

Section 504 Parent/Guardian Rights

The purpose of this notice is to describe the procedural safeguards provided to the parents of students with disabilities under Section 504. The intent of the law is to keep parents fully informed concerning the District's decisions to identify, evaluate, and/or provide accommodations/services for their children. The District encourages and facilitates informal complaint resolutions of the same.

Section 504 of the Rehabilitation Act of 1973 is a federal law prohibiting discrimination against disabled persons who may participate in, or receive benefits from programs receiving federal financial assistance. Under Section 504 (§504), eligible students with disabilities are provided with educational benefits and opportunities equal to those provided to nondisabled students. Students with disabilities have the right to receive a free appropriate public education (FAPE) and to be educated with nondisabled students to the maximum extent appropriate.

Under §504, students are considered disabled if they suffer from a physical or mental impairment that substantially limits one or major life activities. Section 504 also protects students with a record of impairment or, who are regarded as impaired, from discrimination on the basis of disability. Students can be considered disabled, and may receive protections/accommodations under §504, even if they do not qualify for, or receive special education and related services under the Individuals with Disabilities Education Act (IDEA).

Parents of students with disabilities eligible under §504 have the following rights:

1. To receive written notice of the District's intent to identify, evaluate, and/or to provide a §504 Plan for their child
2. To review all relevant records regarding their child and obtain copies at reasonable cost
3. To appeal/disagree with the District's decisions with regard to the identification, evaluation, or §504 Plan accommodations/services, or file a complaint concerning allegations of a violation of §504 policy/procedures, or disability-based discrimination/harassment
4. To request an informal mediation or an impartial hearing if they disagree with their child's identification, evaluation, or §504 Plan, with an opportunity to participate and be represented by an attorney at the parent's expense
5. To review the decision of the impartial hearing officer

Upon request, the District will provide an oral interpreter at §504 Plan meetings for those whose primary language is not English. Upon request, the District will also provide translated versions of §504 related documents. A complaint investigation may be initiated by contacting the Child Welfare and Attendance Office if there is an assertion that adequate interpretation was not provided at a §504 Plan meeting. For further information regarding complaint investigations, refer to the District's policy, Uniform Complaint Procedures (UCP), (5 CCR Section 4622; Administrative Regulation 1312.3), as summarized in the Parent Student Handbook.

For further information, you may contact:

Stockton Unified School District
Child Welfare & Attendance
504 District Coordinator, Jennifer Robles
1144 E. Channel Street #104, Stockton, CA 95205
(209) 933-7130 ext. 2617 or email jrobles@stocktonusd.net



Stockton Unified School District



RECEIPT OF PARENT/GUARDIAN RIGHTS UNDER SECTION 504

Name of Student: _____

Date of Birth: _____ School: _____

This is to verify that I have received a copy of *Section 504 Parent/Guardian Rights*, which informs me of my rights as the parent/guardian of a student with a disability.

I understand that I have the right to:

1. Receive this and all other written notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or Braille as appropriate, and
2. Have my rights explained to me by the District if I have any questions.

My signature below indicates that I received the rights and understand its contents.*

*Due to Covid-19 School Closure - verbal agreement is documented below and initialed by _____ who served as recorder for this communication. ____ Initials

Name of Parent, Guardian, or Adult Student

Initials/witnessed by

Date

Copy provided to family by: mail e-mail text other

Address or e-mail or phone number sent to: