

ADAD: Section 504 Procedures

Policy

The Cleveland Metropolitan School District (“District”) will ensure that no student with a disability as defined by Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act Amendments Act (ADAAA) within the District’s jurisdiction will be denied, because of his/her disability, participation in curricular, intramural, or interscholastic activities or any of the services offered or rendered regularly to the students of this District. No otherwise qualified person shall, solely by reason of his/her disability, be subjected to discrimination under any program or activity sponsored by the District. The District is committed to ensure that students with disabilities be identified, evaluated, and provided with a free appropriate public education. The District does not discriminate on the basis of disability with regard to admission, access to education services, treatment or employment in its programs and activities.

Effective January 1, 2009, the ADAAA also amended the Rehabilitation Act of 1973 such that the definition of a disability under the Rehabilitation Act (29 U.S.C. 705) is the same as the definition of a disability under the ADAAA (42 U.S.C. 12102). This policy incorporates the amendments to the Americans with Disabilities Act.

The Board of Education directs the Chief Executive Officer to promulgate guidelines in accordance with this policy.

Facilities/Program

The District’s educational program shall be equally accessible to all students at each grade level. Barrier-free access to school facilities shall be provided to ensure that no individual with a disability is denied an opportunity to participate in a District program available to persons without disabilities. Students with disabilities shall have facilities of a type and quality comparable to those of students without disabilities.

Identification, Evaluation, and Placement

Identification/Child Find

The District shall make all reasonable efforts to identify students with disabilities who reside within the District in order to determine possible eligibility for special education and/or related services or supplementary aids and/or services in accordance with federal and state law and this policy and procedures manual.

Evaluation

Any student who, because of a disability, needs or is believed to need special education or related services, or is suspected of having a physical or mental disability which may substantially limit a major life activity, may be referred for an evaluation. Evaluations must address the concerns raised and the referral questions. As an example, if the suspected disability involves a medical issue, evaluation may consist of consultation with the physician, identification of care within the building and notification to others who may work with the child. All evaluation and placement decisions will be made by a group of persons knowledgeable about the student, the meaning of the evaluation data, and the placement options (Evaluation Team). When evaluating a student to determine eligibility under Section 504, the assessment will not be limited to whether the mental or physical impairment substantially limits the major life activity

of learning. The evaluation team shall not take into account the ameliorating effects of mitigating measures (other than ordinary eyeglasses or contact lenses) used by a student when determining if the student has a disability. A student may be eligible for a Section 504 plan if the student does not require educational services but does require modifications to District policies, health services or food services in order to participate in District programs and activities.

Parents and guardians shall be invited to participate in Section 504 meetings so as to have a meaningful opportunity to provide input into Section 504 team decisions regarding the identification, evaluation and placement of students with disabilities. If the District denies a parental request for a Section 504 evaluation, it will provide with written notice of its procedural safeguards.

Placement

A free appropriate public education shall be provided for each child determined to be qualified as a student with a disability under Section 504. A qualified student with a disability shall be placed in an educational setting with his/her non-disabled peers to the maximum extent appropriate ("least restrictive environment" or "LRE"). If a student has an impairment that is episodic in nature or in remission, the student is eligible for placement pursuant to Section 504 if the impairment, when active, substantially limits one or more major life activities. If the qualified student requires related aids and/or services in a regular education classroom, the student's principal, who is also the school building's 504/ADAAA coordinator, shall involve the student's regular education teacher(s) in the Section 504 evaluation and placement process to ensure that they:

- Have knowledge of the law and the relationship between the student's disability and his/her need for regular or special education and/or related aids and/or services
- Have knowledge of the student's needs
- Ensure that the student's individualized needs are met as adequately as the needs of nondisabled students are met.

Hereafter, the policy will refer to Section 504 with the understanding that the ADAAA also applies.

Reevaluation/Change in Placement

Section 504 requires a periodic meeting to review the plan's efficacy and ongoing need. Additionally, this allows the succeeding teachers and service providers an opportunity to learn of the student's needs and ensure that the plan is implemented at the beginning of each school year. The District requires the student's team, identified as persons knowledgeable of the student, to conduct the periodic review annually.

An "evaluation" is required prior to a change of placement. Changes of placement would include graduation and disciplinary removals in excess of ten (10) consecutive days. The evaluation requirement may be satisfied with the manifestation determination review according to the guidelines promulgated pursuant to this policy.

Discipline

The discipline procedures described in the Student Code of Conduct shall be used in all situations in which a qualified student with a disability under Section 504 (or suspected qualified disability) may be subject to suspension or expulsion. Since expulsion or cumulative forms of suspension may, in cases when the student will be excluded from school ten (10) or more days, constitute a change in placement, a group of persons knowledgeable about the student, including the parent, shall convene a meeting to discuss

whether the behavior that led to the proposed disciplinary action is directly and substantially related to the child's disability. In this process, the team re-evaluates the student. If the team's determination is that the behavior leading to the proposed disciplinary action is not a manifestation of the child's disability then the child shall be disciplined according to the Student Code of Conduct, the same as non-disabled students.

Enforcement

The District will utilize a general complaint procedure that incorporates the appropriate due process standards and provides for the prompt and equitable resolution of alleged violations of Section 504 by the District. The District has appointed a Section 504 Compliance Officer, who is charged with interpreting Section 504/ADAAA and corresponding regulations on behalf of the District, directing District policy and overseeing the provisions of this policy and procedure manual. The Section 504 Compliance Officer reviews any alleged violations of Section 504 within the District. If it is deemed that a violation has occurred, the Section 504 Compliance Officer will recommend corrective action for those violations directly to the Chief Executive Officer (or designee).

Complaint Procedure

In accordance with Section 504 of the Rehabilitation Act of 1973 (Section 504), any student who believes s/he has been the victim of discrimination or harassment (including bullying) based upon disability or who believes s/he is entitled to or has been denied a free appropriate public education to which s/he as a student with a disability is entitled, is encouraged to report the alleged facts surrounding said treatment, entitlement or denial, within ten (10) days of the alleged action to the Section 504 Compliance Officer. Any complaint alleging a violation of law and/or this policy shall be investigated by or at the direction of the Section 504 Compliance Officer. In addition to the Complaint Procedure set forth, alleged violations of Section 504 may be challenged through an impartial due process hearing or reported to the United States Department of Education, Office for Civil Rights at 600 Superior Avenue East, Suite 750, Cleveland, Ohio 44114-2611; Telephone: 216.522.4970; Facsimile: 216.522.2573; TDD: 877.521.2172; E-Mail: OCR.Cleveland@ed.gov.

Program Evaluation and Compliance

The District shall evaluate its programs and practices on nondiscrimination and the provision of services under Section 504, in accordance with federal law, and document its findings on an ongoing basis and will adjust its practices as needed. The District shall submit assurance of compliance as required by federal law.

Definitions

The Rehabilitation Act of 1973, 29 U.S.C. Sec. 794 et seq.:

- Sec. 794
- Nondiscrimination under Federal grants and programs;
- "No otherwise qualified individual with a disability in the United States, as defined in Sec. 705(20) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service." (29 U.S.C. Sec. 794(a))

Individual with disability

- Any individual who

- has a physical or mental impairment that substantially limits one or more of the major life activities of such individual
- has a record of such an impairment; or
- being regarded as having such an impairment. (42 U.S.C. 12102)

Major Life Activities

- Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. (42 U.S.C. 12102)
- Major Bodily Functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (42 U.S.C. 12102)

Substantially Limits

- An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability.
- An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.
- The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as the following examples: medication, medical supplies, equipment, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants, mobility devices, or oxygen therapy equipment and supplies, reasonable accommodations or auxiliary aids and/or services. This list is not exhaustive.

Has a record of

- Has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

Is regarded as

- has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation;
- has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or
- does not have a physical or mental impairment but is treated by a recipient as having such an impairment.

Transitory Impairment

- The Act shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of six (6) months or less.

The Rehabilitation Act of 1973

- Also referred to as Section 504

The Americans with Disabilities Act Amendments Act

- ADAAA, 42 U.S.C. 12101 et seq.

Individuals with Disabilities Improvement Act

- IDEIA, 20 U.S.C. 1401 et seq.

School Staff

- A group of knowledgeable persons familiar with the student and his/her needs. Within the District's Section 504 policy and procedure manual, school staff may include, but are not limited to, the school principal, psychologist, general education teacher, guidance counselor, administrative staff and nurse (if applicable).

Administrative Guidelines

The Board of Education directs the Chief Executive Officer to promulgate these administrative guidelines and procedures for implementation throughout the District.

The following is a description of the rights of District students with qualified Section 504 disabilities or those students suspected of having such disabilities. School staff are to ensure that each student with, or suspected of having, a Section 504 disability, and her/his parent(s) are kept fully informed concerning decisions about the student and about the student's due process rights in case the family disagrees with any decisions made by the District under Section 504.

It is important to note that when evaluating a student under Section 504, the student's Section 504 team is to consider all appropriate assessments and that Section 504 prohibits the District from categorically excluding any particular type of assessment from consideration.

District staff must ensure that parents of students are provided with Notice of Parent/Guardian/Student Rights, which sets forth the following rights for parents of such students:

Notice of Parent/Guardian/Student Rights

Notice, and other procedural safeguards, shall be provided to parent(s) and guardian(s) with respect to actions regarding the identification, evaluation or educational placement of students with disabilities. Below is a description of the rights granted by Federal law to individuals with disabilities. It is the intent of Section 504 of the Rehabilitation Act of 1973 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:

- Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability.
- Have the District advise you of your rights under Federal law.
- Receive notice with respect to identification, evaluation, or placement of your child.
- Have your child receive a free appropriate public education that consists of regular or special education and related aids and/or services designed to meet the student's needs as adequately as the needs of nondisabled students are met. This also includes the right to be educated with non-disabled students to the maximum extent appropriate.
- Have your child educated in facilities and receive services comparable to those provided non-disabled students.
- Have your child receive special education and related services if s/he is found to be eligible under Individuals with Disabilities Education Improvement Act, and/or regular or special education and related aids and/or services under Section 504.

- Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by persons who know the student, and are knowledgeable about the evaluation data and placement options, including the child's parents.
- Have transportation provided to and from an alternative setting at no greater cost to you than would be incurred if the student were placed in a program operated by the District and not in addition to any cost normally charged to a student without a disability for such transportation.
- Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District.
- Examine all relevant records relating to decisions regarding your child's identification, evaluation, education program, and placement.
- Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records, the same as for all individuals requesting such records.
- A response from the District to reasonable requests for explanations and interpretations of your child's records.
- Request amendments of your child's educational records if there is reasonable cause to believe that information contained in the record(s) is inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the District refuses to amend the record(s), you have the right to request a hearing and/or to place in the record a statement of why you disagree with the information it contains.
- Request mediation or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational programs, or placement. You and your child may take part in the hearing and be represented. Hearing requests must be made to the Section 504 Compliance Officer.
- Receive all information in the parent's native language and mode of communication.
- File a local grievance or a complaint with the Office for Civil Rights at any time

The District's Section 504 Compliance Officer, the person in the District responsible for assuring that the District complies with Section 504 is:

Section 504 Compliance Officer
 Cleveland Metropolitan School District
 1111 Superior Avenue East, Suite 1800
 Cleveland, Ohio 44114
 Phone: (216) 838-0070
 Email: TitleIX_EEO@clevelandmetroschools.org

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Ohio Office is:

Office for Civil Rights, Cleveland Office
 U.S. Department of Education
 1350 Superior Avenue East, Suite 325
 Cleveland, Ohio 44115
 Telephone: 216.522.4970
 Facsimile: 216.522.2573
 TDD: 877.521.2172
 E-Mail: OCR.Cleveland@ed.gov

Referral Form

It is the responsibility of the District to identify and evaluate students who, within the intent of Section 504 of the Rehabilitation Act of 1973, require regular or special education and related aides and/or services in order to receive a free appropriate public education (FAPE).

Any student who needs, or is believed to need, accommodations or services not available through existing programs in order to receive a free appropriate public education may be referred by a parent, teacher, or a third party for identification and possible evaluation of the student's individual educational needs.

The school principal is the school building's Section 504 coordinator and shall have ample referral forms (FORM A) available in the main office for parents, teachers and other individuals who request them. The Section 504 Referral Form (FORM A) must be submitted directly to the school principal and the principal shall sign the original form upon receipt and make three (3) copies. A copy shall be forwarded to (1) the school psychologist; (2) the Section 504 Compliance Officer; and (3) the parent. The original shall be placed in the student's permanent educational file located in the main office.

Upon referral for an evaluation, the parent/legal guardian, or student if over 18, shall also be provided with a copy of the description of rights granted by the federal law to students with disabilities

Referral Procedures

If a parent or school staff member suspects that a child may have a disability and may be entitled to special accommodations and/or services under Section 504, the principal shall follow these procedures:

	Procedure	Person Responsible	Form(s)
1	<p><i>Initial Referral for Section 504 Evaluation</i></p> <p><i>When a parent refers a child for a Section 504 evaluation</i> A parent may verbally or in writing request a Section 504 evaluation to the child's teacher, principal, or other administrative staff, school nurse, school psychologist, school social worker, or guidance counselor.</p> <p>If the parent requests a 504 evaluation, then the staff member must immediately inform the parent that the parent must fill out a Referral Form and that, upon completion, the form must be given directly to the principal.</p> <p>If the parent requires assistance in writing the referral, the staff member shall assist the parent when filling out the referral form whether or not the staff member agrees with the grounds for the referral.</p>	<p>The staff member receiving the verbal or written request</p> <p>Parent</p> <p>Principal</p>	<p>Section 504 Referral Form (FORM A)</p> <p>Section 504 Referral Form (FORM A) and Section 504 Notice to Parents with 504 Procedural Safeguards (FORM B)</p>

	<p><i>Referrals from third parties</i></p> <p>When a third party submits a written referral for a Section 504 Evaluation, the child's parent/legal guardian must be notified of the referral. If the referral is given to the teacher, then that teacher must immediately forward the form to the principal or designee for action.</p>		
2	<p><i>Post Referral</i></p> <p>The principal signs and dates the referral. Three copies of the referral are made and within a reasonable time, the principal gives a copy of the referral to the</p> <ul style="list-style-type: none"> • Parent • School Psychologist • District Section 504 Compliance Officer <p>The original form is placed in the student's permanent educational file.</p>	Principal	
3	<p><i>Initial Determination of Suspicion</i></p> <p>An initial determination is made with deference given to the parent, psychologist, and nurse (if applicable), whether the school suspects that the child has a present disabling condition that substantially limits a major life activity. A doctor's statement does not make the child eligible for a 504 plan. It can be used in conjunction with all data to be reviewed in the team determination.</p> <p>The principal, upon consultation with the parent, teacher, school psychologist, guidance counselor (if applicable), the child's doctor and/or school nurse (if applicable) forwards a Section 504 Notice to Parents with 504 Procedural Safeguards indicating whether or not the school suspects the child has a present disabling condition that substantial limits a major life activity.</p> <p>If the child has gone through the IDEIA referral and evaluation Process and is deemed ineligible under IDEIA, the child does not need to start over at the referral stage for 504. Current evaluation data can assist in the determination of 504 eligibility.</p>	Principal	Section 504 Notice to Parents with 504 Procedural Safeguards (FORM B)

	<p>If the school team does not suspect that the child has a disability that substantially limits a major life activity, then the team is not obligated to move forward with a full Section 504 evaluation. The school team should provide the parent with procedural safeguards.</p>		
	<p><i>Evaluation and Eligibility Determination</i></p> <p>If the school team does suspect that the child may be qualified under Section 504, the team must move forward with a full Section 504 evaluation within sixty (60) days of receipt of parental consent to conduct the evaluation. The school team shall make efforts to include the parent and shall include at least one of the child’s general education teacher(s), the school psychologist and school nurse (if applicable) and other applicable support staff, i.e., audiologist, PT, SLP,OT.</p> <p>Parent/legal guardian shall be notified in writing of the Section 504 team meeting to determine eligibility under Section 504.</p> <ul style="list-style-type: none"> • If the student is found to be eligible, the school team should determine if the development of a Section 504 plan is necessary at this time. • If the student is found to be not eligible, the school team should provide parent with procedural safeguards. 	Principal and Section 504 School Team	Section 504 Notice to Parents with 504 Procedural Safeguards (FORM B)
4	<p><i>Section 504 Plan</i></p> <p>Consent of parent/legal guardian is obtained for implementation of the plan.</p>	Principal	Section 504 Evaluation and Plan (FORM D).
5	<p>After the Section 504 evaluation meeting, the principal shall make four (4) copies of the Section 504 Evaluation and Plan and give a copy to:</p> <ul style="list-style-type: none"> • parent • the child’s general education teacher(s) • school psychologist and/or nurse (if applicable) • Section 504 Compliance Officer, Legal Services Dept. 	Principal	

	<ul style="list-style-type: none"> student's permanent educational file (original) 		
6	Section 504 plan is implemented with periodic review, at least annually.	General Education Teacher and designated team members	Section 504 Evaluation and Plan (FORM D)

SECTION 504 - REFERRAL FOR ASSISTANCE

Student Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____ **Date of Referral:** _____

Parent Name(s) _____

Address: _____

Communications:

A. Statement of Suspected Section 504 Disability:

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities. (See below).

B. Nature of Concern (attach additional sheets if necessary).

1. Check suspected physical /mental impairment and attach data sources supporting the diagnosis.

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emergent Allergy | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Emotional Illness | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Developmental Aphasia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Multiple Sclerosis | |

2. Check any major life activity(ies) that are substantially limited. (This list is not exhaustive)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Caring for one's self | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Working |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Performing manual tasks | |

DATE: _____ STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

3. Check any major bodily functions that are limited. (This list is not exhaustive)

- | | |
|--|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Respiratory System |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Reproduction |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Immune System |
| <input type="checkbox"/> Circulatory/Cardiovascular System | <input type="checkbox"/> Neurological System |
| <input type="checkbox"/> Digestive System | <input type="checkbox"/> Normal Cell Growth |
| <input type="checkbox"/> Endocrine System | <input type="checkbox"/> Other: _____ |

4. Indicate how any major life activity(ies) and/or major bodily function(s) (is)(are) substantially limited.

C. To date, what accommodations / modifications / interventions or special provisions have been made to assist the student?

Signature of Person Making Referral Relationship to Student Date

THE SIGNATURE OF THE PRINCIPAL RECEIVING THIS REFERRAL DOCUMENTS THAT A COPY OF THIS FORM AND THE NOTICE OF SECTION 504/ADA PROCEDURAL INFORMATION AND RIGHTS HAVE BEEN GIVEN OR SENT TO THE PARENT/GUARDIAN OF THE STUDENT.

Principal's Signature Date Received

For Office Use Only

Copies to: Case Manager Principal
 Parent(s) File _____ Other

If the school team finds it necessary to obtain relevant information regarding the student from outside providers, please complete a Authorization to Release/Share Confidential Information (FORM G) and secure parent/legal guardian signature.

Cleveland Municipal School District
1111 Superior Avenue E
Cleveland, Ohio 44114
Phone: 216-838-0000
Website:

SECTION 504 WRITTEN NOTICE TO PARENTS

Date:

Dear :

Student Name: . .

Date of Birth:

This is to notify you of the district's action regarding your child's 504 Plan.

1. Description of the action:

- Refusal to initiate an evaluation
- Reevaluation
- Changes regarding the identification, evaluation or educational placement of the child
- 504 issues/meetings where the parent(s) disagree with the district
- Other

2. A description of the action proposed or refused by the school district and the reasons for taking the action:

3. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:

4. A description of other factors that are relevant to the school district's proposal or refusal:

5. Written notice and procedural safeguards provided by:

Name:

Title:

Date:

For further information please contact:

District 504 Compliance Officer at

Cleveland Municipal School District
1111 Superior Avenue E
Cleveland, Ohio 44114
Phone: 216-838-0000
Website:

SECTION 504 PARENT/CHILD RIGHTS AND PROCEDURAL SAFEGUARDS

1. Your child has a right to take part in and receive benefits from public education programs without discrimination based on a disability.
2. You have the right to receive written notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
3. Your child has a right to an evaluation prior to the development of an initial § 504 plan and any subsequent significant change in placement. Your child is eligible under § 504 of The Rehabilitation Act of 1973 if the § 504 Team determines that your child (1) has a physical or mental impairment that substantially limits one of the major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. Major life activities include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, reading, thinking, concentrating, communicating and learning. Your child will be eligible for a § 504 plan if he/she has a condition that substantially limits his/her ability to engage in any major life activity **and** requires special accommodations to access educational programs.
4. The district shall consider information from a variety of sources, including (as appropriate) but not limited to aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, medical reports, student grades, progress reports, parent observations, anecdotal reports, and test scores when making eligibility, educational, and placement decisions under § 504.
5. Eligibility decisions must be made by a group of persons knowledgeable about your child and/or your child's disability.
6. If qualified as disabled under § 504, your child has a right to periodic reevaluations, generally every three years.
7. Your child has the right to a free appropriate public education ("FAPE"), except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties are not relieved from their obligation to provide for services to a disabled student.
8. Your child has a right to access facilities, services, and activities that are comparable to those provided for non-disabled students.
9. You have the right to examine educational records of your child and obtain copies at a reasonable cost.
10. You have a right to request an amendment to your child's educational record if there is reasonable cause to believe that it is inaccurate, misleading, or otherwise in violation of the privacy rights of your child.
11. You have the right to an impartial hearing with respect to the district's actions regarding your child's eligibility, accommodations or provision of a FAPE under § 504, with opportunity for parental participation in the hearing and representation by an attorney at your cost.
12. If you wish to challenge the actions of the district's § 504 Team in regard to your child's eligibility, accommodations or provision of a FAPE, you should file a written grievance with the District's § 504 Compliance Officer at Cleveland Municipal School District, 1111 Superior Avenue E, Cleveland, Ohio, 44114 within 10 calendar days from the time you received written notice of the § 504 Team's action(s). A hearing will be scheduled before an impartial hearing officer selected and appointed by the district and you will be notified in writing of the date, time, and place for the hearing.
13. If you disagree with the decision of the impartial hearing officer appointed by the district, you have a right to a review of that decision by a court of competent jurisdiction.
14. You have a right to file a complaint with the United States Department of Education Office for Civil Rights (OCR) at any point in the process.

Cleveland Municipal School District
1111 Superior Avenue E
Cleveland, Ohio 44114
Phone: 216-838-0000
Website:

SECTION 504 – Meeting Notice and Invitation

Date:

Student Name: . .

ID: 2

Date of Birth:

Purpose of Meeting:

Serving School:

Grade:

Dear :

The meeting will be held on at .

The School District has invited the following persons to attend the meeting:

Conference Participants (Name and Title):

Name/Title	Name/Title
------------	------------

You are encouraged to attend this meeting and participate in the decision-making process. You have the right to bring other individuals, at your discretion, to this conference. If the meeting date or time is not convenient for you, please contact at at your earliest convenience and we will attempt to make other arrangements.

Enclosure: Parents Rights In Brief

Cleveland Municipal School District
1111 Superior Avenue E
Cleveland, Ohio 44114
Phone: 216-838-0000
Website:

SECTION 504 – Meeting Notice and Invitation

Student Name: . . . **ID:** 2 **Date of Birth:**

Date of Notice:

Date/Time of Meeting:

Parent Response

Your participation in this meeting is very important. Please check one of the statements below. Return the entire form to the 504 Building Facilitator at your school

- I will attend the meeting scheduled above.**
- I will NOT be able to attend the meeting scheduled above.** Please schedule another meeting. The following dates/times are possibilities for me: _____
- I am unable to attend the meeting,** however I will be available by telephone. Please call me at the stated meeting time at (____) _____.
- I am unable to attend the meeting,** but understand that my child's educational program will be discussed and that a written summary of the meeting and assessment reports, when applicable will be sent to me.

Parent/Guardian Signature

Date

SECTION 504 – Evaluation

Student Name: . . . **ID:** 2 **Date of Birth:**
Serving School: **Grade:**
Parent/Guardian: **Relationship:**
Home Phone: **Email:**
Address: ,

Parent/Guardian: **Relationship:**
Address: ,
Home Phone: **Email:**

Section 504 Eligibility Meeting Date: **Follow-up Eligibility Meeting Date**
Purpose of Meeting:

PARENT CONTACT

Method of Contact	By	Date
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Meeting Participants

Team members should include persons knowledgeable about the student, the meaning of evaluation data, and placement options.

Name/Title	Signature	Date
------------	-----------	------

Sources Of Evaluation Information

- | | |
|---|---|
| <input type="checkbox"/> academic records (grades/progress reports/test scores)
<input type="checkbox"/> achievement test(s)
<input type="checkbox"/> adaptive functioning assessment(s)
<input type="checkbox"/> attendance records
<input type="checkbox"/> behavior rating scales
<input type="checkbox"/> cognitive assessment(s)
<input type="checkbox"/> discipline records | <input type="checkbox"/> functional behavioral assessment
<input type="checkbox"/> medical reports/health information
<input type="checkbox"/> motor assessment(s)
<input type="checkbox"/> parent input
<input type="checkbox"/> social developmental study
<input type="checkbox"/> speech/language assessment(s)
<input type="checkbox"/> teacher/other staff observation(s) |
|---|---|

Summary of Evaluation Information:

Based on the evaluation information reviewed:

1. Does the student have a physical or mental impairment? (as recognized in DSM-V or other respected source if not excluded under Section 504/ADA) Yes No
2. Without the mitigating effects of corrective measures (except ordinary eye glasses and corrective lenses), Yes No does the impairment substantially limit one or more life activities?
3. Does the student need accommodations and/or aids or services? (NOTE: In making this determination, the team may consider the ameliorative effects of mitigating measures.) Yes No
4. Does the student need modifications to any policies, practices or procedures? Yes No

(If the answers to Questions 3 and 4 above are both “no”, a 504 Plan is not required.)

Eligibility Determination:

- Student is eligible under Section 504
- Student is not eligible under Section 504
- The student is eligible under 504, but does not require a Section 504 Plan at this time.

Cleveland Municipal School District
 1111 Superior Avenue E
 Cleveland, Ohio 44114
 Phone: 216-838-0000
 Website:

Section 504 - Plan

Student Name: . . . **ID:** 2 **Date of Birth:**
Serving School: **Grade:**

Section 504 Meeting Date:
Plan Effective Dates: From: To:

Purpose of Meeting:

PARENT CONTACT

Method of Contact	By	Date
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MEETING PARTICIPANTS

Name/Title	Signature
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List the aids, supports, and services needed for this student to have equal access and opportunity to participate in school programs and activities. Note: Each service or accommodation should be directly related to the substantial limitation caused by the student's impairment.

a. Physical or Mental Impairment:

b. Substantial Limitation of 1 or More Major Life Activities:

c. Identified Student Needs:

(Note: Academic accommodations will be provided by classroom teachers)

A Section 504 eligible student is entitled to receive regular education, services or aids and/or accommodations and modifications if determined necessary and designed to provide the student a Free Appropriate Public Education.

School/Classroom Accommodations	Position Responsible	Location
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Additional Comments:

STATEWIDE AND DISTRICT WIDE TESTING

Accessibility on district and statewide tests

Will the child participate in district wide and state wide assessments with accommodations? Yes No

For each subject tested in the child's grade, choose the method of assessment below. If "with Accommodations" is chosen for any subject, provide a description of the Accommodations for each subject in the right column.

1. DISTRICT TESTING

(Note specific test or tests that the student will be taking and any differences in allowable accommodations that may be test specific within the classroom across the district)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="checkbox"/> ELA		
<input type="checkbox"/> Mathematics		
<input type="checkbox"/> Science		
<input type="checkbox"/> Social Studies		
<input type="checkbox"/> Other		

2. STATEWIDE TESTING

(Note specific test or tests that the student will be taking and any differences in allowable accommodations that may be test specific)

AREA	ASSESSMENT TITLE	DETAIL OF ACCOMMODATIONS
<input type="checkbox"/> ELA		
<input type="checkbox"/> Mathematics		

<input type="checkbox"/> Science		
<input type="checkbox"/> Social Studies		
<input type="checkbox"/> Other		

Any questions regarding the implementation and review of the 504 Accommodation Plan should be directed to at _____ .

Consent to Implement Section 504 Plan

Your child was recommended for the initial provision of Section 504 accommodations and/or aids and services and a Section 504 Plan was developed. Before a school district may provide the accommodations and/or aids and services described in your child's Section 504 Plan, your informed written consent is required. Your consent is voluntary and you may revoke your consent at any time. If you revoke consent, it does not negate any action that occurred after the consent was given and before it was revoked.

CHECK ONE:

I give consent For the initial provision of accommodations and/or aids and services as described in my child's Section 504 Plan. The proposed accommodations and/or aids and services have been fully explained to me and are consistent with the Section 504 Plan developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued Section 504 accommodations and/or aids and services or for a change in the accommodations and/or aids and services. At least annually, I will be given an opportunity to meet with my child's Section 504 team to review and provide input into my child's Section 504 Plan.

I understand that as soon as possible following development of the Section 504 Plan, but not more than ten (10) calendar days, accommodations and/or aids and services will be provided to my child in accordance with {.his,her} Section 504 Plan.

I do not give consent For the accommodations and/or aids and services described in the Section 504 Plan.

I understand that the District will not be in violation of its obligation to make available a free appropriate public education available for my child if I refuse to give consent.

- I have received
- Section 504 Eligibility
 - Copy of the Section 504 Plan
 - Copy of the Parents' Rights In Brief
 - Other

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Cleveland Municipal School District
 1111 Superior Avenue E
 Cleveland, Ohio 44114
 Phone: 216-838-0000
 Website:

SECTION 504 – Manifestation Determination Review

Student Name: . . .	ID: 2	Date of Birth:
Serving School:		Grade:
Parent/Guardian:		Relationship:
Home Phone:		Email:
Address:		
Parent/Guardian:		Relationship:
Address:		Email:
Home Phone:		
Date of MDR:		Date of Current Section 504 Plan:
Parent Contact		
Method of Contact	By	Date

Meeting Participants

Name/Title	Signature	Date
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Considerations For Review:

In carrying out a manifestation determination review, the 504 Team shall:

1. Describe the behavior or incident that is subject to discipline related to this incident.
2. Review and summarize relevant information in student’s file related to this incident.
3. Review and summarize relevant information in student’s Section 504 plan related to this incident.
4. Review and summarize relevant teacher observations of the student related to this incident.
5. Review and summarize relevant information provided by the parent related to this incident.
6. Review of the behavior intervention plan as part of the student’s 504 plan related to this incident.

(if no, the building team will initiate a meeting to consider conducting a Functional Behavioral Assessment (FBA, with parent consent) a behavior analysis and, when the FBA behavior analysis is complete, will convene a Section 504 meeting to develop a Behavior Intervention Plan to address the behavior, if appropriate.)

Manifestation Determination:

In determining if the misconduct was a manifestation of {his,her} disability, the Section 504 team must determine the following:
 Was the conduct in question caused by or did it have a direct and substantial relationship to the student’s disability? Yes No

The Section 504 team has determined that the behavior subject to discipline:

- Is not a manifestation of the student’s disability (school personnel may apply relevant disciplinary procedures applicable to all students)
- Is a manifestation of the student’s disability

If the team determines that the misconduct was a manifestation of the child’s disability:

- (a) The team must consider a FBA behavior analysis and implement a BIP behavior plan if this has not already been done prior to the current misconduct;

- (b) If a BIP behavior has already been developed, review and modify it, as necessary, to address the misconduct in question; and
- (c) The team must review the student's current Section 504 plan and educational placement to determine if they remain appropriate. If the team believes that a significant change in placement may be necessary, the team must initiate a Section 504 reevaluation of the student.

Signature of Section 504 Coordinator or Designee

Date

PARENT/GUARDIAN SIGNATURE

- I have received the Notice of Procedural Safeguards under Section 504.
- I agree with the determination above.
- I disagree with the determination above and understand that I have the right to request an impartial due process hearing by filing a written request for a hearing with the Section 504 Coordinator.

Signature of Parent/Guardian

Date

COMPLAINT PROCEDURES

Complaint Filing Form

General Statement

The District strives to provide an environment free from discrimination. The District encourages students, parents and staff to identify barriers to a discrimination-free and an appropriate learning environment in the school(s). The purpose of the Complaint Filing Form is to address complaints of disability discrimination under Section 504 and Title II. All complaints will be received and investigated in a fair and expeditious manner. The District will take affirmative steps to address and correct any substantiated finding of discrimination.

This policy does not deny the right of the complaining party to file formal complaints at any time with the U.S. Department of Education, Office for Civil Rights or to seek private counsel for complaints alleging discrimination.

Steps to Resolution

Step 1: Principal or Immediate Supervisor (Informal and optional--may be bypassed by complaining party)

An informal meeting with the parties and the principal or the Compliance Officer can solve many problems. An individual with a complaint is encouraged to first discuss it with the teacher, counselor, or building administrator involved with the objective of resolving the matter promptly and informally. Employees with a complaint are encouraged to first discuss it with their principal or immediate supervisor with the same objective.

Step 2: Section 504 Compliance Officer

If the complaint or issue is not resolved at Step 1, or if the complainant does not wish to use the informal procedures set forth in Step 1, the complaining party may file a written complaint (FORM F) stating: 1) the nature of the complaint; and 2) the remedy requested. The complaining party must sign and date the complaint. The written complaint must be filed with the building's Section 504 coordinator within thirty (30) days of the event or incident, or from the date the complaining party could reasonably become aware of such occurrence.

Responsibility of the Section 504 Compliance Officer

The Section 504 Compliance Officer is appointed by the Board and is personally responsible for Section 504 compliance throughout the District. The Section 504 Compliance Officer has the authority to investigate all written grievances and to issue corrective actions to address non-compliance with federal law. The Section 504 Compliance Officer will prepare a written report of all investigations, which shall include the following:

- A clear statement of the allegations of the complaint and the remedy sought by the grieving party.
- A statement of the facts as contended by each of the parties.

- A statement of the facts as found by the Section 504 Compliance Officer and identification of evidence to support each fact.
- A list of all witnesses interviewed and documents reviewed during the investigation.
- A narrative describing attempts to resolve the complaint.
- The Section 504 Compliance Officer's determination as to whether the allegations in the complaint are meritorious.

The Section 504 Compliance Officer will complete the investigation and issue a final decision and report within forty-five (45) days after receipt of the written complaint. The District will take appropriate corrective action to address any substantiated finding(s) of discrimination noted in the final decision and report of the Section 504 Compliance Officer. The Section 504 Compliance Officer will send a copy of the final decision and report to the complaining party within the forty-five (45) day period. If the Section 504 Compliance Officer believes the complaint is valid, the final decision and report issued by the Section 504 Compliance Officer will include recommendations for appropriate corrective actions to be taken by the District.

Other Options of the Complaining Party

At any time during this process, the complaining party may file a complaint with the U.S. Department of Education, Office for Civil Rights.

Section 504 Complaint Filing Form

Child's Name _____ D.O.B. _____ Date ____/____/____

Address _____ School _____

Parent's Name (print) _____

Home Phone _____ Cell Phone _____ Work _____

Telephone Number _____ Email _____

Nature of your complaint. (Please describe the policy or action you believe may be in violation of Section 504. Please also identify any person(s) you believe may be responsible.)

Please provide your proposed remedy to this alleged violation:

Signature of Complaining Party _____ / ____ / ____ Date

Signature of Person Receiving Complaint

Date _____ Location _____

THIS FORM SHOULD BE FORWARDED WITHIN THIRTY (30) DAYS OF THE ALLEGED VIOLATION OF THE PROCEDURAL SAFEGUARDS TO:

Section 504 Compliance Officer:
Section 504 Compliance Officer
Cleveland Metropolitan School District
1111 Superior Avenue East, Suite 1800
Cleveland, Ohio 44114
Phone: (216) 838-0070
E-mail: TitleIX_EEO@clevelandmetroschools.org

MEDIATIONS AND HEARING PROCEDURES

SECTION 504 MEDIATION AND HEARING PROCEDURES

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 their child.

When the parent/legal guardian does not agree with the Section 504 evaluation findings and/or the Section 504 Plan, the following may occur:

1. The school principal arranges a conference that includes the parent/legal guardian, the classroom teacher(s), and/or participants as needed. The parent/legal guardian is given a copy of the Section 504 Procedural Safeguards. If the parent/legal guardian is non-English speaking, an interpreter is provided.
2. The school principal conducts the conference and an informal resolution of differences is sought.
 - (a) The school principal explains to the parent/legal guardian that this process does not interfere with his/her right to file a formal complaint.
 - (b) The school principal/designee summarizes the results of the conference in writing, sends copies to the parent/legal guardian and places copies in the student's permanent educational file.

Due Process Procedures

The procedures for Section 504 due process hearings ensure that:

1. A parent/legal guardian or the school district may initiate a hearing on matters dealing with identification, evaluation or the provision of a free appropriate public education.
2. The district may initiate a hearing to override a parent's refusal or revocation of consent for a Section 504 evaluation.
3. Parents will receive timely notice of the date and time of the hearing, which shall be mutually convenient.
4. The hearing officer will be selected by the District
5. The hearing officer shall not be:
 - a. Employed by an agency involved with the care or education of the student subject to the hearing.
 - b. A person having a professional or personal interest that would conflict with his/her objectivity in a hearing.

Due Process Hearing Rights and Procedures

The parties to a Section 504 Due Process Hearing have a right to:

1. Be accompanied and advised by an attorney or representative
2. Have the assistance of an interpreter (if the parent's natural language is not English and given adequate notice to the District)
3. Present evidence and examine witnesses
4. The hearing officer shall render a decision, subject to judicial review that is binding on all parties, except that in all cases any action taken must comply with the current Ohio Revised Code and federal court decisions.
5. The party initiating the due process hearing will bear the burden of proof.
6. Parents or the District may initiate a due process hearing on a matter related to (1) eligibility and related procedures, (2) procedural safeguards, or (3) provision of a free and appropriate public education to the student.
7. Requests for a due process hearing must be submitted in writing to the Chief Executive Officer (or designee).
8. The request shall include:
 - The name of the student
 - The name of the parent or legal guardian
 - The address and telephone number of the legal guardian
 - The name of the school the child attends
 - A statement of the issues to be presented at the hearing.
 - A statement of the remedy requested of the hearing officer.

Decision of the Hearing Officer

The hearing officer shall review all relevant facts and render a decision.

A copy of the hearing officer's decision shall be delivered to the District and the parent/legal guardian within forty-five (45) days from the date of the hearing.

Notification will include a statement that either party may appeal the decision to a district court of competent jurisdiction.

Cleveland Municipal School District
1111 Superior Avenue E
Cleveland, Ohio 44114
Phone: 216-838-0000
Website:

**REQUEST FOR CONSENT TO EVALUATE TO
DETERMINE ELIGIBILITY UNDER SECTION 504**

does not discriminate in its educational programs and activities on the basis of student's disability. We will be convening a team of individuals to determine whether your child qualifies as a student with a disability under Section 504. The definition of an individual with a disability under Section 504 is:

An individual may have a disability under Section 504 if he/she:

1. Has a physical or mental impairment that substantially limits one or more major life activities. (For educational purposes, the term does not cover students primarily disadvantaged by cultural, environmental, or economic factors.)

Major Life Activities under Section 504 include, but are not limited to:

Caring for oneself	Performing manual tasks
Walking	Seeing
Hearing	Speaking
Breathing	Learning
Reading	Communicating
Thinking	Concentrating
Working	

2. Has a record or history of such an impairment.
3. Is regarded as having such an impairment.

If your child is eligible, the 504 Team will determine what accommodations and services are needed to assure that your child will have access to an education comparable to that available to students without disabilities. **Parents and students have specific rights under Section 504. These rights are summarized on the third page of this form.**

The evaluation process will look at all areas of suspected disability and may include standardized individual assessments, observations, input from teachers, and relevant medical information. In order to complete individual standardized assessments and/or obtain medical information, we will need your consent. (Note: observations, record review and collection of data reflecting your child's progress in school do not require written consent.) Please provide your consent for us to accomplish this evaluation by indicating your decision and providing your signature (below), and returning this form to:

Principal

Building

Phone Number

You may request a copy of this form for your records.

PARENT CONSENT

Student's Name: . .

Date:

- I have received a written copy of the Section 504 Parent/Child Rights and Procedural Safeguards.

AND Check one of the two options below:

- Yes, I consent to having my child evaluated (i.e., individual standardized assessments and/or medical information) to determine whether he/she qualifies as a student with a disability under Section 504 and, if so, to determine whether accommodations are needed in the school setting.

OR

- No, I do not consent to having my child evaluated through the use of individual standardized assessments and/or medical information.

PARENT/GUARDIAN SIGNATURE

DATE

SECTION 504 PARENT/CHILD RIGHTS AND PROCEDURAL SAFEGUARDS

1. Your child has a right to take part in and receive benefits from public education programs without discrimination based on a disability.
2. You have the right to receive written notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
3. Your child has a right to an evaluation prior to the development of an initial § 504 plan and any subsequent significant change in placement. Your child is eligible under § 504 of The Rehabilitation Act of 1973 if the § 504 Team determines that your child (1) has a physical or mental impairment that substantially limits one of the major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. Major life activities include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, reading, thinking, concentrating, communicating and learning. Your child will be eligible for a § 504 plan if he/she has a condition that substantially limits his/her ability to engage in any major life activity **and** requires special accommodations to access educational programs.
4. The district shall consider information from a variety of sources, including (as appropriate) but not limited to aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, medical reports, student grades, progress reports, parent observations, anecdotal reports, and test scores when making eligibility, educational, and placement decisions under § 504.
5. Eligibility decisions must be made by a group of persons knowledgeable about your child and/or your child's disability.
6. If qualified as disabled under § 504, your child has a right to periodic reevaluations, generally every three years.
7. Your child has the right to a free appropriate public education ("FAPE"), except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties are not relieved from their obligation to provide for services to a disabled student.
8. Your child has a right to access facilities, services, and activities that are comparable to those provided for non-disabled students.
9. You have the right to examine educational records of your child and obtain copies at a reasonable cost.
10. You have a right to request an amendment to your child's educational record if there is reasonable cause to believe that it is inaccurate, misleading, or otherwise in violation of the privacy rights of your child.
11. You have the right to an impartial hearing with respect to the district's actions regarding your child's eligibility, accommodations or provision of a FAPE under § 504, with opportunity for parental participation in the hearing and representation by an attorney at your cost.
12. If you wish to challenge the actions of the district's § 504 Team in regard to your child's eligibility, accommodations or provision of a FAPE, you should file a written grievance with the District's § 504 Compliance Officer at within 10 calendar days from the time you received written notice of the § 504 Team's action(s). A hearing will be scheduled before an impartial hearing officer selected and appointed by the district and you will be notified in writing of the date, time, and place for the hearing.
13. If you disagree with the decision of the impartial hearing officer appointed by the district, you have a right to a review of that decision by a court of competent jurisdiction.
14. You have a right to file a complaint with the United States Department of Education Office for Civil Rights (OCR) at any point in the process. OCR may be contacted at 750 Bank One Center, 600 Superior Avenue E, Cleveland, Ohio 44114-2611.

**AUTHORIZATION TO
RELEASE/SHARE CONFIDENTIAL
INFORMATION**

I, (Name of Parent)

_____ hereby authorize (Name of School District)

_____ and (Name of Provider)

_____ to release and share educational records/information related to my child _____, (D.O.B.) _____.

This Authorization permits the sharing of personally identifiable information between the above-named parties. The records authorized to be disclosed include:

- Attendance records
 - Standardized/group testing
- Classroom observations
 - Evaluation Team Reports (ETRs)
- Classroom testing & work samples
 - Individualized Education Programs (IEPs)
- Course history reports
 - Expulsion notices
- Grade reports/Transcripts
 - Office referrals
- Interim progress reports
 - Suspension notices
- Section 504 plans
 - School health records
- Other necessary information below
 - Immunizations records

I understand that information provided between the above-named parties will be used solely for the purpose of making educational decisions on behalf of my child. I further understand that I can revoke this authorization at any time by providing a written request to (title) _____, (name) _____ at (address and phone number) _____. Otherwise, this authorization is valid for 180 days from the date of my signature below.

I understand that I have a right to receive a copy of this Authorization, and that any modification or revocation of this Authorization must be in writing.

Signature: _____
_____ Date: _____

Relationship to Child: _____

cc: Student permanent education file
Parent/Guardian