**ROWAN COUNTY SCHOOL DISTRICT**

**Section 504 Parental Rights**

This is to inform you of your rights concerning Section 504. Adult students may assert these rights in their own behalf.

You have the right:

1. To receive notice of your rights;

2. To receive notice regarding evaluation, identification, educational placement, or significant change of educational placement, of your child;

3. To give consent prior to initial 504 evaluation and initial 504 placement of your child;

4. For your child to receive a free appropriate public education (FAPE). This includes being educated with nondisabled students to the maximum extent appropriate. The school district must make needed accommodations to allow your child an equal opportunity to participate in school and school activities (curricular and extracurricular);

5. For your child to be educated in facilities, and access services, comparable to those provided to nondisabled students;

6. For your child to receive an individualized evaluation, and if he/she is found to be eligible under Section 504 of the Rehabilitation Act, for your child to receive individualized accommodations;

7. For evaluation, identification and educational placement decisions to be made based upon a variety of information sources, and by a group of persons, including persons knowledgeable about the student, the meaning of the evaluation data and the placement options;

8. If the school district places your child in an educational program it does not operate, for your child to be transported to and from that outside placement setting at no greater cost to you than if the child was placed in a program operated by the district;

9. To examine all education records relating to your child’s evaluation, identification, and educational placement and obtain copies of educational records at a reasonable cost, unless the fee would effectively prevent you from inspecting and reviewing the records;

10. To response from school district to reasonable requests for explanations and interpretations of your child’s records;

11. To request amendment of your child’s educational records if there is cause to believe that they are inaccurate, misleading, or otherwise in violation of the child’s privacy or other rights;

12. To file a local grievance concerning discrimination;

13. To file a complaint concerning discrimination or FAPE with the Office for Civil Rights in the U.S. Department of Education. The address and phone number of the regional OCR office serving the RCSD can be obtained from the RCSD 504 Coordinator/ Compliance Officer. The RCSD Section 504 Coordinator/ Compliance Officer is Carolyn Y Blair, telephone number 606-784-8928;

 14. To request an impartial due process hearing as to decisions about your child’s evaluation, identification, and educational placement; request review of the hearing officer’s decision; and appeal the review officer’s decision to court. You and your child may participate in the proceedings and have an attorney represent you at your own expense. You have the right to open the hearing to the public. Hearing and review requests must be made to the RCSD Section 504 Coordinator/Compliance Officer; and

15. To request reimbursement of reasonable attorney fees if you are determined to be a prevailing party in your 504 hearing or court action.

16. When a student reaches the age of majority, or is emancipated, under Kentucky law, all rights under Section 504 transfer from the parents to the student, unless the RCSD is provided with an official copy of a court order declaring the student incompetent under KRS Chapter 387.

ROWAN COUNTY SCHOOL DISTRICT

PARENT NOTICE OF SECTION 504 REFERRAL

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been referred for consideration for evaluation for eligibility for Section 504 disability services. The evaluation will be conducted within 60 school days of parent permission (which begins the date the form (signed) is received by the Principal/504 Chair. A 504 meeting will be held to discuss the evaluation and student needs. Please indicate on the enclosed CONSENT FOR SECTION 504 ELIGIBILITY EVALUATION whether you consent to the evaluation. A copy of the SECTION 504 PARENT RIGHTS STATEMENT is enclosed. If you have any questions, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Principal/504Chair Date

Oct2011