

# RIO GRANDE CITY CISD SECTION 504



Rio Grande City CISD does not discriminate in regard to race, color, national origin, sex or disability.

Revised 2003

Please sign and return to: \_\_\_\_\_  
School: \_\_\_\_\_

Date Sent: \_\_\_\_\_  
Rio Grande City CISD

**SECTION 504  
PARENTAL RIGHTS / RESPONSIBILITIES  
PROCEDURAL SAFEGUARDS**

Section 504 refers to Section 504 of the Rehabilitation Act of 1973. It is a public mandated policy prohibiting discrimination on the basis of handicap in admission or access to, or treatment, or employment in, the programs and activities of the District. In order to be eligible as handicapped under 504, the handicap must affect one of the following nine major life activities: 1) care for self; 2) performing manual tasks; 3) walking; 4) seeing; 5) hearing; 6) speaking; 7) breathing; 8) learning; 9) working.

A request has been made that your son/daughter be considered for possible 504 eligibility. The Campus 504 Contact person will work with you to assist in this process. The 504 Committee will consist of at least two (2) or more knowledgeable people who may include the parent, but shall not be required to include the parent, to review appropriate data and make recommendations.

If, as the parent / guardian, you disagree with the findings and recommendations of the committee, the following appeals procedure should be followed:

In the event of a disagreement between the parents or guardian and the school district in regard to the identification, evaluation, or educational placement of a disabled student, the parents or guardian have the right to an impartial hearing with an opportunity to participate and be represented by an attorney.

Parents or guardians who wish to challenge a decision of the Section 504 Committee shall file a Written Parents' Notice of Appeal with the District Section 504 Coordinator within 30 calendar days of the date of the Notice of Section 504 Committee Decision.

Unless otherwise requested by the student's parents or guardian, or unless action taken by the parents requires a longer period of time, the district shall schedule a hearing before an impartial hearing officer within forty-five (45) days of the date of receipt of the parents' notice of appeal and provide the parents or guardian with a written Notice of Hearing that sets out the date, time, and place for hearing and advises them of their right to participate and be represented by an attorney. Upon good cause shown, and at the discretion of the hearing officer, either party may receive a continuance of the scheduled hearing date.

The hearing will be conducted informally and in a non-adversarial manner. The Rules of Evidence and Procedure shall not apply. The district shall make an audio tape of the complete hearing. No written transcript will be required, but the parents or guardian shall be entitled to obtain a copy of the audio tape at a reasonable cost.

The hearing officer will render a brief written decision at the conclusion of the hearing, or if it is imperative that the decision be taken under advisement, within 45 calendar days of the hearing. No written findings of fact or conclusions of law shall be required of the hearing officer.

The person who serves as impartial hearing officer must not be an employee of the school district and may not be related to any member of the board of trustees in degree that would be prohibited under the Nepotism Statute. The hearing officer need not be an attorney at law.

The hearing officer will be paid by the school district as an independent contractor for services rendered in regard to the hearing. The hearing will be conducted without cost to the parents or guardian.

If the parents or guardian disagree with the decision of the impartial hearing officer, they may seek a review of the decision by a court of competent jurisdiction.

Please sign to indicate receipt of the information regarding the Procedural Safeguards / Grievance Procedure for Section 504 of the Rehabilitation Act.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

**SECCION 504**  
**PROCEDIMIENTOS / DERECHOS**  
**DE SEGURIDAD Y RESPONSABILIDADES DE LOS PADRES**

La sección 504 se refiere al Acto de la sección 504 de rehabilitación de 1973. Se trata de un plan de acción público que prohíbe la discriminación basada en fundamentos de impedimentos ya sea en admisión o en accesibilidad para, tratamiento o empleo en, los programas y actividades del distrito.

Para poder ser elegible como persona de impedimentos físicos debe de afectarle alguno de los siguientes nueve mayores actividades en su vida. 1) cuidarse por si mismo; 2) no poder llevar a cabo tareas manuales; 3) no poder andar; 4) no poder ver; 5) no poder oír; 6) no poder hablar; 7) no poder respirar; 8) no poder aprender; 9) no poder trabajar.

Al hacerse una solicitud de alguno de su hijo/hija para ser considerado como uno de los elegibles de la sección 504. La persona encargada de la sección 504 de la escuela le ayudará y trabajará con usted durante el transcurso de los arreglos. El comité de la sección 504 consistirá a lo menos de dos o más personas capacitadas que bien puede incluir al padre, pero no está requerido incluir al padre, para revisar los datos apropiados y hacer recomendaciones.

Si como padre / guardian, no está de acuerdo con alguno de los hechos o recomendaciones del comité, usted puede seguir el siguiente procedimiento:

En caso de desacuerdo entre el padre / guardián y el distrito escolar tocante al identificación, o al nivel de educación en que se le colocó al estudiante con impedimentos. El padre / guardian conserva el derecho de pedir una audiencia imparcial con oportunidad de participar y de ser representado por un abogado.

Padres / guardianes que desean desafear la decisión del comité de la sección 504 puede archivar por escrito la notificación de apelación con el coordinador del distrito sección 504 dentro 30 días de la fecha de notificación de la decisión hecha por el comité de la sección 504. Menos que de otro modo el padre o guardián del estudiante lo solicite, a no ser que la acción tomada por el padre o el guardian requiera más tiempo, el distrito puede fijar una audiencia ante un oficial imparcial dentro un tiempo de cuarenta y cinco (45) días de la fecha de la notificación de la apelación del padre o guardián y proporcionar por escrito la notificación de la audiencia con la fecha, lugar y la hora y advertencias de los derechos de poder participar y poder ser representados por un abogado. Para el bien de todos, y a la discreción del oficial encargado de la audiencia el grupo interesado recibirá información del horario de la siguiente audiencia.

La audiencia será conducida de una manera de informalidad y sin adversidad no se aplicarán las reglas de evidencias y procedimientos. El distrito gravará la audiencia completa. No se requiere transcritos por escrito, pero el padre o guardián puede obtener una copia de la gravación de la audiencia a precio costo razonable.

El oficial encargado de la audiencia rendirá una breve decisión por escrita al final de la audiencia, o si es imperativo que la decisión sea considerada para aconsejamiento, dentro 45 días de la fecha de la audiencia. El oficial de la audiencia no necesitará hechos o conclusiones de la ley por escrito.

La persona que servirá como oficial imparcial de la audiencia no debe ser un empleado del distrito escolar y no debe estar relacionado con ningún miembro de la mesa directiva de ninguna manera porque esto está prohibido por el reglamento del nepotismo. El oficial de audiencia no es necesario que sea abogado.

El oficial de audiencia será pagado por el distrito escolar como un contratista independiente por sus servicios de audiencia. La audiencia será conducida sin ningún costo al padre o guardián del estudiante.

En gran caso que el padre o guardian no esté de acuerdo con la decisión del oficial de la audiencia imparcial, puede pedir un repaso de la decisión por una corte jurisdiccional competente.

Favor de firmar para indicar que recibió esta información de acuerdo con los procedimientos / derechos de seguridad y procedimiento de queja de la sección 504 del acto de rehabilitación.

\_\_\_\_\_  
Estudiante

\_\_\_\_\_  
Padre / Guardián

\_\_\_\_\_  
Fecha

## COUNSELOR 504 CHECKLIST

Date

- |  |       |
|--|-------|
| _____ 1. The counselor will identify possible 504 students utilizing campus personnel, records, and information available.   | _____ |
| _____ 2. The counselor will schedule a committee meeting with the parents and appropriate school/district personnel.   | _____ |
| _____ 3. The counselor will conduct the Section 504 Committee Meeting.   | _____ |
| _____ 4. The counselor will file a copy of the 504 paperwork in the student's cumulative folder and the 504 coordinator.   | _____ |
| _____ 5. The counselor will send copies of the 504 modifications to each of the student's teachers, the principal, and with the 504 Coordinator.   | _____ |
| _____ 6. The counselor will ensure that 504 students are coded appropriately in PEIMS.   | _____ |
| _____ 7. The counselor will monitor at specified intervals the progress of 504 identified students.  | _____ |
| _____ 8. The counselor will keep a master list by grade of students who qualify as Section 504 handicapped and will notify the appropriate counselor in May of any student who is changing campuses for the fall semester.   | _____ |
| _____ 9. The counselor will reconvene a Section 504 Committee upon the occurrence of the following:<br>A) parental request<br>B) notification from student or school personnel that changes in placement should be considered<br>C) receipt of new data that indicate the need for consideration of placement change | _____ |

**SECTION 504 OF THE REHABILITATION ACT  
REFERRAL REPORT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Campus \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Local ID# \_\_\_\_\_

Referring Person \_\_\_\_\_  
(Name / Position)

Reason for  
Referral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been tested for Special Education by the district and/or an outside agency?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If yes, complete the following:

Date: \_\_\_\_\_ Agency/School District \_\_\_\_\_

Findings \_\_\_\_\_  
\_\_\_\_\_

Campus 504 Designee \_\_\_\_\_  
(Contact Person)

Date Received \_\_\_\_\_

**RIO GRANDE CITY C.I.S.D.**  
**SECTION 504 - NOTICE OF MEETING**

The Section 504 Committee Meeting for \_\_\_\_\_  
Name of Student

is scheduled for:

Local ID.# \_\_\_\_\_ PLACE: \_\_\_\_\_

ROOM: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

504 Campus Contact \_\_\_\_\_

THE PURPOSE OF THE MEETING is to review and discuss the student's:

- \_\_\_\_\_ appropriate assessment data      \_\_\_\_\_ educational program
- \_\_\_\_\_ educational progress      \_\_\_\_\_ educational placement
- \_\_\_\_\_ other \_\_\_\_\_

=====

**TO BE COMPLETED BY PARENT/GUARDIAN**

\_\_\_\_\_ Student's Name      \_\_\_\_\_ Date of Birth

Please check one to indicate your response:

\_\_\_\_\_ I will attend the meeting on \_\_\_\_\_ at \_\_\_\_\_  
Date      Time      Place

\_\_\_\_\_ I am unable to attend the meeting on the schedule time. Please contact  
me at \_\_\_\_\_ to reschedule the meeting.  
Daytime Phone Number

\_\_\_\_\_ I choose not to attend the meeting.

\_\_\_\_\_ Signature of Parent/Guardian      \_\_\_\_\_ Date

**RIO GRANDE CITY C.I.S.D.**  
**SECCION 504 – AVISO DE JUNTA**

Junta del comité de la Sección 504 para \_\_\_\_\_  
(Nombre del estudiante)

Local ID.# \_\_\_\_\_ LUGAR: \_\_\_\_\_

CUARTO: \_\_\_\_\_ FECHA: \_\_\_\_\_

HORA: \_\_\_\_\_ TELEFONO: \_\_\_\_\_

Consejera/o \_\_\_\_\_

El PROPOSITO DE ESTA JUNTA es para discutir la siguiente información:

\_\_\_\_ datos de evaluación apropiada      \_\_\_\_ programas educativas

\_\_\_\_ progreso educativo      \_\_\_\_ colocación educativa

\_\_\_\_ otro \_\_\_\_\_

=====

**SECCION PARA LOS PADRES/GUARDIANES**

\_\_\_\_\_  
Nombre del Estudiante

\_\_\_\_\_  
Fecha de Nacimiento

Por favor indique su respuesta y regrese esta forma con su hijo/hija lo más pronto possible:

\_\_\_\_ Sí voy asistir la junta.

\_\_\_\_ No voy a poder a asistir la junta en el día citado. Por favor llame al teléfono \_\_\_\_\_ para citar otra junta.  
# de teléfono

\_\_\_\_ No voy a asistir la junta.

\_\_\_\_\_  
Firma de padre/guardián

\_\_\_\_\_  
Fecha

Copy: parent, file, teachers

**SECTION 504 MINUTES AND RECOMMENDATIONS**

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Campus \_\_\_\_\_

Local ID.# \_\_\_\_\_ Grade \_\_\_\_\_

Referred By \_\_\_\_\_

**INFORMATION FROM PARENTS, AGENCIES, AND /OR OTHER PROFESSIONALS**

---

---

---

---

The student meets the normal standards for personal independence and social responsibility expected for his/her age and cultural group \_\_\_ YES \_\_\_ NO as evidenced by reports from :

\_\_\_ Parents \_\_\_ Classroom Teachers \_\_\_ Other \_\_\_\_\_

COMMITTEE DISCUSSION \_\_\_\_\_

---

---

---

---

**BASED ON COMMITTEE DISCUSSION:**

\_\_\_ Student is considered eligible under Section 504 of the Rehabilitation Act.

\_\_\_ Student is not considered eligible under Section 504 of the Rehabilitation Act.

\_\_\_ Student may be referred to Special Education.



**NOTICE OF SECTION 504 PLACEMENT**

Date \_\_\_\_\_

\_\_\_\_\_  
Student's Last Name                      First Name                      Local ID #                      School

Dear Mr./Mrs. \_\_\_\_\_  
(Parent/Guardian/Surrogate/Adult Student)

This letter is to inform you that the Section 504 Committee had a meeting on \_\_\_\_\_  
Date

After careful review of relevant evaluation data, the Section 504 Committee  
recommended the following placement:

- 1) \_\_\_ Regular education without Section 504 services
- 2) \_\_\_ Placement in regular education with Section 504 services
- 3) \_\_\_ Continue Section 504 services (annual, 3 yr. evaluation only)
- 4) \_\_\_ Exit from Section 504
- 5) \_\_\_ Referral to Special Education

If you have any questions concerning this decision, please call me at \_\_\_\_\_.  
(Phone)

I will be more than happy to discuss any concerns that you may have.

Respectfully,

\_\_\_\_\_  
Section 504 Campus Contact Person

**SECCION 504  
AVISO DE COLOCACION**

Fecha \_\_\_\_\_

\_\_\_\_\_  
Apellido del Estudiante

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
PEIMS ID#

\_\_\_\_\_  
Escuela

Queridos Padres:

Esta carta es para informarles que la junta del comité de Sección 504 se llevó

a cabo \_\_\_\_\_. Después de revisar los datos apropiados, el comité de

la Sección 504 ha hecho la siguiente recomendación:

- 1). \_\_\_\_\_ Clases regulares sin servicios de la Sección 504.
- 2). \_\_\_\_\_ Clases regulares con servicios de la Sección 504.
- 3). \_\_\_\_\_ Continuar con los servicios de la Sección 504.  
(evaluación cada 3 años)
- 4). \_\_\_\_\_ Discontinuar con los servicios de la Sección 504.  
(evaluación cada 3 años)
- 5). \_\_\_\_\_ Evaluación para educación especial.

Si tienen alguna pregunta tocante esta decisión, por favor tenga la confianza de llamar al

teléfono \_\_\_\_\_. Con mucho gusto se le dará una explicación e

( # de teléfono)

interpretación de los expedientes.

Respetuosamente,

\_\_\_\_\_  
Sección 504  
Consejera/o

**SECTION 504  
COMMITTEE RECOMMENDATION  
STUDENT ACCOMMODATION PLAN**

Date \_\_\_\_\_

NAME \_\_\_\_\_ LOCAL ID.# \_\_\_\_\_  
(Last Name) (First)

DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

1). Is there a disability present which substantially limits one or more major life activities?

YES \_\_\_\_\_ NO \_\_\_\_\_

2). Check off one of the following types of reviews:

- A. \_\_\_\_\_ Initial                      D. \_\_\_\_\_ Three-Year- Evaluation Review  
B. \_\_\_\_\_ Annual Review        E. \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
C. \_\_\_\_\_ Failure/Discipline Review

3). Check major life activity determined to be limited by a disability as determined by student evaluation.

\_\_\_\_\_ Walking        \_\_\_\_\_ Seeing    \_\_\_\_\_ Hearing    \_\_\_\_\_ Speaking  
\_\_\_\_\_ Breathing      \_\_\_\_\_ Learning   \_\_\_\_\_ Working   \_\_\_\_\_ Caring for oneself

4). Describe the nature of the concern: \_\_\_\_\_  
\_\_\_\_\_

5). Describe the basis for the determination of disability: \_\_\_\_\_  
\_\_\_\_\_

6). Describe how the disability affects a major life activity: \_\_\_\_\_  
\_\_\_\_\_

7). Describe the reasonable accommodations that are necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rio Grande City CISD**  
**SECTION 504 NOTICE**  
**Accommodation Plan and Classroom Modifications Directive**  
**SCHOOL \_\_\_\_\_**

By signing and returning this form, I affirm that I have received documents related to Section 504 on behalf of a student which include the following:

- \_\_\_\_\_ 1. Notice of placement
- \_\_\_\_\_ 2. Student Accommodation Plan
- \_\_\_\_\_ 3. Classroom Modifications
- \_\_\_\_\_ 4. Other \_\_\_\_\_  
\_\_\_\_\_

Student's Name	Local ID# and DOB
Teacher	Counselor/ 504 Designee
Teacher	Date
Teacher	Date
Teacher	Date
Teacher	Date
Teacher	Date
Teacher	Date
Nurse	Date

**SECTION 504 PEIMS NOTICE**

The student listed below is being served through Section 504:

\_\_\_\_\_  
Name (Last, First) Local ID #

\_\_\_\_\_  
Date of Birth Grade

\_\_\_\_\_  
Date of Initial Entry (Eligibility) Counselor

\_\_\_\_\_  
Date of Annual Review Multiple \_\_\_\_\_ Severe \_\_\_\_\_

\_\_\_\_\_  
Medically Fragile \_\_\_\_\_

\_\_\_\_\_  
Date of Three-Year-Evaluation Exit Date

\_\_\_\_\_  
Type of Disability (Primary Condition)

\_\_\_\_\_  
Other Conditions

\_\_\_\_\_  
Accommodation(s)