

Richland-Bean Blossom Community School Corporation

*600 S. Edgewood Drive * Ellettsville, Indiana 47429
Phone: 876-7100 * Fax: 876-7020*

Referral Date:

Date of 504 Meeting:

Evaluation Checklist

The staff person responsible for the evaluation should indicate the receipt or performance of each item, which applies to the student's evaluation prior to the meeting at which eligibility is to be considered.

Review of school records

Parent release of information of records from outside providers

Review of pertinent medical information (to be performed by school nurse if needed)

Gathering of data/information from staff members who have worked with student

School evaluation (if any) and report

Contact with community personnel who worked with student

Contact with student's treating physician, psychologist or other (by School Nurse, Counselor, or Section 504 Meeting)

Notice to parent of date, time, and location of Section 504 Meeting

Responsible Staff Member

Richland-Bean Blossom Community School Corporation

*600 S. Edgewood Drive * Ellettsville, Indiana 47429
Phone: 876-7100 * Fax: 876-7020*

Student Referral

1. **Student Information:**

Student: _____ Date of Birth: _____

Address: _____

Phone: _____

School: _____ Grade Level: _____

2. **Parent Information:**

Name: _____

Address: _____ Phone: _____

3. **Person Making Referral:**

Name: _____ Relationship to Student: _____

4. **Reason for Referral:**

Identified disability (if any): _____

a. List your child's strengths: _____

b. What specific concerns do you have regarding your child? _____

c. In what areas does the student need support? _____

d. What strategies have you found to be useful when working with your child? _____

5. **Treating Physician:**

Name: _____

Address: _____ Phone: _____

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6. Psychologist/Counselor (any other person who may have information which can used in determining 504 eligibility):

Name: _____ Phone: _____

Name: _____ Phone: _____

7. List persons or agencies from whom additional information is requested (complete and attach parent permission for release of records for each request).

Name: _____ Phone: _____

Name: _____ Phone: _____

8. If ADHD/ADD is in question, give physician questionnaire for Attention Deficit Disorder to parent/guardian (to be completed by physician).

9. If necessary, list additional evaluation information necessary in determining 504 eligibility: _____

504 Building Coordinator Date

Referring Party Date

Parent/Guardian Date

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Notice of Section 504 Committee Meeting

Date:

Student Name:

Parent(s):

Dear _____,

A conference to discuss your child's eligibility for a Section 504 plan has been scheduled for _____ at _____ p.m.. This meeting with school personnel will be held at _____.

Attending the meeting will be:

If this time is acceptable, please sign the enclosed form and return it to the school office. If the time is inconvenient, please contact the office by phone. If you prefer, we can hold the conference and send you the results by mail. You may also request the attendance of other professional staff or other individuals of your choice.

If you have any questions or concerns about the conference, or would like to discuss your rights as a parent, please call me at the above number.

Sincerely,

Principal

Student Name:

Please check the appropriate box, sign at the bottom, and return to the _____ School Office as soon as possible.

I will be able to attend the meeting

I cannot attend the meeting as indicated. I would like to have it rescheduled. Please call me at _____ to arrange another date.

(Phone Number)

I request that the meeting be held without me. I will contact _____, Principal, if I have any questions.

Comments: _____

Parent/Guardian Signature

Date

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Student Name: _____ **Parent(s) Name(s):** _____
Date of Birth: _____ **Address:** _____
Sex: _____ **City, State, Zip:** _____
Home School: _____ **Phone Number:** _____
Corporation: Richland-Bean Blossom Community School Corporation
Teacher: _____

504 Committee Eligibility Determination

1. Were the parent(s) notified of this meeting? **Yes** _____ **No** _____
2. If the parents were not in attendance, was permission given to the school to hold the conference in their absence? **Yes** _____ **No** _____
3. Were the parents given or have they received a copy of their rights under Section 504? **Yes** _____ **No** _____
4. Did the committee discuss the relevant data relating to the needs of this student, which led to the 504 committee meeting? **Yes** _____ **No** _____
5. Did the committee discuss the relevant data and their relationship to the student and his/her instruction? **Yes** _____ **No** _____
6. Did the committee determine that the student meets eligibility requirements under the following disability or condition? **Yes** _____ **No** _____ If yes, proceed to Alternative-learning plan.
7. What data did the committee use in making its determination?
Psychological Evaluation _____ **Physician's Statement** _____ **Evaluation Report** _____
Teacher Report _____ **Record Reviews** _____ **Health Plan** _____
Other (List) _____

8. Summary: _____

Please complete the questions on this form.

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Health Plan (School Nurse must participate in writing his section – Student’s physician should also be consulted).

Health Issues

1. Has your child experienced any of the following in the past three (3) years?
 - a. Ear Infections **Yes** _____ **No** _____
If yes, explain _____
 - b. Seizures **Yes** _____ **No** _____
If yes, explain _____
 - c. Hospitalization **Yes** _____ **No** _____
If yes, explain _____
 - d. Surgery **Yes** _____ **No** _____
If yes, explain _____
 - e. Serious Injury(ies) **Yes** _____ **No** _____
If yes, explain _____
 - f. Allergies/Asthma **Yes** _____ **No** _____
If yes, explain _____
 - g. Other _____

2. Has there been a significant change in your child’s vision in the past three (3) years?
Yes _____ **No** _____
If yes, explain _____

3. Has there been a significant change in your child’s hearing in the past three (3) years?
Yes _____ **No** _____
If yes, explain _____

4. Is the child currently on prescribed medication? **Yes** _____ **No** _____
If yes, explain _____

5. Has your child’s medication changed in the past three (3) years?
Yes _____ **No** _____
If yes, explain: _____

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A. Summary of medical needs and current medications

Action

Personal Responsible

Evacuation Plan for Students with Mobility Concerns (*Student/s Physician should be consulted. Nurses and/or physical therapist may need to participate.*)

Action

Personal Responsible

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Alternative Learning Plan

Student's Name: _____ Date of Birth: _____
Parent's Name: _____ School: _____
Address: _____ Date Plan Developed: _____
Phone: _____ Date Plan Updated: _____

Eligibility consideration (as identified by the Section 504 committee). Does this evaluation information identify a physical or mental impairment? Specify _____

I. How does the above impairment limit the student's ability to function in the school setting in the following areas:

A. Academics

1. Need

2. Accommodation necessary to meet need (*complete Alternative Learning Plan Addendum pg. 9 attached and distribute to all teachers*)

B. Non-Academics/Extracurricular/Behavioral

3. Need

3. Accommodation necessary to meet need (*complete Alternative Learning Plan Addendum pg. 9 attached and distribute to all teachers*)

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Alternative Learning Plan- Addendum

Section 504

Reasonable Accommodations for

(Student's Name)

Classroom Accommodations

INSTRUCTION	GRADING	MATERIALS
<input type="checkbox"/> Simplified	<input type="checkbox"/> Grades based on work and participation	<input type="checkbox"/> Alternative texts
<input type="checkbox"/> Individualized curriculum	<input type="checkbox"/> Pass-Fail grades	<input type="checkbox"/> Copies of texts at home
<input type="checkbox"/> Extra practice on lessons	<input type="checkbox"/> No spelling penalty on written work	<input type="checkbox"/> Modified worksheets
<input type="checkbox"/> Peer tutoring	<input type="checkbox"/> No handwriting penalty on written work	<input type="checkbox"/> Audio-visual aids
<input type="checkbox"/> Academic skills grouping	<input type="checkbox"/> Accept printed work	<input type="checkbox"/> High-interest reading materials
<input type="checkbox"/> Computer-assisted instruction	<input type="checkbox"/> Provide regular grade checks	<input type="checkbox"/> Manipulatives
<input type="checkbox"/> Small group remedial units of instruction		<input type="checkbox"/> Tape recorder/materials
<input type="checkbox"/> Discrete, sequential units of instruction	ORGANIZATION	<input type="checkbox"/> Enlarged print
<input type="checkbox"/> Planned seating:	<input type="checkbox"/> Give simple, clearly stated instruction	<input type="checkbox"/> Calculator for math
	<input type="checkbox"/> Provide folder for assignments	<input type="checkbox"/> Word processing availability
TESTING	<input type="checkbox"/> Review directions/check for understand	<input type="checkbox"/> Dictation
<input type="checkbox"/> Prior notice of test content <input type="checkbox"/> Questions	<input type="checkbox"/> Provide Notes <input type="checkbox"/> Story Outlines	<input type="checkbox"/> Reference materials
<input type="checkbox"/> Open-book <input type="checkbox"/> Study guide for test	<input type="checkbox"/> Provide timeline for projects	
<input type="checkbox"/> Extra time for tests	<input type="checkbox"/> Desktop list of assignments	BEHAVIOR MANAGEMENT
<input type="checkbox"/> Simplified <input type="checkbox"/> Alternative tests	<input type="checkbox"/> Extra time to complete assignments	<input type="checkbox"/> Provide positive reinforcement
<input type="checkbox"/> Tests read to student	<input type="checkbox"/> Present one assignment at a time	<input type="checkbox"/> Reinforcement program
<input type="checkbox"/> Retake tests	<input type="checkbox"/> Homework checks	<input type="checkbox"/> Model appropriate behavior
<input type="checkbox"/> Extra credit options	<input type="checkbox"/> Reduce assignments	<input type="checkbox"/> Corrective behavior plan
<input type="checkbox"/> Hands-on projects instead of tests	<input type="checkbox"/> Weekly <input type="checkbox"/> Daily communication	<input type="checkbox"/> Contract
<input type="checkbox"/> Tests taken in alternative setting	<input type="checkbox"/> Use agenda to organize assignments	<input type="checkbox"/> Review/post school and classroom rules
	<input type="checkbox"/> Written schedule of daily routine	<input type="checkbox"/> Provide cues for expected behavior
		<input type="checkbox"/> Consistent enforcement of school rules
		<input type="checkbox"/> Collect data on behavioral changes
		<input type="checkbox"/> Reduce/minimize distractions
Additional Adaptations:		

Testing Accommodations

Under "domain" indicate content area(s) in which modification/accommodation is needed: E=English M=Math B=Both

Modification	Modification
Follow flexible schedule	Provide word processor
Extended time	Use calculator, arithmetic tables
Test in several shorter sessions	Provide adaptive or special furniture
Allow frequent breaks	Test individually in separate location
Read appropriate sections of test	Test in small group
Increase size of answer bubbles	Provide visual magnification
Mark answers in test booklet	Comments and Clarification:
Scribe/tape recorder to record answers	
Sign/read written directions	

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504 Conference Committee Signature Sheet

Date:

Student Name:

The following persons were in attendance at the conference and it has been indicated by their name and their agreement or disagreement with the alternative-learning plan. If a participant(s) is in disagreement, a letter of dissenting opinion describing the reasons for disagreement should be sent to _____, Principal, at the above address within five (5) school days of the conference.

Agree **Disagree**

_____	_____	_____
		Principal/Administrator
_____	_____	_____
		Teacher
_____	_____	_____
		Parent *
_____	_____	_____
		Inclusion Teacher
_____	_____	_____
		Other

** Parent must sign parent permission form attached*

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Parent Permission Form

Student: _____ Date: _____
DOB: _____ Current Grade: _____ Current School: _____

Person (title and name) assigned to monitor the Alternative Learning Plan and all 504 requirements:

_____ I/We give permission for the implementation of this plan and have received a copy of Parent/Student Rights.

_____ I/We do not agree with the committee and do not give my/our permission for the implementation of this plan.

Parent/Guardian signature _____ Date _____

Next review date of Section 504 Alternative Learning Plan: _____

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Student Behavior Plan

Student's Name: _____ Date of Birth: _____
Parent's Name: _____ School: _____
Address: _____ Date Plan Developed: _____
Phone: _____ Date Plan Updated: _____

Disability – as decided by Section 504 Committee:

A. Behaviors to be addressed:

- 1.
- 2.
- 3.

B. Causes/Triggers for behaviors in school setting:

- 1.
- 2.
- 3.

C. Proactive strategies necessary to lessen behaviors:

	<u>Strategies</u>	<u>Responsible Person(s)</u>
Behavior 1.	_____	_____
	_____	_____
	_____	_____
Behavior 2.	_____	_____
	_____	_____
	_____	_____
Behavior 3.	_____	_____
	_____	_____
	_____	_____

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D. Steps to be followed by school staff to respond to behaviors

	<u>Strategies</u>	<u>Responsible Person(s)</u>
Behavior 1.	_____	_____
	_____	_____
	_____	_____
Behavior 2.	_____	_____
	_____	_____
	_____	_____
Behavior 3.	_____	_____
	_____	_____
	_____	_____

Review Date: _____

Person responsible for disseminating this plan to staff members _____

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Section 504 Physician Questionnaire For Attention Deficit Disorder

Student:

Date of Birth:

Address:

Grade:

Parent(s):

Phone:

1. What symptoms have you identified that may qualify your patient as having ADD/ADHD (e.g., attention span, impulsiveness, restlessness, etc.)?
2. Detail available medical background, including a written diagnostic statement and copies of any/all reports.
3. Is medication being recommended for the child that may or may not be affecting behavior? Please comment.
4. Recommendations for consideration at an upcoming conference.

Please return this questionnaire to the _____ School office.

Thank you,

cc: Educational record

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Parents

504 Causal Conference

Student: _____

Conference Date: _____

Date of Birth: _____

Conference Summary Sent To: _____

Age: _____

School: _____

Teacher: _____

On the above date, a conference was held to determine the relationship between your child's misconduct and his/her disability.

Summary statement of the misconduct: _____

Conference Committee Determination:

_____ There **is** a causal relationship between the misconduct and the child's disability.

_____ There is **not** a causal relationship between the misconduct and the child's disability.

Data used to make this determination:

Conference Committee Recommendations:

- _____ Continue present placement
- _____ Change 504 placement
- _____ Refer case to Dr. Mike Wilcox, Superintendent, for further consideration.

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Date

Conference Coordinator

Section 504 Conference

When to hold 504 Conferences

- If an evaluation for special education services determines the child is ineligible under IDEA and the team feels the students may be eligible for special accommodations under Section 504.
- If the referring person does not suspect an IDEA disability or has knowledge that the student does not qualify under IDEA, but has reason to believe the student has a mental or physical impairment limiting one or more major life activities and requires special accommodations in order to benefit from educational services.
- Upon parent request

Guidelines

Referral-

School personnel may complete a referral form and submit it to the building principal. If the parent requests a conference, they should be referred to the building principal who will complete the referral form.

Procedure-

1. The principal calls the parent to notify and discuss the need for the 504 conference. The principal should verbally explain the parent's rights under 504. Any written documentation the parent has to substantiate the impairment should be requested.
2. Mail a copy of the parent rights and the permission form to the parents. The permission form should include the date and time of the conference, as well as a form for the parents to indicate whether or not this conference date and time are feasible for their attendance.
3. Convene the conference (parent, teacher, principal, 504 team representative). **NOTE: School personnel must have documentation of disability in writing before having the conference (e.g. doctor's statement, psychological report, etc.)**
 - A. Give the parent a copy of 504 rights.

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- B. Determine if the child is eligible under 504 (i.e., Does the child have a documented physical or mental impairment which substantially limits a major life activity?)
 - C. If the child is eligible for 504, complete the Alternative Learning Plan and Addendum. Complete the Section 504 Conference Committee Report whether the student is eligible or not.
 - D. Keep one (1) copy of 504 forms. Put a copy in the child's cumulative folder and give a copy to the parents/guardian.
 - E. If the child is determined to be eligible for 504 services, mark "504" in red ink on the corner of the educational record.
-
- 4. The Principal is to ensure that the evaluation and placement is completed in compliance with Section 504 Procedural Safeguards. The Principal must also ensure that each teacher provides all accommodations listed on the Alternative Learning Plan. A copy of the Alternative Learning Plan should be given to all teachers who have the student in class.
 - 5. The 504 conference should be reconvened upon parent or school request if the child continues to have difficulty. At that time, the Alternative Learning Plan may be revised.
 - 6. Before a 504 student can be expelled, a 504 causal conference **must be held**. Principals and Assistant Principals must be made aware of 504 students in order to ensure that a causal conference can be held prior to expulsion. If a student is suspended, pending expulsion, the causal conference must be held **prior** to the expulsion. If no causal relationship is found between the student's handicap and behavior, the student may be expelled. If it is determined that there is a causal relationship, the student may not be expelled.
 - 7. A list of students who qualify for Section 504 services should be kept in the office. The Principal and Assistant Principal should have access to this up-to-date list in order to reference in the event of a possible expulsion.
 - 8. When students leave a school, the 504 representative(s) from the new school should be notified that the student has a 504 Alternative Learning Plan. Copies of the 504 Plan should be placed in the student's cumulative folder before sending it to the next school.
 - 9. When new students move to RBBCSC, check their cumulative folders for evidence of 504 eligibility and notify teachers accordingly.
 - 10. Each fall, new teachers of 504 students need to be given a copy of the Alternative Learning Plan. The 504 teach should review the student's progress and determine if further intervention or modification in the plan is needed. The 504 Update (form) may be used to obtain information from the parent. The plan remains in effect from year to year unless the 504 committee revises or decides to terminate. Parents should be invited to the meeting if the 504 committee feels modifications may be necessary to the plan

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_____, Principal of _____ School, is responsible for assuring that
_____ School complies with Section 504.

Section 504 Compliance Plan

The Compliance Plan serves students, parents, employees, applicants for employment, and programs within the Richland-Bean Blossom Community School Corporation.

1. The Richland-Bean Blossom Community School Corporation assures students, parents, applicants for employment, and employees that it will not discriminate against any individual with a disability(ies).
2. The building Principal, is the designated Section 504 compliance coordinator for each school building.
3. Parents/guardians are provided procedural safeguards, which are included in the Notice of Parent Rights in Identification, Evaluation, and Placement.
4. An impartial hearing and appeal are provided upon request. Procedures are detailed in the Notice of Parent/Student Rights in Identification, Evaluation, and Placement.
5. Notice to students, parents, employees, and the general public of nondiscrimination assurance and parent/student rights and identification, evaluation, and placement will be disseminated annually in the following manner:
 - a. Public service announcement in the local newspaper;
 - b. Announcement in the local school corporation; and
 - c. Posted notice in each public school building.
6. The Richland-Bean Blossom Community School Corporation has established a local grievance procedure to resolve complaints of discrimination on the basis of disability. The grievance procedure is available at Central Office (600 S. Edgewood Dr., Ellettsville, Indiana 47429
7. The school corporation will conduct an extensive annual “child find” campaign with the goal to locate and identify all Section 504 qualified individuals with disabilities (ages 0-21) who reside within the attendance boundaries of the school corporation.
8. The school corporation will inform all individuals with disabilities and their parent/guardian (if necessary) of the school corporation’s responsibilities and procedural safeguards under Section 504,

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as well as those under the special education rules of the Indiana State Board of Education (Article 7), and the Individuals with Disabilities Education Act (IDEA).

Notice of Parent/Student Rights in Identification, Evaluation, and Placement of Individuals with Disabilities

In compliance with the procedural requirements of Section 504 of the Rehabilitation Act of 1973, the following Notice of Parent/Student Rights in Identification, Evaluation, and Placement shall be utilized by the Richland-Bean Blossom Community School Corporation.

The following list of rights are given to ensure the parent/guardian's awareness of the regulations about the evaluations of and/or special instruction which may be offered to his/her child. Should the parent/guardian have questions, they should contact _____, Principal of _____ School. The parent also has the right to meet with Dr. Mike Wilcox, Superintendent of the Richland-Bean Blossom Community School Corporation, or designee and/or the local school board to resolve any objections to either the evaluation or educational placement of the student.

I. Organizations and agencies which the parent/guardian may contact to obtain assistance with evaluation and/or placement questions include, but are not limited to the following:

A. Federal

**U.S. Department of Education
Office for Civil Rights**
Customer Service Team
400 Maryland Avenue, SW
Washington, D.C. 20202-1100
1-800-421-3481

B. State

Indiana Resource Center for Families with Special Needs (IN-Source)
1703 South Ironwood Drive
South Bend, Indiana 46613
1-800-332-4433

Indiana Protection and Advocacy
4701 North Keystone Avenue, Suite 222
Indianapolis, Indiana 46205-1561
(317) 722-5555

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C. Local
Mental Health Center
645 South Rogers Street
Bloomington, Indiana 47403
(812) 339-1691

- II. The following is a description of the rights granted by federal law to individuals with disabilities. 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 the right to:
- A. Have your child take part in and receive benefits from public education programs with discrimination because of his/her disability.
 - B. Have the school corporation advise you of your rights under federal law.
 - C. Receive notice with respect to the identification, evaluation, or placement of your child.
 - D. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the school corporation make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
 - E. Have your child educated in facilities and receive services comparable to those provided to non-disabled students.
 - F. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act (IDEA), and/or general education intervention/modifications outside of special education under Section 504 of the Rehabilitation Act of 1973.
 - G. Have evaluation, educational, and placement decisions made upon a variety of information and sources, by persons who know the student, evaluation data, and placement options.
 - H. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the school corporation.
 - I. Have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the school corporation.
 - J. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.

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- K. Obtain copies of educational records at reasonable cost, unless the fee would effectively deny your access to the records.
- L. A response from the school corporation to reasonable requests for explanations and interpretations of your child's record.
- M. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the school corporation refuses this request for amendment, it shall so notify you within reasonable time, and advise you of the right to a hearing.
- N. Request mediation, an impartial hearing, and an appeal of any decisions or actions taken by the school corporation regarding your child's identification, evaluation, educational program, or placement. Mediation is a voluntary process and parents are not required to mediate a dispute prior to requesting a hearing or appeal. The costs for these due process procedures will be borne by the school corporation. You and your child may take part in these proceedings and have an attorney represent you. Request for due process must be made to Dr. Mike Wilcox, superintendent, or _____, principal of _____ School.
- O. Request a review (appeal) of the hearing should you not prevail.
- P. Ask for payment of reasonable attorney fees, if you are successful on your claim.
- Q. File a local grievance. The person at _____ School who is responsible for assuring compliance with Section 504 is _____, Principal.

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Section 504 Mediation, Grievance, Hearing, and Appeal Procedures

Notification of Section 504 Mediation, Grievance, Hearing, and Appeal Procedures

- A. The parent/legal guardian is informed of the Richland-Bean Blossom Community School Corporation's mediation, grievance, hearing, and appeal procedures for Section 504 when: Richland-Bean Blossom Community School Corporation receives or makes a Section 504 referral; Richland-Bean Blossom Community School Corporation proposes to initiate or change a child's identification as a disabled child under the Section 504 definition; Richland-Bean Blossom Community School Corporation is going to review or revise a child's Section 504 accommodation plan; Richland-Bean Blossom Community School Corporation is going to change a child's Section 504 placement; or, the parent/legal guardian disagrees with the decision(s) made by Richland-Bean Blossom Community School Corporation during the Section 504 identification, evaluation, or accommodation/placement process. Each fall, students and parents are given a copy of Section 504 rights.
- B. A parent/legal guardian has the right to initiate a Section 504 mediation, grievance hearing, or appeal request. Requests for mediation should be made to the school Principal. Requests for grievance, hearing, or appeal should be made to Dr. Mike Wilcox, Superintendent of the Richland-Bean Blossom Community School Corporation.
- C. A parent/legal guardian has the right at any time during the Section 504 identification, evaluation, or accommodation/placement processes to file a complaint with the U.S. Department of Education, Office for Civil Rights.

Mediation, Grievance, Hearing, and Appeal Procedures for Section 504

- A. **MEDIATION** - Parents and schools are encouraged to seek mediation as an initial step to dispute resolution. When the parent/legal guardian does not agree with the Section 504 findings, the following may occur:

The parent/legal guardian may contact the school principal responsible for the Section 504 process. When this happens:

1. The school Principal arranges a mediation conference, which includes the parent/legal guardian, the classroom teacher(s), and/or participants in the 504 team meeting. The parent/legal guardian is given a copy of the Section 504 rights, including hearing rights.
2. The school Principal conducts the mediation conference and informal resolution of differences is sought.
3. The school Principal summarizes the results of the mediation conference in writing, sends copies to the parent/legal guardian, to the superintendent, and attaches copies to the student's 504 plan.

NOTE: Mediation procedures for Section 504 are not intended to delay or hinder the parent/legal guardian's right to a hearing. Rather, they are intended to assist the parent/legal guardian in resolving differences and in obtaining a free appropriate public education for the child.

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B. GRIEVANCE

1. When resolution of differences is not attained through informal mediation, the parent/legal guardian may file a *written request* for a Section 504 grievance. Any such grievance must be filed in writing within a reasonable period of time after the alleged violation occurred. The grievant must fully state the facts of the alleged violation and the remedy that is being sought. The written request for a grievance is sent to Mrs. Laura Durig, Director of Forest Hills Special Education Cooperative for the Richland-Bean Blossom Community School Corporation.
2. Mrs. Durig, or designee, shall make a written report of his/her findings of fact and conclusions within ten (10) school days.
3. If the grievance has not been resolved in step two to the satisfaction of the grievant, she/he may appeal to Dr. Mike Wilcox, Superintendent, within five (5) school days of receipt of the report in step two. The Superintendent shall give each party at least five (5) school days' notice of this meeting. The Superintendent shall affirm, reverse, or modify the report issued under step two within fifteen (15) school days of receipt of the appeal.

C. DUE PROCESS HEARING

1. If the parent/legal guardian does not agree with the decision made as a result of the grievance, the parent/legal guardian may request a formal hearing before an impartial hearing officer. The parent/legal guardian must be advised to submit a *written request* for the hearing. The letter should state the specific reasons for the hearing request and should be sent to Superintendent
2. The school corporation may initiate a hearing regarding the identification, evaluation, or educational placement of the student or the provision of a free appropriate public education to the student. The school corporation shall notify the parent/legal guardian of the specific reason(s) for the request.
3. Such hearings shall be conducted within twenty (20) instructional days after the request is received, unless the hearing officer grants an extension, and at a time and place reasonably convenient to the parent/legal guardian. Upon receipt of a request for a hearing, the superintendent shall appoint the independent hearing officer. The school corporation shall bear all costs pertaining to the hearing, hearing officer fee and expenses, but shall not be responsible for the fees and expenses incurred by the parent/legal guardian except for those detailed. The parent/legal guardian involved in a hearing shall be given the right to have the child who is the subject of the hearing present, open the hearing to the public, and be represented by counsel or any other representative.
4. The child and the parent/legal guardian shall have the right to legal counsel and/or other representation of their own choosing, at their own expense. The school corporation shall inform the parent/legal guardian of any free or low-cost legal services available in the area if the parent/legal guardian requests the information of if the school corporation initiates a hearing. The school corporation shall bear the burden of proof as to the appropriateness of any placement, transfer, or the denial of same.

Richland-Bean Blossom Community School Corporation

*600 S. Edgewood Drive * Ellettsville, Indiana 47429
Phone: 876-7100 * Fax: 876-7020*

5. A tape recording or other verbatim record of the hearing shall be made and, upon request, shall be made available to the parent/legal guardian or representative, at the school corporation's expense. At a reasonable time prior to the hearing during school hours, the parent/legal guardian or representative shall be given access to all records of the school corporation and any of its agents or employees, pertaining to the child, including all reports upon which the proposed action may be based. The parent/legal guardian or representative shall have the right to compel the attendance, to confront, or to cross-examine any witness who may have evidence upon which the proposed action may be based. The parent/legal guardian or representative and school corporation shall have the right to present evidence and testimony, including expert medical, psychological, or educational testimony. Introduction of any evidence at the hearing that has not been disclosed to both parties at least five (5) days before the hearing is prohibited, subject to the discretion of the hearing officer.

Within fifteen (15) instructional days after the hearing, the hearing officer shall render a decision in writing. Such decision shall include findings of fact, conclusions of law, and orders, if necessary, which will be binding on all parties. The dated decision shall be sent by mail to the parent/legal guardian and the superintendent of the school corporation, and shall contain notice of the right to appeal the decision. The decision shall be implemented *no later than* twenty (20) instructional days following the receipt of the written decision, unless a review is sought by either party. Should the parent/legal guardian be represented by legal counsel and ultimately prevail, the parent/legal guardian may be entitled to payment of all or part of the attorney fees and other costs incurred by the parent/legal guardian.

NOTE: The parent/legal guardian also has the right to contact the U.S. Department of Education, Office for Civil Rights to file a Section 504 complaint at any time during the Section 504 process.

Policy Notification Statement

(General Nondiscrimination Policy)

It is the policy of the Richland-Bean Blossom Community School Corporation not to discriminate on the basis of age, race, color, religion, sex, or disability in its educational programs or employment policies as required by the Indiana Civil Rights Act (I.C. 22-9-1), I.C. 20-8.1-2, Titles VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, Title IX (1972 Education Amendments), Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination in Employment Act (ADEA), 29 U.S.C. §621.

Inquiries regarding compliance with Title IX, Section 504 or the Americans with Disabilities Act should be directed to: Superintendent of the Richland-Bean Blossom Community School Corporation, 600 S. Edgewood Drive, Ellettsville, Indiana 47429 or to the Office for Civil Rights, U.S. Department of Education, Washington, D.C.