



| EDUCATION                  |           |            |
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| Policy 4407.01 Section 504 | Effective | 01/31/2019 |
|                            | Replaces  | 4407.01    |
|                            | Dated     | 03/12/2012 |

The Arizona Department of Juvenile Corrections (ADJC) Education system shall establish rules to identify a student’s basic educational needs and means to evaluate those who are disabled in order to provide a Free and Appropriate Public Education (FAPE) to all students committed to the Department.

**AUTHORITY**

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| <b>Arizona Revised Statutes (A.R.S.)</b>                                   |                                   |
| <a href="#">§41-2804</a>   | Duties and powers of the director |
| <b>Federal Law</b>   |                                   |
| <a href="#">The Americans with Disabilities Act Amendments Act of 2008</a> |                                   |
| <a href="#">Individuals with Disabilities Education Act (IDEA)</a>         |                                   |
| <a href="#">Section 504 of the Rehabilitation Act of 1973</a>              |                                   |

**DEFINITIONS**

1. **504 Coordinator:** Designated education employee that coordinates the district’s efforts to comply under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, Amendments Act of 2008 (ADA).
2. **Pre-Referral Team-** School site teams established through general education to serve as the review process for students who are not making satisfactory progress in the general education program. The team shall offer suggestions, organize resources, develop intervention plans, and/or make direct referrals to other support services, as appropriate. Composition of the Pre-referral or Student Study Teams will include parents, teachers, site administration, support staff, and student when appropriate.

**PROCEDURES**

1. **Section 504:**
  - a. The **Public Education Agency (PEA) DESIGNEE** shall:
    - i. Ensure the following guidelines to identify and evaluate students who are disabled under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) to provide Free Appropriate Public Education (FAPE);
    - ii. Ensure that within the protection of Section 504, students are eligible for services who:
      - (1) Have a physical or mental impairment which substantially limits one or more major life activities which include, but are not limited to, caring for oneself,

- performing manual tasks, walking, hearing, seeing, speaking, breathing, learning and working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking and communicating; or
- (2) Have a record of such impairment or are regarded as having such impairment; or
  - (3) Require regular or special education and related services that are designed to meet the individual needs of the student as adequately as the need of non-disabled students.
- iii. Students may be eligible for services under the provisions of Section 504 even though they are eligible for and receive services pursuant to the Individuals with Disabilities Act (IDEA).
- b. **Identification:**
- i. Upon enrollment the **PEA** shall ensure the Child Find Process occurs for all students to locate and identify eligible students within the district who may qualify for special services under section 504 through :
    - (1) The 45 day Child Find screener;
    - (2) The student study team process;
    - (3) A education personnel referral; and
    - (4) A Parent request/referral.
- c. **Pre-Referral:**
- i. **The EDUCATION PERSONNEL** shall:
    - (1) Submit student's name to the Student Study Team (SST);
    - (2) Team members shall develop in writing the early intervention plan and provide a copy of those plans to the parent(s);
    - (3) Implement intervention plan and monitor progress:
      - (a) If successful, continue to monitor progress;
      - (b) If unsuccessful, complete *Form 4407.01A Section 504 Referral Form*; and
      - (c) Forward the completed referral form to the Section 504 Coordinator.
- d. **Referral For Section 504 Evaluation:**
- i. The **EDUCATION MDT** shall approve the evaluation request if they determine the student meets the criteria in section #1 of this procedure and what educational programming will be required so that the student receives FAPE.
- e. **Section 504 Notification:**
- i. The **504 COORDINATOR** shall forward *Form 4407.01B Section 504 Notification Letter* and procedural safeguards to the parent(s) indicating that the school:
    - (1) Suspects their child has a present disabling condition that:
      - (a) Substantially limits a major life activity; and
      - (b) Creates a barrier to accessing the same educational opportunities afforded to non-disabled students.
    - (2) Desires to evaluate their child for possible accommodations under Section 504 of the Rehabilitation Act and the ADA Amendments Act of 2008 and
    - (3) Ensures that proper consent of the parent/legal guardian is obtained prior to evaluation of a student suspected of being disabled and requiring special accommodations and/or services.
    - (4) If the student is on the "Compensatory Services" list, include the following information in the notice:
      - (a) "As part of this review, the IEP team will be reviewing whether or not the Youth has received sufficient educational services under the IEP. If the team determines that the youth did not receive sufficient services, the team will consider whether additional compensatory services are needed.

Parents may contact the Office for Civil Rights of the U.S. Department of Education by mail (U.S. Dept. of Educ., Cesar Chavez Memorial Bldg., 1244

- Speer Blvd., Ste. 310, Denver, CO 80204-3582), by phone (303-844-5695), by email (OCR.Denver@ed.gov), or online (www.ed.gov/ocr)."
- ii. If the parent does not consent, the **504 COORDINATOR** after three attempts in various forms of contact.
    - (a) Shall return a copy of the refusal to the parent indicating that the school district was prepared to evaluate the student, but cannot proceed due to lack of parental consent; and
    - (b) May seek due process to override the parental refusal.
  - iii. **THE EVALUATION TEAM** shall complete an evaluation within 60 days of receiving permission from the parent to evaluate;
    - (1) The evaluation team shall consist of, but is not limited to:
      - (a) Qualified professional to conduct testing;
      - (b) Regular Education Teacher (s) ;
      - (c) Person qualified to interpret the evaluation data and placement options;
      - (d) Parent/legal guardians; and
      - (e) Any other persons knowledgeable of the student's needs (if applicable).
    - (2) **THE TEAM** shall convene to review the data and determine the student's eligibility for Section 504 accommodations or services. The data reviewed may include but is not limited to:
      - (a) Medical reports (if required);
      - (b) Educational records;
      - (c) Juvenile's response to intervention;
      - (d) Teacher data;
      - (e) Standardized assessments; and
      - (f) Any other evaluation materials from the evaluation process.
  - iv. **THE TEAM** shall develop an accommodation and/or service plan that meets the student's needs and provides FAPE for that student:
    - (1) For students on the "Compensatory Services" list, determine whether compensatory services are necessary. If compensatory services are deemed necessary, determine how such services will be provided as part of the 504 Plan.
- f. **Section 504 Plan Implementation and Notification:**
- i. Within one business day of the Section 504 Team evaluation meeting, the **504 COORDINATOR OR DESIGNEE** shall forward copies of the accommodation plan to the:
    - (1) Education Program Administrator;
    - (2) Parent;
    - (3) Regular education teacher(s);
    - (4) School psychologist;
    - (5) Related personnel; and
    - (6) Original Education file.
  - ii. Review the Section 504 Plan annually or as needed; and
  - iii. The **EDUCATION RECORDS PERSONNEL** shall update the electronic record to reflect this student is now eligible for accommodations under Section 504.
- g. **Section 504 Dispute Resolution:**
- i. The **SECTION 504 COORDINATOR OR DESIGNEE** shall ensure parents/guardians who disagree with the identification, evaluation, or placement of a juvenile with disabilities, shall notify the district's 504 Coordinator and attempt to resolve the differences informally. If informal process fails, the parents/guardians may request due process.
  - ii. Due process to include:
    - (1) Filing a written grievance directly with the Section 504 Coordinator;
    - (2) An in-person meeting with the Section 504 Coordinator;
    - (3) Mediation with a Section 504 Hearing Officer in which the parent/guardian has the right to:

- (a) Participate in person; and
  - (b) Be represented by counsel; or.
- (4) Filing a written complaint with the United States Department of Justice – Office of Civil Rights

|                       |   |
|-----------------------|---|
| <b>Signature Date</b> | <b>Approved by</b>  |
| <u>01/29/2019</u>     | <u>Original Signature on File</u><br>Dr. Kim Eger, Education Superintendent |
| <b>Signature Date</b> | <b>Approved by</b>  |
| <u>01/30/2019</u>     | <u>Original Signature on File</u><br>Jeff Hood, Director                    |
| <b>Effective Date</b> |   |
| <u>01/31/2019</u>     |   |

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| <b>FORMS</b> |
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| <p>4407.01A<br/>4407.01B<br/>4407.01C</p> | <p>Section 504 Referral<br/>Section 504 Notification Letter<br/>Section 504 Accommodation Plan</p> |
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## Section 504 Referral Form

**Student Name:** \_\_\_\_\_ **Referral Date:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_  
**Parent/Guardian/Surrogate:** \_\_\_\_\_ **SAIS ID:** \_\_\_\_\_  
**Primary Language:** \_\_\_\_\_

Has the student been evaluated for special education under Individuals with Disabilities Education Act (IDEA)?  Yes  No

What are the specific concerns with this student's performance?

Academic: \_\_\_\_\_  
\_\_\_\_\_

Behavioral: \_\_\_\_\_  
\_\_\_\_\_

What accommodations have been attempted to remediate your stated concerns?

First Intervention: \_\_\_\_\_  
\_\_\_\_\_

First Outcome: \_\_\_\_\_  
\_\_\_\_\_

Second Intervention: \_\_\_\_\_  
\_\_\_\_\_

Second Outcome: \_\_\_\_\_  
\_\_\_\_\_

Other problem indicators or related observations: \_\_\_\_\_  
\_\_\_\_\_

**Evaluation request by:** \_\_\_\_\_ **Position title:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_



Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: Section 504 Notification:**

The Arizona Department of Juvenile Corrections Education Program's effort to improve the student's access to academic and non-academic programs, we have asked members of our Student Study Team to collect and review information on your child's academic functionality. The school staff may be involved in evaluations, observations, interviews, administration of a behavior checklist, and other data collection activities as necessary.

Once the information has been reviewed, we will meet with you to discuss plans to meet your child's needs. If you have any questions, please contact the school address indicated by the check mark.

You are provided specific rights concerning this request, which are designed to keep you fully informed concerning decisions about your child. These 504 rights are summarized on the attached document entitled: "Notice of Student Rights and Parent/Guardian of Student Rights under Section 504"

Adobe Mountain School 2800 W. Pinnacle Peak Road  
Phoenix, Arizona 85085-1665  
623-869-9050 Ext 4102

Student's Name: \_\_\_\_\_

**Procedural safeguards received:**

- Yes
- No

Comments: \_\_\_\_\_

\_\_\_\_\_

I do  do not  give my permission to collect and review information on my child's academic functionality

\_\_\_\_\_  
**Parent/guardian/surrogate signature**

\_\_\_\_\_  
**Date**



## Section 504 Individual Accommodation Plan

Type of Referral:  Initial  Reevaluation  Continuing Referral Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SAIS ID: \_\_\_\_\_

Indicate Disability Condition: \_\_\_\_\_

Basis for determination as a qualified individual: \_\_\_\_\_

Major Life Activity: \_\_\_\_\_ Education Impact: \_\_\_\_\_

Describe Necessary Accommodations: \_\_\_\_\_

Location of Accommodations:  Regular Class  Other: \_\_\_\_\_

| Position                   | Signature | Date  |
|----------------------------|-----------|-------|
| Administrator/Designee:    | _____     | _____ |
| Regular Education Teacher: | _____     | _____ |
| Evaluator:                 | _____     | _____ |
| Evaluator:                 | _____     | _____ |
| Parent/Guardian/Surrogate: | _____     | _____ |
| Student:                   | _____     | _____ |

*I have participated in the development of this plan, agree with its contents, and I have received a copy of Notice of Student Rights and Parent/Guardians of Students Rights under Section 504.*

Signature \_\_\_\_\_ Date \_\_\_\_\_