

## PARENT/GUARDIAN PROCEDURAL SAFEGUARDS

Date of 504 Plan Meeting \_\_\_\_\_

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

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

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

Parents/guardians shall be notified in writing of all district decisions regarding the identification, evaluation, or educational placement of students with disabilities or suspected disabilities. Notifications shall include a statement of their right to examine relevant records, have an impartial hearing with an opportunity for participation by the parents/guardians and their counsel, and have a review procedure. (34 CFR 104.36)

Notifications shall also detail the parent/guardian's right to file a grievance with the district over an alleged violation of Section 504; have an evaluation that draws on information from a variety of sources; be informed of any proposed actions related to eligibility and plan for services; receive all information in the parent/guardian's native language and primary mode of communication; periodic reevaluations and an evaluation before any significant change in program/service modifications; an impartial hearing if there is a disagreement with the district's proposed action; be represented by counsel in the impartial hearing process; and appeal the impartial hearing officer's decision.

If a parent/guardian disagrees with the identification, evaluation, or educational placement of his/her child under Section 504, he/she may initiate the following procedures:

1. Within 30 days of receiving the accommodation plan, file a written complaint with the School Section 504 Coordinator detailing his/her disagreement and request that the Section 504 School Team review the plan in an attempt to resolve the disagreement. This review shall be held within 14 days of receiving the parent/guardian request and the parent/guardian shall be invited to attend the meeting at which the review is conducted.
2. If disagreement continues, request in writing that the Superintendent or designee review the plan. This review shall be held within 14 days of receiving the parent/guardian request, and the parent/guardian shall be invited to meet with the Superintendent or designee to discuss the review.
3. If disagreement continues, request in writing a Section 504 due process hearing. The request shall include:
  - a. The specific nature of the decision with which the parent/guardian disagrees
  - b. The specific relief the parent/guardian seeks
  - c. Any other information the parent/guardian believes pertinent

Within 30 work days of receiving the parent/guardian's request, the Superintendent or designee and District Section 504 Coordinator shall select an impartial hearing officer. This 30-day deadline may be extended for good cause or by mutual agreement of the parties.

The District Section 504 Coordinator shall maintain a list of impartial hearing officers who are qualified and willing to conduct Section 504 hearings. To ensure impartiality, such officers shall not be employed by or under contract with the district in any capacity other than that of hearing officer and shall not have any professional or personal involvement that would affect their impartiality or objectivity in the matter.

Within 45 work days of the selection of the hearing officer, the Section 504 due process hearing shall be conducted and a written decision mailed to all parties. This 45-day deadline may be extended for good cause or by mutual agreement of the parties.

Any party to the hearing shall be afforded the right to be accompanied and advised by counsel and by individuals with special knowledge or training related to the problems of students who are qualified as disabled under Section 504; present written and oral evidence; question and cross-examine witnesses; and receive written findings by the hearing officer.

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



Student Achievement • Safe Schools • Positive School Climate  
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Chino Valley Unified School District  
Student Support Services

## **Section 504 MEETING NOTICE**

Date of 504 Plan Meeting \_\_\_\_\_

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

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

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

☐ Annual ☐ Transition ☐ Other \_\_\_\_\_

Dear Parent/Guardian:

This is to inform you a meeting has been scheduled to review your (son's/daughter's) Section 504 Accommodation Plan as follows:

Date	Time	Place

Staff will review relevant documents; i.e., medical history and academic records, that may require your assistance. Your participation at the review meeting is requested to provide input in your (son's/daughter's) education. Please notify me if you are unable to attend this important meeting.

If you have questions or if I can be of further assistance, please contact me.

Sincerely,

School Section 504 Coordinator