the Individuals with Disabilities Education Act (IDEA). This is due in large part to the fact to qualify under IDEA, the student must need special education and related services through an Individualized Education Program (IEP) as defined in federal and state law. In other words, the student’s disability must adversely affect the student’s educational performance as to require specialized instruction. Under 504, the disability need not have any effect on the student’s ability to learn so long as the condition substantially limits some other major life activity that has implications for the student’s education.
Date:

Parent/Guardian of ____________________________________________:

Address:

Re: Section 504 of the Rehabilitation Act of 1973 Parent Referral Packet

Dear ____________________________________________________________________,

Enclosed is the Northern Valley Section 504 Parent Referral Packet. You will find:

- 504 Eligibility Statement
- Parent /Student Rights under Section 504
- Parent Referral Form
- 2 copies of Supporting Documentation forms

The 504 Committee will be meeting to determine whether your child is eligible for services under Section 504 of the Rehabilitation Act of 1973. This meeting is necessary to determine the most appropriate school program for your child. In order for the Northern Valley Regional High School to consider your request, please return the Parent Referral form along with a professional evaluation to the Assistant Principal’s office. Please note that one of the professional evaluations must be from a medical doctor. At the next scheduled 504 committee meeting, the committee will discuss your child’s eligibility. Please understand that the 504 committee will question the Child Study Team regarding whether an evaluation is warranted under the Individuals with Disabilities Act (IDEA) due to a suspected disability. The Child Study Team will determine if the student’s disability affects the student’s educational performance as to require specialized instruction under the Individuals with Disabilities Act (IDEA). The 504 committee will consider the Child Study Team recommendation when considering if the student is eligible for a 504 Accommodation Plan.

Please return this requested material to _________________________ by __________________________. Do not hesitate to contact my office if you have any questions or need additional information.

Sincerely,

504 Administrator

C: Guidance Counselor
REQUEST FOR PARENTAL PARTICIPATION IN A SECTION 504 MEETING

Student’s Name: _______________________________________ Date: __________________

Address: ________________________________________________________________________________
_______________________________________________________________________________________

Student’s School: _______________________________

Dear ___________________________________________: 

You are invited to attend a meeting regarding your child. The purpose of the meeting is to discuss:

1. Referral for a Section 504 Accommodation Plan;
2. Determination of initial eligibility for a Section 504 Accommodation Plan;
3. Development of a Section 504 Accommodation Plan;
4. Review/revision of a Section 504 Accommodation Plan;
5. Annual Review and Determination of Eligibility of a Section 504 Accommodation Plan;

6. Other: _____________________________________________________

Your participation in planning for the educational needs of your child is important. The meeting is scheduled for:

Date: _____________________  Time: ________________ Location: _____________________________

The following District staff members are expected to attend the meeting:

Supervisor
School Nurse
Building Administrator
Child Study Team Member
School Counselor
Related Service Provider
Classroom Teacher(s)
Paraprofessional

Other(s): _______________________________________________________________________________

I would appreciate you contacting me at the number below by ________________________________to let us know if you will be attending the meeting. If this is not a convenient time or place, or should you have any questions, please call to discuss rescheduling the meeting or to discuss your questions.

If you cannot attend the meeting in person but wish to participate, other arrangements can be made to include you (for example, by a telephone conference). You may invite another person(s) who is knowledgeable about your child to accompany you to the meeting. You may also bring your child to the meeting if you believe it is appropriate. Please bring any independent evaluation reports you feel are appropriate and will assist in the decision making process.

Sincerely,

Name: ______________________________________________________________

Position: ____________________________________________________________

Telephone: __________________________________________________________

NORTHERN VALLEY REGIONAL HIGH SCHOOL
**Section 504 Parent Referral Form**

Student’s Name: __________________________________ Date of Birth: __________________

School: ____________________________ Grade: _______ Counselor: _________________________

Classroom/Homeroom Teacher ___________________________________________________________________________

Parent/Guardian(s) Name: ___________________________ Phone Number: ______________________

Address: ________________________________________________________________________________________

1. Describe the nature of the handicap or the handicapping condition and how the condition impacts the child’s current academic performance.

______________________________________________________________________________________________

______________________________________________________________________________________________

2. Describe how the student’s handicap affects a major life activity (such as hearing, walking, seeing, speaking, breathing, learning or working). Please attach any supporting documentation.

______________________________________________________________________________________________

______________________________________________________________________________________________

3. What, if any, specific accommodations are you seeking?

______________________________________________________________________________________________

______________________________________________________________________________________________

4. Please provide a professional evaluation with this form. If your child has a handicapping condition, please provide a medical evaluation. Return to the 504 Chairperson for your child.

*Evaluations provided by:*

1. ___________________________________________ Phone Number

   Professional’s Name and Title

2. ___________________________________________ Phone Number

   Professional’s Name and Title

In order to be eligible for services under Section 504, a student must have an identified physical or mental impairment. The impairment must result in a significant limitation in a major life function. The substantial limitations in learning must be documented with (1) evaluation data and student records indicating poor academic and/or behavioral performance, and (2) an analysis by the Section 504 Committee that the student’s learning style is markedly different from that of non-disabled students. In order to verify that the impairment has substantially limited learning, the Section 504 Committee must find that the preponderance of the available information indicates that the student requires markedly more accommodations and time for learning than does the non-disabled student.

In order for the 504 Committee to consider your request, it is important that you return this form with any recent psychological and/or medical evaluations documenting a handicapping situation and its impact on a major life function. Please return this form and supporting documentation to: (504 Chairperson Contact Information)

Parent/Guardian(s) Signature: ___________________________ Date: ____________
Supporting Documentation for 504 Plan Request

Professional’s Name: ________________________________________________
Professional Practice: ________________________________________________
Address: __________________________________________________________
____________________________________________________________________
Phone: _____________________________________________________________

Student Name: ______________________________________________________
School/Grade: _______________________________________________________

Parent/Guardian(s) Name: _____________________________________________
Address: __________________________________________________________
Phone numbers: (Home) _____________________________________________
(Work) ____________________________________________________________
(Cell) _____________________________________________________________

Please include the following in your report/request for a 504 Accommodation Plan:

1. Specify the diagnosis of disability
2. Describe how the disability affects a major life activity such as hearing, walking, seeing, speaking, breathing, learning or working.
3. Date of evaluation
4. Educational, developmental and relevant medical history
5. List of administered tests with all scores, including subtest scores
6. Description of the functional limitations resulting from the disability
7. Recommendation for specific accommodations requested
8. Explanation of how test results support the need for requested accommodations
9. Examiners professional credentials cited and appropriate for the diagnosed disability

Please contact your child’s Assistant Principal if you have any questions or need additional information.

NORTHERN VALLEY REGIONAL HIGH SCHOOL
Section 504 Parent/Student Rights in Identification, Evaluation, and Placement

Below is a description of the rights granted by federal law to students with physical or mental impairments. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

You have a right to the following:

- Right to have your child with disabilities take part in and receive benefits from public education programs without discrimination because of his/her disability.
- Right to receive all information in the parent’s/guardian’s native language or primary mode of language.
- Right to have your child receive a free appropriate public education, which includes the right of the child to be educated with students without disabilities to the maximum extent appropriate.
- Right to have your child have equal opportunity to participate in school programs and extracurricular activities sponsored by the school.
- Right to receive notice within a reasonable time before the district identifies, evaluates or changes your child’s eligibility or placement option (accommodations and/or modifications).
- Right to inspect and review all of your child’s educational records, including the right to obtain copies of educational records at reasonable costs unless the cost would deny you access to the records, and the right to amend the record if you believe information contained in the record is inaccurate or misleading. If the school district refuses to amend the record, you have a right to request a hearing.
- Right to have eligibility or placement option (accommodations and/or modifications) decisions made based on information from a variety of sources and by persons who know the needs of the student, meaning of the evaluation data and placement decisions.
- Right to have periodic reevaluation and evaluation before any significant change in placement.
- Right to file a grievance, have an impartial hearing if you disagree with the school’s district proposed action or file a complaint with the Office for Civil Rights or the federal court. You have the right to be an active participant. You have the right to be represented by counsel in the impartial hearing process and you have the right to appeal a decision by an impartial hearing officer that is not an employee of Northern Valley.

Any questions or requests for additional information regarding these rights should be directed to the 504 Administrators at your child’s school.
Date:

Parent/Guardian of _______________________________________________

Address:

Re: Section 504 of the Rehabilitation Act of 1973 Parent Referral Packet Missing Information

Dear ________________________________.

As per your request, a 504 Parent Referral packet has been sent to you. We cannot process your request without a complete referral packet because the following documentation either is missing or incomplete:

Please forward the documentation to: (504 Administrator Contact Information). If you have any questions or concerns, please do not hesitate to contact my office.

Sincerely,

504 Administrator

c. Guidance Counselor
Based on the following definition, do you see a need for Section 504 accommodations for this student?

Yes_____ No _____

Section 504 eligibility requires the presence of a disability that substantially limits a major life activity (e.g. learning). Section 504 is basically civil rights legislation that grants rights for students with disabilities to be free from discrimination. When considering eligibility we must ask ourselves the following questions: Is the student currently being discriminated against? Does the student have a disability that is affecting his learning? Is the student being excluded from participation in the learning environment because of a disability?

If the student becomes 504 eligible, the 504 committee will ask that you help determine if there are reasonable accommodations that can enable the student to participate in learning. We may not provide different or separate aid unless it is necessary to make benefits or services as effective as those being provided to all other students in the class. To be equally effective we are not required to produce the identical result or level of achievement as other students. We must simply provide the opportunity.

Based on your knowledge and observations please rate this student’s performance, one (1) being unsatisfactory and five (5) being excellent.

<table>
<thead>
<tr>
<th>OBSERVATIONS</th>
<th>Unsatisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Work</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Homework</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Tests</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Reading Performance</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Math Performance</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Written Expression</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Spelling/Vocabulary</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Following Oral Directions</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Following Written Directions</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Following Multi-step Directions</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Attention Span</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Organizational Skills</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Tardiness</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

- Does the student meet the standards of personal independence expected of the chronological age and cultural group? ( ) Yes ( ) No
  If no, give an estimate of this student’s level of personal independence.

- Does the student meet the standards of social responsibility expected of the chronological age and cultural group?
  ( ) Yes ( ) No
  If no, give an estimate of this student’s level of social responsibility.

Section 504 Teacher Input Form

Identify your specific concerns with this student’s performance:

Academic:
Behavioral:

What accommodations and modifications have been attempted to remediate previously stated concerns? Intervention #1

Outcome of intervention #1:

Intervention #2

Outcome of intervention #2:

What accommodations would you suggest in order to remediate the above concerns, which would not create an undue burden?

Other indicators or related observations concerning 504 eligibility:

Other comments:

Teacher Signature: ___________________________ Date: ________________

NORTHERN VALEY REGIONAL HIGH SCHOOL
**SECTION 504 MEETING ATTENDANCE FORM**

Name of Student: ___________________________________________________________

Date of Meeting: ___________________________________________________________

Nature of Meeting:
- 1. Referral for Section 504 Accommodation Plan;
- 2. Determination of initial eligibility for a Section 504 Accommodation Plan;
- 3. Development of a Section 504 Accommodation Plan;
- 4. Review/Revision of a Section 504 Accommodation Plan;
- 5. Annual Review and Determination of Eligibility of a Section 504 Accommodation Plan;
- 6. Other: _____________________________________________________

<table>
<thead>
<tr>
<th>Conference Participants</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidance Counselor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Study Team Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title: __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title: __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title: __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title: __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title: __________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NORTHERN VALLEY REGIONAL HIGH SCHOOL

23
Section 504 Eligibility Determination Form

( ) Initial ( ) Reevaluation

I. Student Information:

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Grade</th>
<th>Date of Birth</th>
<th>Homeroom Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

( ) Demarest ( ) Old Tappan

II. Meeting Participation:

Attach Meeting Attendance form. A signature only reflects attendance at this meeting.

III. Notice of Section 504 Rights:

Please sign indicating that you received a copy of your rights under The Rehabilitation Act of 1973, Section 504.

_______________________________________________ ________________________________
Parent/Guardian Signature Date

IV. Information Used To Determine Eligibility:

Underlined items required. Either a psychological report or a physician report is required.

( ) Psychological Report ( ) Parent Information ( ) Work Samples
( ) Physician Report ( ) School Records ( ) Other ________________
( ) Report Card ( ) State Assessment(s)

V. Cultural, Economic and Environmental Factors:

The student’s limited academic and/or behavioral performance is caused by cultural, economic and environmental circumstances. ( ) Yes ( ) No If Yes, describe:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
____________________________________________________________

VI. Mitigating Measures and Medication:

Is the student currently using any adaptive measures and/or medication? ( ) Yes ( ) No If yes, describe:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Do the adaptive measure and/or medication eliminate or reduce the student’s handicap? ( ) Yes ( ) No If yes, describe:
__________________________________________________________________________________________________

VII. Handicap or Disability:
Name the student’s specific handicap or disability: ___________________________________

VIII. Major Life Activity:

Check the major life activity that is affected by the disability.

( ) seeing  ( ) hearing  ( ) breathing

( ) learning  ( ) walking  ( ) performing manual tasks

( ) working  ( ) caring for oneself  ( ) other ______________________________

IX. Does the handicap or disability substantially limit a MLA?

The term “substantially limit” means that a student is:

a. UNABLE to perform a major life activity that the average student of approximately the same age can perform

OR

b. 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 handicap or disability must be substantial and somewhat unique, rather than commonplace, when compared to the average student of approximately the same age.

Place an X on the following scale to indicate the specific degree that the handicap or disability identified in section VII limits the major life activity identified in section VIII. For any score of 4 or 5, supply specific information that justifies the rating.

5 = Extremely ________________________________
4 = Substantially ______________________________
3 = Moderately ________________________________
2 = Mildly ____________________________________
1 = Negligibly _________________________________

X. Eligibility Determination:

__________________________________________ is eligible for Section 504 Plan.  ( ) Yes* ( ) No

Student Name

The following action(s) is (are) recommended:

_____ Meeting adjourned pending additional documentation and/or staff participation

_____ Not eligible for services under Section 504, but the following suggestions and/or recommendations will be made to regular education teachers: ____________________________________________________________

__________________________________________________________

_____ Referred to I&RS

_____ Request for Child Study Team evaluation.

__________________________________________

Building Section 504 Administrator/Chairmen  Date

*If the team finds the student eligible, please complete the Northern Valley Section 504 Accommodation Plan.

c: Parents
NORTHERN VALLEY REGIONAL  
Section 504 Accommodation Plan

Student Name: ___________________________  Student ID: ___________________________
School: ___________________________  Grade: ___________________________
Date of Birth: ___________________________  Disability: ___________________________
Beginning Date of Plan: ___________________________  
Parent Name: ___________________________  Home Phone: ___________________________  Cell phone: ___________________________  Email: ___________________________

Describe how the identified disability substantially limits a major life activity:
_________________________________________________________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>#</th>
<th>Accommodation/Action to Be Taken*</th>
<th>Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Attach additional sheets if necessary

Section 504 Team Signatures

<table>
<thead>
<tr>
<th>Title</th>
<th>Name Printed</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>504 Administrator:</td>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Student:</td>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Other:</td>
<td>___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

CC: Principal, Guidance Counselor, School Psychologist, Nurse, Teachers
This is to acknowledge that I have reviewed this student’s Section 504 Accommodation Plan and received a copy of it. I understand that it is my responsibility to ensure that this confidential document is secured at all times. I also understand that I am legally required to implement the provisions of this plan as they apply to my particular area of responsibility. To this end, I have been given the opportunity to discuss this Section 504 Accommodation Plan with the student’s school guidance counselor or Section 504 Administrator. Any significant changes in this plan can only be made at a meeting with the school’s Section 504 Team.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Subject Area(s)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Guidance Counselor: I have received a copy of this student’s Section 504 Accommodation Plan.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NORTHERN VALLEY REGIONAL HIGH SCHOOL
Teacher Evaluation of Section 504 Accommodation Plan

Student Name: 
School: 
Date of Birth: 

Student ID: 
Grade: 
Disability: 

<table>
<thead>
<tr>
<th>#</th>
<th>ACCOMMODATION</th>
<th>EFFECTIVENESS OF ACCOMMODATION*</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>5 4 3 2 1</td>
<td>Not Effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Highly</td>
<td>Not Effective</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>5 4 3 2 1</td>
<td>Not Effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Highly</td>
<td>Not Effective</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>5 4 3 2 1</td>
<td>Not Effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Highly</td>
<td>Not Effective</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>5 4 3 2 1</td>
<td>Not Effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Highly</td>
<td>Not Effective</td>
</tr>
</tbody>
</table>

* Attach additional pages if necessary

Teacher Signature: ___________________________________________ Date: _____________________________
SECTION VII
GRIEVANCE PROCEDURES

I. Contact Information

A. If a parent/guardian/adult student has a question or concern regarding any aspect of the District’s responsibility to provide services under Section 504, he or she should contact in writing, the Section 504 Administrator in their child’s building.

B. Currently, those positions are held by:

Demarest:
Ms. Luisella Marolda (Grades 9 and 11)
and Ms. Nicolette Perna (Grades 10 and 12)
150 Knickerbocker Road
Demarest, New Jersey 07627
Phone: 201-768-3200 x13040
Fax: 201-768-5438

Old Tappan:
Dr. Jennifer Mezzina (Grades 9 & 11)
and Dr. Robert Hyman (Grades 10 & 12)
150 Central Ave
Old Tappan, NJ 07675
Phone: 201-784-1600 ext. 24070
Fax: 201-784-0837

B. The student handbooks will list the current 504 Administrator and provide contact email information.

C. The parent/guardian/adult student may request that the Section 504 Committee reconvene to review and revise a current Section 504 Accommodation Plan.

D. The Building 504 Administrator will respond to all written inquiries within 10 days of receipt of written request.

E. If a parent/guardian/adult student is not satisfied with the response given by the 504 Administrator, he or she needs to contact the Principal with a letter that specifically states the issues not resolved. The Principal will respond to all written inquires involving 504 issues within 10 days of receipt of the written request.

F. If a parent/guardian/adult student is not satisfied with the response given by the Principal he or she needs to contact the Superintendent of Schools with a letter that specifically states the issues not resolved. The Superintendent will respond to all written inquires involving 504 issues within 10 days of receipt of the written request.

G. If the parent/guardian/adult still is not satisfied with the response provided by the Superintendent, he or she may request an impartial hearing with the Board of Education.

H. The parent/guardian/adult student maintains the right to file a complaint with the Office of Special Education Programs at the New Jersey Department of Education and/or the United States Department of Education, Regional Office for Civil Rights.

1. OSEP – NJDOE
   P.O. Box 500
   Trenton, NJ 08625

2. USDOE – Office for Civil Rights
   75 Park Place – 14th Floor
   New York, New York 10007-214
What is Section 504?

*Section 504 of the Rehabilitation Act of 1973*

No otherwise qualified individual with handicaps in the United States shall, solely by reason of his or her handicap, as defined in Section 706(8) of this Title, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.

Section 504 is the section of the Rehabilitation Act of 1973 that applies to persons with disabilities. Basically, it is a civil rights act that prohibits discrimination against individuals with physical or mental disabilities who attend public or private schools receiving federal financial assistance. Examples of receiving federal funds include subsidized school lunch programs, Individuals with Education Act (IDEA), No Child Left Behind (NCLB) and Safe & Drug Free Schools and Communities. The Office of Civil Rights (OCR), within the United States Department of Education, enforces Section 504 activities.

Who is eligible?

To be considered eligible for services and protection under Section 504, a student must be determined, as a result of a comprehensive review of available information, to have a physical or mental impairment that substantially limits one or more major life activities.

- A physical or mental impairment is described as (A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following basic systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine, or (B) any mental or physiological disorder (such as mental retardation, organic brain syndrome, emotional or mental illness and special learning disabilities).
- Major life activities include, but are not limited to, functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- Section 504 regulations do not define the word “substantially.” The District 504 Team can determine if a physical or mental impairment constitutes a disability based on the information available at the time of eligibility determination.
- Section 504 does not automatically protect children with ADHD. If a student’s ADHD does not result in a substantial limitation in learning or an adverse effect on educational performance, he or she most likely will not be eligible for 504 services.
- Slow learning is not considered a “condition” and as such is not regarded as a mental impairment.
- Pregnancy is a temporary health/medical condition that may result in a substantial limitation to learning.
- A student cannot claim protection under Section 504 if in violation of the District’s policy on drugs and alcohol. However, a student who is not presently using drugs or alcohol and is in a recognized rehabilitation program is protected under Section 504.
- If a student’s learning and/or behavioral problems result primarily from social maladjustment (i.e., social and environmental factors), the student is not considered to be eligible to receive services under Section 504.
- Determination of continued eligibility for services in Northern Valley under Section 504 will be reviewed annually.
**Teacher Responsibilities**

1. Read the specific recommendations for each one of your 504 students. Some of your students have a 504 Plan because of a medical disability such as seizures or diabetes. Others because they have a learning disability or ADHD.

2. The accommodations are specific to the disability of the student. Most accommodations are reasonably attainable. For example, if the request is that the teachers contact the parent once a month, you must communicate with the parent via email or a phone call. Other common accommodations are: preferential seating, multiple bathroom breaks, extended time.

3. If a student has extended time as an accommodation, it is only time and a half (1.5x). Extended time is only for in-class assessments. They do not receive extended time on long-term assignments; those are expected to be handed in on their due date. Designated rooms will be made available for midterm and final exams.

4. When communication with the parents, please copy the appropriate 504 officer as well as the Guidance Counselor. This will allow us all to work as a team and be on the same page with the parents.

5. Do not isolate or ridicule the student if they have a 504 Plan. If you think that they do not deserve/need a 504 Plan, and prevent the student from receiving the accommodations, you are breaking the law. All students with a 504 plan have medical documentation to support it. Often the disability and the student’s intelligence are at extremes. However, the disability can impact on performance. For example, a student with diabetes can have a low sugar count one day and perform satisfactorily and on another day when the sugar is at a normal level, the student will ace a test or seem more with it.

**Judicial Action**

A student or parent may initiate a court action alleging a violation of Section 504, independent of whatever action may be taken under IDEA.

The Rehabilitation Act specifically authorizes a court in its discretion to award reasonable attorney's fees to the prevailing party. In addition to injunctive relief, there are now grounds for the awarding of monetary damages and some recent litigation indicates that it may be possible to recover personal damages from educational personnel under Section 504 in the appropriate circumstances.