

REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant: _____
Home Address: _____
Home Phone: _____
School Building: _____
Date of Alleged Incident(s): _____

Alleged discrimination was based on: _____

Name of person you believe violated the district's nondiscrimination policy:

If the alleged discrimination was directed against another person, identify the other person:

Describe the incident as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary: _____

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date

PROCEDURAL SAFEGUARDS NOTIFICATION

Dear Parent/Guardian:

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

Parental Request For Assistance –

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

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

Written requests should be addressed to:

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

Informal Conference –

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

Formal Due Process Hearing –

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

1. The hearing shall be held before an impartial hearing officer.
2. The hearing shall be held in the local school district at a place reasonably convenient to the parents/guardians. At the request of the parents/guardians, the hearing may be held in the evening.

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

The following timeline applies to due process hearings:

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

Judicial Appeals –

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

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

Please indicate the type of procedural safeguard you are requesting:

Informal Conference

Formal Due Process Hearing

Parent(s)/Guardian(s) Signature

Date

Section 504 Building Administrator Signature

Date

**NOTICE OF DISTRICT-INITIATED EVALUATION AND PROVISION OF SERVICES
FOR QUALIFIED STUDENTS WITH DISABILITIES**

Dear _____:
(Parent/Guardian)

The school district believes that _____:

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

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

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

The proposed change or modification in the Service Agreement is:

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

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

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

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

- _____ I give my permission to proceed with the evaluation.
_____ I do not give my permission to proceed with the evaluation.
My reason for disapproval is:

_____ I request an informal conference to discuss the evaluation.

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

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

My reason for disapproval is:

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

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

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

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

My reason for disapproval is:

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

Parent(s)/Guardian(s) Signature

Date

Section 504 Building Administrator Signature

Date

**PARENT/GUARDIAN REQUEST FOR EVALUATION, TERMINATION, OR
MODIFICATION UNDER SECTION 504**

Student Information

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

Parent/Guardian Information

Last Name: _____ First Name: _____ Middle Initial:

Home Address: _____
Home Phone: _____ Work Phone: _____

Referral Information

The parent/guardian believes that the above named student:

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

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

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

Describe the requested aids, services, or accommodations:

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

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

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

The proposed change or modification of the Service Agreement is:

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

Notice Of Rights

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

Verification

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

Parent(s)/Guardian(s) Signature

Date Submitted

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

Reviewed by: _____
Name (Please Print) Title

Student's Last Name: _____ First Name: _____ Middle Initial: _____

School: _____ Grade: _____ Class: _____

The Parent/Guardian Request for Evaluation, Termination, or Modification is:
Approved _____ Denied _____ Referred for Further Review _____

Reason Request Approved or Denied:

Signature - Reviewer

Date

Signature - Section 504 Building Administrator

Date

Notice Of Rights

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

Procedural Safeguards

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

PERMISSION TO EVALUATE – CONSENT FORM

Student's

Name: _____

Name and Address of Parent/Guardian:

Dear _____:

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

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

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

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

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

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

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

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

Name: _____ Phone: _____

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

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

Parent/Guardian Signature

Date

Daytime Phone

PLEASE RETURN THIS ENTIRE FORM TO:

Name: _____

Address: _____
