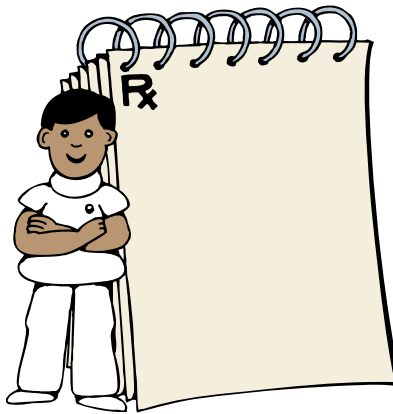


NANUET PUBLIC SCHOOLS

GUIDE FOR DEVELOPING 504 ACCOMMODATION PLANS



School Psychologists

Mrs. Ana Hedberg, Miller Elementary School
(845) 627 – 4873
Dr. Tracey Polizzi, A. MacArthur Barr Middle School
(845) 627 – 4072
Mrs. Elissa Lazev, Highview School
(845) 627 – 3485
Mrs. Alissa Moran, A. MacArthur Barr Middle School
(845) 627 - 4048
Dr. Claire Reder, Nanuet Senior High School
(845) 627 – 9865

Director of Student Support Services

Judy Heaney, District Office
(845) 627 - 9818

Nanuet Public Schools

Disability Documentation Form

This form is to be completed by the diagnosing physician or appropriately licensed professional. **Please fill out this form completely.** If you have any questions regarding this form, please call the appropriate school listed on the cover. Please be sure to sign it and include a phone number so that we may contact you if we have questions. Thank you.

CLIENT/PATIENT INFORMATION

Name of Patient	Date you began seeing this patient		
List any medication(s) currently being taken.	How long has the patient been on the medication(s)?		
<p>Check the appropriate diagnosis:</p> <p><input type="checkbox"/> Attention Deficit/Hyperactivity Disorder</p> <p><input type="checkbox"/> ADD/Inattentive Type</p> <p><input type="checkbox"/> DSM 5 Diagnosis Specify: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Briefly discuss the effectiveness of current and/or previous medication for this client.</p>		
<p>Check the procedures you used to diagnose the patient:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Interview(s) with (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> School Staff: _____ <input type="checkbox"/> Patient <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Sibling(s) </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Standardized rating scale or checklist (specify) _____ <ul style="list-style-type: none"> <input type="checkbox"/> Medical history <input type="checkbox"/> Developmental history <input type="checkbox"/> Other (specify) _____ </td> </tr> </table>		<input type="checkbox"/> Interview(s) with (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> School Staff: _____ <input type="checkbox"/> Patient <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Sibling(s) 	<input type="checkbox"/> Standardized rating scale or checklist (specify) _____ <ul style="list-style-type: none"> <input type="checkbox"/> Medical history <input type="checkbox"/> Developmental history <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Interview(s) with (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> School Staff: _____ <input type="checkbox"/> Patient <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Sibling(s) 	<input type="checkbox"/> Standardized rating scale or checklist (specify) _____ <ul style="list-style-type: none"> <input type="checkbox"/> Medical history <input type="checkbox"/> Developmental history <input type="checkbox"/> Other (specify) _____ 		
<p>Rationale/evidence for diagnosis: Discuss in detail the results and findings of the procedures checked above. If you checked <i>standardized rating scales</i> or <i>checklists</i>, please list the name of the test, the scores received, and discuss the findings. Be as specific as possible. Please attach additional pages if necessary.</p>			

Documentation Form (page 2)

<p>List any other psychological or medical conditions that may affect or exacerbate the patient's disability.</p>
<p>Describe any educational accommodations and/or services you would suggest for this patient.</p>
<p>Explain the reasons for recommending the above accommodations. Please be specific to each accommodation.</p>

PHYSICIAN/LICENSED PROFESSIONAL INFORMATION

Name	Clinic or hospital affiliation (if appropriate)
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Phone number ()	Address
Fax number ()	Email

I certify that the above statements are correct. I understand that any false information or omissions in the form will render this documentation invalid.

PHYSICIAN'S/LICENSED PROFESSIONAL'S SIGNATURE

DATE: _____

NANUET PUBLIC SCHOOLS

INFORMATION REGARDING SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 is an Act that prohibits discrimination against persons with a disability in any program receiving Federal financial assistance. The Act defines a person with a disability as anyone who:

1. has a mental or physical impairment, which substantially limits one or more major life activity (major life activities include activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. has a record of such impairment; or
3. is regarded as having such an impairment .

In order to fulfill its obligation under Section 504, the Nanuet School District recognizes a responsibility to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability will knowingly be permitted in any of the programs and practices in the school system.

The school district has specific responsibilities under the Act that include the responsibility to identify, evaluate and, if a child is determined to be eligible under Section 504, afford access to appropriate education services. Periodic reevaluation is conducted.

If a parent or guardian disagrees with the determination made by the professional staff of the school district, he/she has a right to a hearing with an impartial hearing officer.

The Family Educational Rights and privacy Act (FERPA) also specifies rights related to educational records. The Act gives the parent or guardian the right to: 1) inspect and review his/her child's educational records; 2) obtain copies of these records; 3) receive a list of all individuals having access to those records; 4) ask for an explanation of any item in the records; 5) ask for an amendment to any report on the grounds that it is inaccurate, misleading or violates the child's rights; and 6) a hearing on issues where they may be disagreement.

If there are any questions, please feel free to contact your child's building principal or Mrs. Judy Heaney, 504 Coordinator for the school district, at (845) 627-9818.

NANUET PUBLIC SCHOOLS

**NOTICE OF PARENT AND STUDENT RIGHTS
UNDER SECTION 504, THE REHABILITATION ACT OF 1973**

The Rehabilitation Act of 1973, commonly referred to as “Section 504,” is a nondiscrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to nondisabled students.

An eligible student under Section 504 is a student who (a) has, (b) has a record of having, or (c) is regarded as having, a physical or mental impairment which substantially limits a major life activity such as learning, self-care, walking, seeing, hearing, speaking, breathing, working, and performing manual tasks.

Dual Eligibility:

Many students will be eligible for educational services under both Section 504 and the Individuals with Disabilities Education ACT (IDEA). Students who are eligible under the IDEA have certain specific rights that are not available to students who are eligible solely under Section 504. (A Parent’s Guide to special Education, prepared by the New York State Education Department, that sets out the rights assured by IDEA, is available through the school District’s special Education Department). It is the purpose of this Notice form to set out the rights assured by Section 504 to those disabled students who do not qualify under the IDEA.

The Regulations:

The enabling regulations for Section 504 as set out in 34 CFR Part 104 provide parents and/or students with the following rights:

1. You have the right to be informed by the school district of your rights under Section 504. The purpose of this Notice form is to advise you of those rights. 34 CFR 104.32.
2. Your child has the right to an appropriate education designed to meet his/her individual educational needs as adequately as the needs of nondisabled students are met. 34 CFR 104.33.

3. Your child has the right to free educational services except for those fees that are imposed on nondisabled students or their parents. Insurers and similar third parties are not relieved from an otherwise valid obligation to provide or pay for services provided to a disabled student. 34 CFR 104.33.
4. Your child has a right to be educated, and to participate in activities and services, with students who are not disabled, to the maximum extent appropriate. 34 CFR 104.34.
5. Your child has a right to facilities, services, and activities that are comparable to those provided for nondisabled students. 34 CFR 104.34.
6. Your child has a right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement. 34 CFR 104.35.
7. Testing and other evaluation procedures must conform to the requirements of 34 CFR 104.35 as to validation, administration, areas of evaluation, etc. The District shall consider information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, physical or medical reports, student grades, progress reports, parent observations, and anecdotal reports. 34 CFR 104.35.
8. Placement decisions must be made by a group of persons, including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities. 34 CFR 104.35.
9. If eligible under Section 504, your child has a right to periodic reevaluations generally every three years. 34 CFR 104.35.
10. You have the right to notice prior to any action by the District in regard to the identification, evaluation, or placement of your child. 34 CFR 104.36.
11. You have the right to examine relevant records. 34 CFR 104.36.
12. You have the right to an impartial hearing with respect to the District's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by counsel. 34 CFR 104.36.
13. If you disagree with the decision of the impartial hearing officer, you have a right to a review of that decision by a court of competent jurisdiction. 34 CFR 104.36.

14. On Section 504 matters other than your child's identification, evaluation, and placement, you have a right to file a complaint with the District's Section 504 Coordinator or designee, Mrs. Judy Heaney, Nanuet Union Free School District, 101 Church, Nanuet, New York 10954, (845) 627-9818, who will investigate the allegations to the extent warranted by the nature of the complaint in an effort to reach a prompt and equitable resolution.
15. You also have a right to file a complaint with the Office for Civil Rights. The address of the Regional Office, which covers New York, is:

United States Department of Education
Office for Civil Rights
Region II
Federal Building
26 Federal Plaza
New York, New York 10278
(212) 264-4633

16. If you wish to challenge the actions of the District's Section 504 Committee in regard to your child's identification, evaluation, or educational placement, you should file a written Notice of Appeal with the District's Section 504 Coordinator, Mrs. Judith Heaney, Nanuet Union Free School District, 101 Church Street, Nanuet, New York 10954 (845) 627-9818, within 14 days from the time you receive written notice of the Section 504 Committee's action(s). A hearing will be scheduled before an impartial hearing officer and you will be notified in writing of the date, time and place for the hearing.