

REGULATION

HAMILTON TOWNSHIP BOARD OF EDUCATION

Section: Administration

1510. AMERICANS WITH DISABILITIES ACT

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It is the policy of the Hamilton Township Board of Education (the "Board") that no qualified handicapped/disabled person shall, on the basis of handicap/disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in employment or under any program or activity sponsored by this Board. The Board shall comply with Section 504 of the Rehabilitation Act of 1973 ("Section 504") and the Americans with Disabilities Act of 1990 (the "ADA"). The Board shall also comply with the Individuals with Disabilities Education Act through the implementation of Policy No. 2460 and Regulations Nos. 2460 through 2460.14.

DEFINITIONS

"504 Committee" – means a committee consisting of district employees and/or administrators which is responsible for reviewing, approving, and implementing Section 504 accommodations for pupils, employees and other qualified persons. The Committee shall consist of no less than three (3) and no more than (5) members, inclusive of the chairperson. The 504 Committee shall consist of different people at each school and/or grade level, depending on the student and the specific accommodation request. Each building shall have a 504 Committee Chairperson. The Chairperson shall determine the individuals who comprise the 504 Committee who may include, in addition to the student's parent(s)/guardian(s), any of the following: nurse, guidance counselor, general/special education teacher, administrator, school psychologist, learning disability/teacher consultant, social worker, and school physician. The Committee shall report to the 504 Compliance Officer. The 504 Committee is separate and distinct from the Intervention and Referral Services ("I&RS") Committee.

"504 Compliance Officer" – means the district official responsible for the coordination of all activities relating to compliance with Section 504 and implementation of Board Policy 1510 and this Regulation.

"Handicapped/Disabled Person" - means any person who: (1) has a physical or mental impairment that substantially limits one or more of a person's major life activities and includes specific learning disabilities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. 34 C.F.R. §104.3(j).

"Disability" - means a pupil with mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments or specific learning disabilities and who by reason thereof, needs special education and related services pursuant to 20 U.S.C. §1401.602(A), or an individual who has a physical or mental impairment that substantially limits one or more major life activities of such individual. 42 U.S.C. §1201.3.

“Physical or Mental Impairment” – means: (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; muscular-skeletal, special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or physiological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 34 C.F.R. §104.3(j)(2)(i).

“Major Life Activities” - means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. 34 C.F.R. §104.3(j)(2)(ii). Has a record of such impairment - means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities. 34 C.F.R. §104.3(j)(2)(iii). Is regarded as having an impairment – means: (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment, or (3) has none of the impairments defined above, but is treated by a recipient as having such an impairment. 34 C.F.R. §104.3(j)(2)(iv).

“Recipient” – means any state or its political subdivision, including this Board of Education. (34 C.F.R. §104.3(f))

“Qualified Handicapped/Disabled Person” - means:

1. With respect to employment, a handicapped/disabled person who, with reasonable accommodation, can perform the essential functions of the job in question;
2. With respect to public preschool, elementary, secondary, or adult educational services, a handicapped/disabled person (1) of an age during which nonhandicapped/nondisabled persons are provided such services, (2) of any age during which it is mandatory under state or federal law to provide such services to handicapped/ disabled persons, or (3) to whom a state is required to provide a free appropriate public education under the Individuals with Disabilities Education Act;
3. With respect to post secondary and vocational educational services, a handicapped/disabled person who meets the academic and technical standards requisite to admission or participation in the school district’s education program or activity; and
4. With respect to other services, a handicapped/disabled person who meets the essential eligibility requirements for the receipt of such services. 34 C.F.R. §104.3(k)(1-4).

“Handicap” - means any condition or characteristic that renders a person handicapped/disabled.

“Disability” - means any condition or characteristic that renders a person disabled.

“Aids, Benefits, and Services” - means aids, benefits and services to be equally effective, are not required to produce the identical result or level of achievement for handicapped/disabled and nonhandicapped/nondisabled persons, but must afford handicapped/disabled persons equal opportunity to obtain the same result, gain the same benefit, or reach the same level of achievement, in the most integrated setting appropriate to the person’s needs. 34 C.F.R. §104.4(b)(2).

“Act” - means the Rehabilitation Act of 1973, Public Law 93-112, as amended by the Rehabilitation Act Amendments of 1974 Public Law 93-516, 29 U.S.C. 794, the Americans with Disabilities Act 42 U.S.C. § 1201 et seq., and the Individuals with Disabilities Act 20 U.S. 1400 et seq.

"Aggrieved individual" – means a qualified handicapped/disabled person who alleges a grievance or the representative of such qualified handicapped/disabled person.

"Board" – means the Board of Education of the Hamilton Township School District .

"Complainant" – means a parent(s) or legal guardian(s) of a qualified handicapped/disabled pupil or qualified handicapped/disabled person who files a grievance in accordance with the grievance procedure.

“Compliance Officer” means the district official responsible for the coordination of activities relating to compliance with §504.

"Day" – means either calendar or working day as specified.

"Employee" – means an individual who receives remuneration from the school district for services rendered.

"Grievance" – means an unresolved problem concerning the interpretation or application by an officer or employee of this school district of law and regulations regarding discrimination by reason of handicap/disability.

"Immediate supervisor" – means any employee responsible for, or exercising any degree of supervision or authority over another employee or pupil.

"Intermediate supervisor" – means the administrator to whom the immediate supervisor is directly responsible.

"Pupil" – means an individual enrolled in any formal educational program provided by the school district.

"School district" – means the Hamilton Township School District.

504 Compliance Officer

At the reorganization meeting, the Board will annually appoint a District Official as the 504 Compliance Officer to coordinate its efforts to comply with the Rehabilitation Act and the Americans with Disabilities Act and Title IX. The 504 Compliance Officer shall designate and implement procedures to coordinate the district’s efforts to comply with the Acts and this Regulation for pupils, employees and other qualified persons. In conjunction with the 504 Committee, the 504 Compliance Officer shall be responsible for the initial review of all allegations, provision of reasonable accommodations, if required, and re-assessments of accommodations. The 504 Compliance Officer shall comply with the mediation and due process requirements pursuant to N.J.A.C. 6A-14-2.6 and 6A:14-2.7 where applicable in cases arising from Section 504.

504 Committee

The 504 Committee, under the guidance of the 504 Compliance Officer, shall be responsible for the review, assessment, approval and implementation of all 504 accommodations for pupils, employees and other qualified persons. The 504 Committee shall review all accommodations requests, along supporting physician certifications and documents, to determine whether the requested accommodation(s) are reasonable. At the very least, a 504 Committee meeting shall be held to discuss the request within twenty (20) days of receipt. If the requested accommodation(s) is found to be reasonable, the Committee shall make the necessary arrangements for the accommodation(s) to be implemented. If the requested accommodation(s) is found to be unreasonable, the Committee shall provide a statement as to why the accommodation request was not granted and provide any suggestions for appropriate alternate accommodations to adequately address the employee or student's needs, if possible. The original 504 Plans and supporting documentation shall be maintained in the individual buildings where the student attends school or in the school building where the employee works. Copies of these documents shall also be maintained by the District 504 Compliance Officer.

Notice

The Board shall notify members of the community, applicants, including those with impaired vision or hearing, and unions/associations within the school district, that the Board of Education does not discriminate on the basis of handicap/disability in violation of Section 504 or the Americans with Disabilities Act. This notice may include any of the following methods: the posting of notices, publication in local newspapers and magazines and/or distribution of memoranda or other written communications. The policy and regulation may be reprinted in part or in full and distributed to serve as adequate notice.

State or Local Law

The obligation to comply with the Rehabilitation Act and the Americans with Disabilities Act is not obviated or alleviated by the existence of any State or local law or other requirement that, on the basis of handicap/disability, imposes prohibitions or limits upon the eligibility of qualified handicapped/disabled persons to receive services or to practice any occupation or profession, or because employment opportunities in any occupation or profession are or may be more limited for handicapped/disabled persons than nonhandicapped/nondisabled persons.

EMPLOYMENT PRACTICES

Discrimination Prohibited

No qualified handicapped/disabled person shall, on the basis of handicap/disability, be subjected to discrimination in employment under any program or activity to which the Act applies. The Board will take positive steps to employ and advance in employment qualified handicapped/disabled persons in programs assisted under the Act. The Board will make all decisions concerning employment under any program or activity to which the Act applies in a manner which ensures that discrimination on the basis of handicap/disability does not occur and may not limit, segregate, or classify applicants or employees in any way that adversely affects their opportunities or status because of handicap/disability.

The Board will not participate in a contractual or other relationship that has the effect of subjecting qualified handicapped/disabled applicants or employees to discrimination prohibited by Section 504. This shall apply to:

1. Recruitment, advertising, and the processing of applications for employment;

2. Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff and rehiring;
3. Rates of pay or any other form of compensation and changes in compensation;
4. Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists;
5. Leaves of absences, sick leave, or other leave;
6. Fringe benefits available by virtue of employment, whether or not administered by the Board;
7. Selection and financial support for training including apprenticeship, professional meetings, conferences, and other related activities, and selection for leaves of absences to pursue training;
8. Employer sponsored activities, including social or recreational programs; and
9. Any other term, condition, or privilege of employment.

The Board's obligation to comply with these requirements is not affected by any inconsistent term or any collective bargaining agreement to which the Board is a party.

Reasonable Accommodation

The Board of Education will make reasonable accommodation, not directly affecting the educational and/or instructional program or negatively impacting the essential job functions, to the known physical or mental limitation of any otherwise qualified handicapped/disabled applicant or employee unless the Board can demonstrate that the accommodation would impose an undue hardship on the operation of the program. Reasonable accommodation may include making facilities used by employees readily accessible to and usable by handicapped/disabled persons and job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, the provision of readers or interpreters, and other similar actions.

In determining whether the accommodation would impose an undue hardship on the operation of the program, the Board will consider:

1. The overall size of the district's program with respect to the number of employees, number and type of facilities and the size of the budget;
2. The type of operation, including the composition and structure of the district's workforce; and
3. The nature and cost of the accommodation needed.

The Board will not deny any employment opportunity to a qualified handicapped/disabled employee or applicant if the basis of the denial is the need to make reasonable accommodation to the physical or mental limitations of the employee or applicant.

Employee Accommodation Request Procedure

In order to receive a disability accommodation, an employee must formally submit a request through the Board-approved Employee 504 Accommodation Request Procedure as follows:

1. The requesting employee must complete the Employee Disability Accommodation Request form detailing the nature of the alleged disability and the accommodation sought. Form # 504-1E.
2. The requesting employee must complete the Employee Authorization for Release of Records for Disability Accommodation Request to permit his/her health care provider to exchange and disclose any necessary confidential health information to the Board which is relevant to the request. Form # 504-2E.
3. At or near the same time the employee submits the Accommodation Request form, the employee must have his/her physician complete the Physician Certification for Employee Disability Accommodation form and attach any and all relevant medical information to that form. Form # 504-3E.
4. The completed Accommodation Request packet, including the three (3) above referenced forms and any additional relevant documentation, must be sent to the 504 Committee for consideration.
5. Upon receipt of an Accommodation Request, the 504 Committee may forward a copy of the complete request packet to the District Physician for review.
6. After review of the Accommodation Request materials, the District Physician may complete the Certification for Employee Disability Accommodation and provide an opinion as to whether the employee has functional limitations and recommend what, if any, accommodation(s) may be appropriate for consideration by the 504 Committee. Form # 504-4E.
7. Upon receiving the Accommodation Request packet and the District Physician Certification, if applicable, the 504 Committee shall review all of the pertinent materials and decide whether the individual qualifies as disabled and whether or not an accommodation is appropriate and/or necessary for the employee.
8. As part of the Accommodation Request review procedure, the 504 Committee must determine whether the accommodation would impose an undue hardship on the operations of the District pursuant to applicable laws, regulations, and/or whether the request will negatively impact the essential job functions of the employee.
9. The 504 Committee shall then complete the Employee Disability Accommodation Response form and detail its decision of whether the accommodation(s) was granted, and if so, describe what action will be taken to meet the accommodation. Form # 504-5E.
10. If requested, counsel for the Board may review the Accommodation Request and the 504 Committee's response to ensure legal compliance.

11. If the Accommodation Request, or an alternate accommodation, is approved by the 504 Committee and/or Board Counsel, the Board shall then implement the accommodation.
12. Review of employee accommodations by the 504 Committee may occur annually or at the discretion of the 504 Committee to assess the continuing necessity and/or appropriateness of the accommodation.

Employment Criteria

The Board and its administration will not use any employment test or other selection criterion that screens out or tends to screen out handicapped/disabled persons or any class of handicapped/disabled persons unless the test score or other selection criterion is shown to be job-related for the position in question and alternative job-related tests or criteria that do not screen out as many handicapped/disabled persons shown by the 504 Compliance Officer to be available. The Board and its administration may select and administer tests concerning employment so as to best ensure that when administered to an applicant or employee who has a handicap/ disability that impairs sensory, manual, or speaking skills, the test results accurately reflect the applicant's or employee's job skills, aptitude, or whatever factor the test purports to measure, rather than reflecting the applicant's or employee's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure).

Pre-employment Inquiries

Except as provided for in this regulation and Section 504, the Board and its administration, will not conduct pre-employment medical examination and will not make pre-employment inquiry of an applicant as to whether the applicant is a handicapped/disabled person or as to the nature or severity of the handicap/disability. The school district may make pre-employment inquiry into an applicant's ability to perform job related functions.

When the Board is taking remedial action to correct effects of past discrimination or to overcome the effects of conditions that resulted in limited participation in its federally assisted program or activity, as provided for in Section 504, or when the Board is taking affirmative action pursuant to Section 504, the Board may invite applicants for employment to indicate whether and to what extent they are handicapped/disabled. This is permitted provided the Board states clearly on a written questionnaire or makes clear orally if no written questionnaire is used that the information requested is intended for use solely in connection with its remedial action obligations or its voluntary or affirmative action efforts and the Board states clearly that the information is being requested on a voluntary basis, that it will be kept confidential, that refusal to provide information will not subject the applicant or employee to any adverse treatment, and that the information will only be used in accordance with this part of the Regulation and applicable section of Section 504.

The Board may condition an offer of employment on the results of a medical examination conducted prior to the employee's entrance on duty provided that all entering employees are subjected to such an examination regardless of handicap/disability and the results of such an examination are used only in accordance with the requirements of the policy, regulation and Section 504.

Information obtained in accordance with pre-employment inquiries as to the medical condition or history of the applicant will be collected and maintained on separate forms that will be accorded confidentiality as medical records. Supervisors may be informed of restrictions on the work or duties of handicapped/ disabled persons and any reasonable accommodations. First aid and safety personnel may be informed,

where appropriate, if the condition might require emergency treatment. Government officials investigating compliance with the Rehabilitation Act shall be provided relevant information upon request.

Complaints about Employment Discrimination

Complaints about employment discrimination under Section 504 or the ADA shall first be made in writing to the Superintendent of Schools or his/her designee. If the complaint cannot be resolved the following grievance procedure shall be followed:

Grievance Procedure - Employment

This grievance procedure shall apply to qualified handicapped/ disabled persons who are employees with alleged discriminatory act(s) under the provisions of § 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act.

1. The aggrieved individual shall file a written complaint, stating the specific facts of his/her grievance and the alleged discriminatory act, with the 504 Compliance Officer.
2. The Compliance Officer shall make all reasonable efforts to resolve the matter informally by having the aggrieved individual review the complaint with his/her immediate supervisor.
3. The immediate supervisor shall render a determination to the aggrieved individual within ten working days after hearing the complaint. If such complaint is not satisfactorily resolved at this stage, the aggrieved individual may proceed to the next level of appeal.
4. Within five working days after a determination has been made at the preceding stage, the aggrieved individual may present the complaint in writing to the intermediate supervisor, if such there be, who shall orally discuss the complaint with the aggrieved individual. The intermediate supervisor shall render a determination in writing to the aggrieved individual within ten working days after receiving the complaint. If such complaint is not satisfactorily resolved at this stage, the aggrieved individual may proceed to the next level of appeal.
5. Within ten working days after a determination has been made by the intermediate supervisor, the aggrieved individual may make a written request to the Compliance Officer for review and determination.
6. The Compliance Officer shall immediately notify the individual, immediate supervisor, and intermediate supervisor in the case to submit written statements to him/her within ten working days setting forth the specific nature of the complaint, the facts relating thereto, and the determinations previously rendered.
7. The Compliance Officer shall notify all parties concerned in the case of the time and place when an informal hearing will be held where the parties may appear and present oral and written statements supplementing their position in the case and the manner in which the hearing will be conducted. Such hearing shall be held within ten working days of receipt of the written statements pursuant to paragraph 5.

8. The Compliance Officer shall render a determination within twelve working days after the written statements pursuant to paragraph 5 have been presented to him/her, or five working days after the completion of the informal hearing. Compliance Officer will provide a written copy of his/her determination to all parties.
9. The aggrieved individual may appeal the determination of the Compliance Officer to the Board within five working days of the receipt of the compliance officer's determination. The appeal shall be in writing and attached to copies of the original complaint, the minutes of the informal hearing, and the written determination of the 504 Compliance Officer. The Board or a committee thereof may, in its discretion, convene a hearing at which the parties may present additional testimony and argument.
10. Within forty-five calendar days of the filing of appeal, the Board shall provide both parties with a written decision.
11. If the complaint has not been satisfactorily resolved in the above stages, the aggrieved individual may appeal in writing directly to the Office of Civil Rights.

FACILITIES

Discrimination Prohibited

No qualified handicapped/disabled person shall, because a Board facility is inaccessible to or usable by handicapped/disabled persons, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any activity to which this section of the Regulation applies.

Existing Facilities

The Board will operate its programs and activities so that the program, when viewed in its entirety, is readily accessible to handicapped/disabled persons. The Board is not required to make each of its facilities accessible to and usable by handicapped/disabled persons. The Board may comply with these requirements through such means as redesign of equipment, realignment of classes or other services to other buildings, assignment of aides, alternative sites, alterations of existing facilities or construction of new facilities or any other methods that result in making its programs or activities accessible to handicapped/disabled persons. The Board is not required to make structural changes in existing facilities where other methods that are effective in achieving compliance with this Regulation and Section 504. The Board will give priority to those methods that offer programs and activities to handicapped/ disabled persons in the most integrated setting appropriate. The Board will develop a plan to make its facilities comply with this policy and Section 504. The plan shall be developed with the assistance of interested persons, including handicapped/disabled persons or organizations representing handicapped/ disabled persons.

New Construction

The Board will design and construct each new facility or part of each new facility, or in the renovation of facilities or part thereof, in a manner that each such facility is readily accessible to and usable by handicapped/disabled persons. The alterations are not required if the alteration has little likelihood of being accomplished without removing or altering a load-bearing structural member. The Board will

comply with the provisions of N.J.S.A. Title 18A and N.J.A.C. Titles 6 and 6A for the construction, remodeling and/or renovation of its facilities.

Complaints About Accessibility of Facility

Complaints about access to facilities shall first be made to the Superintendent of Schools or his/her designee. If the complaint cannot be resolved the following grievance procedure shall be followed:

Grievance Procedure - Facilities

This grievance procedure shall apply to qualified handicapped/ disabled persons who are not employees or pupils with alleged discriminatory act(s) under the provisions of Section 504 and/or the ADA.

1. The aggrieved individual shall file a written complaint, stating the specific facts of his/her grievance and the alleged discriminatory act, with the Compliance Officer.
2. The Compliance Officer shall make all reasonable efforts to resolve the matter informally by reviewing the complaint with the aggrieved individual.
3. In the event the complaint cannot be resolved through an informal meeting, the Compliance Officer shall notify all parties concerned in the case of the time and place when an informal hearing will be held where the parties may appear and present oral and written statements supplementing their position in the case and the manner in which the hearing will be conducted. Such hearing shall be held within ten working days of receipt of the written statements pursuant to paragraph 5.
4. The Compliance Officer shall render a determination within twelve working days after the written statements pursuant to paragraph 5 have been presented to him/her, or ten working days after the completion of the informal hearing. The Compliance Officer will provide a written copy of his/her determination to all parties.
5. The aggrieved individual may appeal the determination of the Compliance Officer to the Board within three working days of the receipt of the 504 Compliance Officer's determination. The appeal shall be in writing and attached to copies of the original complaint, the minutes of the informal hearing, and the written determination of the compliance officer. The Board or a committee thereof may, in its discretion, convene a hearing at which the parties may present additional testimony and argument.
6. Within forty-five days of the filing of appeal, the Board shall provide both parties with a written decision.
7. If the complaint has not been satisfactorily resolved in the above stages, the aggrieved individual may appeal in writing directly to the Office of Civil Rights.

EDUCATIONAL PROGRAM

The Board of Education will not, on the basis of handicap/ disability, exclude qualified handicapped/disabled persons from the program or activity and will take into account the needs of such

persons in determining the aid, benefits or services to be provided under the program or activity.

Pupils not otherwise eligible for special education programs and/or related services pursuant to N.J.A.C. 6A:14-1 et seq. may be referred to the 504 Compliance Officer by the parent(s) or legal guardian(s), staff member and/or a request directly from the pupil.

The Board will provide a reasonable accommodation(s) to otherwise qualified pupils notwithstanding any program and/or related services required pursuant to N.J.A.C. 6A:14-1 et seq. Timelines for re-assessments of pupils receiving a reasonable accommodation(s) will be established by the 504 Coordinator. A re-assessment may be requested by the parent(s) or legal guardian(s) and/or the pupil at any time upon written request to the Compliance Officer.

Location and Notification

The administration will undertake to identify and locate every qualified handicapped/disabled person residing within the school district who is not receiving a public school education and will take steps to notify such handicapped/disabled persons and their parent(s) or legal guardian(s) of the school district's duty under the policy and Rehabilitation Act. Pupils not otherwise eligible for program and/or related services pursuant to N.J.A.C. 6A:14-1 et seq., may be referred to the 504 Compliance Officer by the parent(s) or legal guardian(s), staff member and/or a request directly from the pupil.

Pupil Accommodation Request Procedures

In order to request a 504 Accommodation(s) for a pupil, the pupil's parent(s)/guardian(s), the adult pupil, or other referring individual must submit a formal request through the Board-approved Pupil 504 Accommodation Request Procedure as follows:

1. The requesting individual must complete the Pupil Disability Accommodation Request form detailing the nature of the alleged disability and the accommodation sought. The District does not provide evaluation, medical review, or other testing for these purposes. Rather, it is the requesting individual's responsibility to provide sufficient, valid medical and/or educational data for the Committee's review. Form # 504- 1P.
2. The parent/guardian/adult pupil must complete the Pupil Authorization for Release of Records for Disability Accommodation Request to permit the pupil's health care provider to exchange and disclose any necessary confidential health information to the Board which is relevant to the request. Form # 504-2P
3. At or near the same time of the submission of the Accommodation Request form, the pupil/guardian/adult pupil must have the pupil's physician complete the Physician Certification for Pupil Disability Accommodation form and attach any and all relevant medical information to that form. Form # 504-3P.
4. The completed Accommodation Request packet, including the 3 forms and any additional relevant documentation, must be sent to the 504 Committee for consideration.
5. Upon receipt of an Accommodation Request, the 504 Committee may forward a copy of the complete request packet to the District Physician for review.
6. After review of the Accommodation Request materials, the District Physician may complete the Certification for Pupil Disability Accommodation and provide an opinion as to whether the pupil has functional limitations and what, if any, accommodation(s) may be appropriate for consideration by the 504 Committee. Form # 504-4P.

7. Upon receiving the Accommodation Request packet, the 504 Committee shall review all of the pertinent materials and decide whether the pupil qualifies as disabled and whether or not an accommodation is appropriate and/or necessary for the pupil.
8. As part of the Accommodation Request review procedure, the 504 Committee must determine whether the accommodation would impose an undue hardship on the operations of the District pursuant to applicable laws and regulations.
9. The 504 Committee shall then complete the Pupil Disability Accommodation Response form and detail its decision of whether the accommodation(s) was granted, and if so, describe what action will be taken to meet the accommodation. Form # 504-5P.
10. If requested, counsel for the Board may review the Accommodation Request and the 504 Committee's response to ensure legal compliance.
11. If the Accommodation Request, or an alternate accommodation, is approved by the 504 Committee and/or Board Counsel, the Board shall then implement the accommodation.
12. Reevaluation of pupil accommodations may occur annually or at the discretion of the 504 Committee to assess the continuing necessity and/or appropriateness of the accommodation.

Accommodation

In interpreting data and in making pupil accommodation decisions, the school district will:

1. Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior;
2. Establish procedures to ensure that the information obtained from all such sources is documented and carefully considered;
3. Ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data and the placement options; and
4. Ensure that the accommodation decision is made in conformity with this regulation and the Rehabilitation Act of 1973.

Timelines for re-assessment of pupils receiving a reasonable accommodation(s) will be established by the Section 504 Compliance Officer. At a minimum, 504 Plans shall be reviewed annually. A re-assessment may be requested by the parent(s) or legal guardian(s) and/or the pupil at any time upon written request to the 504 Compliance Officer.

The Section 504 Compliance Officer, based on the assessment of the pupil eligible for services under Section 504 and a finding of eligibility, shall prepare a Section 504 Accommodation Plan (Form # 504-6P) which contains the following elements as related to the pupil:

1. Name.
2. Date of Birth.
3. Current educational setting.
4. Name of the District Coordinator or designee preparing the Section 504 Accommodation Plan.
5. Handicapping/Disabling condition.
 - a. Major life activity impaired.
 - b. Educational impact.
 - c. Impact on related educational progress.
 - d. Data reviewed.
6. Accommodation (as appropriate).
 - a. Physical and learning environment.
 - b. Instructional.
 - c. Behavioral.
 - d. Evaluation.
 - e. Medical.
 - f. Transportation.
 - g. Other.
7. Location of the Accommodation
8. A listing of individuals participating in the development of the plan, along with their titles and the date(s) of their participation.
9. A certification by the parent(s) or legal guardian(s) of the pupil that they have participated in the development of the plan and give their consent to its implementation.
10. A waiver of the fifteen days notice prior to the implementation of the plan by the parent(s) or legal guardian(s) if the plan is to be implemented sooner than the fifteen days.

Procedural Safeguards

The school district will establish and implement, with respect to actions regarding the identification, assessment, or provision of accommodations for persons who, because of handicap/disability, need or are believed to need accommodations, a system of procedural safeguards that includes notice, an opportunity for the parent(s) or legal guardian(s) of the person to examine relevant records, an impartial hearing with opportunity for participation by the person's parent(s) or legal guardian(s) and representation by counsel, and a review procedure. These procedural safeguards shall be in accordance with N.J.A.C. 6A:14 et seq. and Policy No. 2460 and Regulation 2460.6 and/or the grievance procedures contained herein.

Grievance Procedure - Pupils

This grievance procedure shall apply to qualified handicapped/ disabled persons who are pupils with alleged discriminatory act(s) under the provisions of § 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act.

1. The parent(s) or legal guardian(s) of a qualified handicapped/ disabled pupil or adult qualified handicapped/disabled pupil who believe the pupil has a valid basis for a grievance under § 504, or the Americans with Disabilities Act shall file an informal complaint in writing, stating the specific facts of his/her grievance and the alleged discriminatory act, with the 504 Compliance Officer.
2. The 504 Compliance Officer shall make all reasonable efforts to resolve the matter informally by reviewing the grievance with appropriate staff which may include, but not be limited to, the Building Principal, Child Study Team staff and/or the classroom teacher(s).
3. The 504 Compliance Officer will investigate and document the complaint including dates of meetings, dispositions and date of dispositions. The 504 Compliance Officer will provide a written reply to the aggrieved individual within ten working days.
4. If the complainant is not satisfied with the 504 Compliance Officer's written reply, the complainant must file a formal complaint in writing, setting out the circumstances that give rise to the alleged grievance. This written complaint must be filed with the 504 Coordinator within ten working days.
5. The 504 Compliance Coordinator will appoint a qualified hearing officer within ten working days of the receipt of the written grievance. The hearing officer will conduct a hearing within ten working days. The hearing officer will give the parent(s) or legal guardian(s), pupil or adult pupil a full and fair opportunity to present evidence relevant to the issues raised under the grievance. The parent(s) or legal guardian(s), pupil or adult pupil may, at their own expense, be assisted or represented by individuals of their choice, including legal counsel. The hearing officer will present a written decision to the 504 Compliance Coordinator and aggrieved individual within ten working days of the hearing.
6. The complainant may file an written appeal to the Board if not satisfied with the hearing officer's decision. The Board, through the Superintendent, will provide a written disposition of the alleged grievance.

7. The complainant may request Mediation and Due Process in accordance with N.J.A.C. 6A:14-2.6 and 2.7 if unsatisfied with the written decision of the Board, or if specifically requested by the parent(s) or legal guardian(s), or adult pupil the aforementioned N.J.A.C. 6A:14-2.6 and 2.7 grievance procedure must be followed.

Nonacademic Services

The Board will provide non-academic and extracurricular services and activities in such manner as is necessary to afford handicapped/disabled students an equal opportunity for participation in such services and activities. These services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or school clubs, referrals to agencies which provide assistance to handicapped/disabled persons, and employment to students, including both employment by the school district and assistance in making available outside employment.

The Board and administration will ensure that qualified handicapped/disabled students are not counseled toward more restrictive career objectives than are nonhandicapped/nondisabled students with similar interests and abilities. The Board will provide to qualified handicapped/ disabled students an equal opportunity for participation in physical education courses, athletics, and similar programs and activities. The school district may offer separate physical education and athletic activities to handicapped/disabled students only if separate or differentiation is consistent with the requirements of the Rehabilitation Act and no qualified handicapped/disabled person is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

MISCELLANEOUS

Provisions Applicable to All Grievance Procedures

1. If the same or substantially the same grievance is made by more than one individual, a single individual may process the grievance through the grievance procedure on behalf of all aggrieved individuals. The names of all aggrieved individuals shall appear on all documents related to the settlement of the grievance.
2. An aggrieved individual may be represented or accompanied at any time by a person chosen by the individual.
3. An employee may use personal leave time when it becomes necessary to process a grievance during work hours.
4. A grievance that arises late in the school term will be submitted to an expedited process in order that the grievance may be resolved as soon after the school term as possible.
5. There will be no reprisal of any kind taken against any aggrieved individual for participation in a grievance.
6. All documents, communications, and records regarding the processing of a grievance will be filed in a separate file and will not be kept in the personnel or pupil file.

Cross Reference: Policy Guide No. 1510

Adopted: 17 October 2000

Revised: 3 February 2004

Revised: January, 2016

Revised: April 24, 2017

HAMILTON TOWNSHIP SCHOOL DISTRICT
Pupil Disability Accommodation Request/Referral

_____ **Print Pupil Name (last, first, middle)**

_____ **Student ID Number**

_____ **Referring Individual Name (last, first, middle)**

_____ **Relationship to Pupil**

Pupil's School of Attendance

- Joseph C. Shaner School**
- William Davies Middle School**
- George L. Hess Educational Complex**

- Other Facility** _____

1. Please describe the pupil's limitation: _____

2. How does the pupil's disability affect his/her ability to benefit from the educational program? _____

3. Do you have a suggestion on an accommodation? **Yes** **No**

If yes, please describe: _____

4. Please describe how the pupil will benefit from it: _____

Referring Individual Comments: _____

- I have attached a completed Physician's Certification form.**
- The Physician's Certification is being sent under separate cover.**
- The pupil has not yet seen his/her physician. The appointment is:** _____ / _____ / _____
mm dd yyyy

If you have any questions regarding my request, please contact me at: (_____) _____

_____ **Referring Individual Signature**

_____ **Date**

HAMILTON TOWNSHIP SCHOOL DISTRICT

Authorization for Release of Pupil Records for Disability Accommodation Request

Print Pupil Name (last, first, middle)

Social Security Number

Print Physician / Practitioner Name

I, _____, parent/guardian/adult pupil (circle one) hereby authorize the above-listed physician / practitioner to exchange any Protected Health Information (“PHI”), including, but not limited to, confidential medical, psychological and / or sociological information, to the Hamilton Township School District (the “Board”) for the purpose of disability accommodation request evaluation. By signing this form, I authorize the release of a copy of PHI, or a summary or narrative of PHI to the Board.

Any information shared will be treated in a professional and confidential manner and will be used for the exclusive purpose of disability accommodation request evaluation. Information received by the Board will be placed in the pupil’s confidential file. The effect of granting this authorization may be that the PHI used or disclosed may be subject to re-disclosure by the recipient, in which case it may no longer be protected by HIPAA.

The Board, its programs, services, employees, officers, agents and / or assigns are hereby released from any legal responsibility or liability for disclosure of my PHI to the extent indicated and authorized.

This authorization is given voluntarily. The Board will not condition the grant of a disability accommodation on the giving of this authorization.

I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Board. I understand that revocation of this authorization will not affect any action taken by the Board in reliance on this authorization before written notice of revocation was received. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosure.

This authorization expires one year from the date of the below signature.

I have had a full opportunity to read and consider the contents of this authorization, and I understand that, by signing this form, I am confirming my authorization of the use and / or disclosure of my PHI, as described in this form.

Parent/Guardian/Adult Pupil Signature

Date

Please send the requested information to:

Attn: 504 Compliance Officer

HAMILTON TOWNSHIP SCHOOL DISTRICT
Physician Certification for Pupil Disability Accommodation

Print Patient Name (last, first, middle)

Examination Date

Print Physician Name

New Jersey License Number

I certify that the above named patient is permanently / temporarily disabled and
(circle one)
may / may not require accommodation.
(circle one)

Please Check and Complete One of the Following Three Options

I examined the above-named patient on _____ and certify that the patient has
the following permanent / temporary functional limitation(s):
(circle one)

I examined the above-named patient on _____ and I am unable to make a
determination without further examination. The patient is scheduled for a follow-up examination
on _____ with _____.

I examined the above-named patient on _____ and I have not found any
limitations at this time. This patient may return to regular attendance without restrictions on _____.

Physician Comment: _____

Physician Street Address **Suite #**

City **State** **Zip code**

(_____)
Phone number **Medical Specialty**

Physician Signature **Date**

Attach any relevant documentation, reports or additional information which you believe may be pertinent to the accommodation review process.

HAMILTON TOWNSHIP SCHOOL DISTRICT
District Physician Certification for Pupil Disability Accommodation

Print Pupil Name (last, first, middle)

Student ID Number

Print District Physician Name

Please Check and Complete One of the Following Three Options

Based upon my review of the Pupil Disability Accommodation Request and Pupil Physician Certification, I am of the opinion that the above-named pupil has the following permanent / temporary functional limitation(s): (circle one)

The following accommodations may be appropriate for consideration and final determination by the Section 504 Committee: _____

Based upon my review of the Pupil Disability Accommodation Request and Pupil Physician Certification, I am of the opinion that the above-named pupil does not have any limitations at this time. This pupil should return to regular attendance without restrictions on _____

_____.

Based upon my review of the Pupil Disability Accommodation Request and Pupil Physician Certification, I am unable to make a determination without the following information (or examination):

_____.

District Physician Comment: _____

District Physician Signature

Date

HAMILTON TOWNSHIP SCHOOL DISTRICT
504 Committee Pupil Disability Accommodation Response

_____ **Print Pupil Name (last, first, middle)**

_____ **Student ID Number**

_____ **Print 504 Compliance Officer Name**

1. Please comment on the alleged limitation and whether same substantially limits a major life activity:

2. Would the requested accommodation be an unreasonable burden on the District or the school the pupil attends?

Yes No. If yes, please describe: _____

3. In your opinion, is this a reasonable request for accommodation? Yes No

If no, please describe an appropriate alternative, if any: _____

4. If accepted, describe the action taken to meet the accommodation: _____

5. If denied, please describe why accommodation was not granted: _____

I reviewed the Pupil Disability Accommodation Request and attachments, if any. Initial: _____

I reviewed the Physician Certification of Accommodation and attachments, if any. Initial: _____

I reviewed the District Physician Review of Pupil Accommodation Request. Initial: _____

_____ **504 Compliance Officer Signature**

_____ **Date**

_____ **Superintendent Signature**

_____ **Date**

Hamilton Township School District
Section 504/ADA
Individual Accommodation Plan

Name: _____ Date of Birth: _____

School: _____ Educational Placement: _____

Type of Plan: ___ Initial ___ Re-evaluation ___ Continuing

Handicapping/Disabling Condition:)

Major Life Activity: _____ Educational Impact: _____

Necessary Accommodations:

Location of Accommodations: _____ Regular Class Other: _____

Date of Implementation: _____ Annual Review Date: _____

Team Participants	Title	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The 504 coordinator and the parent(s) of the student met jointly to discuss the Section 504/ADA Accommodation Plan and its date of implementation on _____

I have participated in the development of this plan, I agree with its contents, and I have received a copy of the Parent and Student Rights under Section 504 of The Rehabilitation Act/The Americans with Disabilities Act.

Parent(s) Signature: _____ Date: _____

Parent/Legal Guardian 504 Plan Certification and Implementation Consent

CERTIFICATION

I, _____, of full age and parent/legal guardian of student
_____, hereby certify that I have participated in the
development of the 504 Plan for the above-listed student.

Parent/Legal Guardian Signature

Date

You have the right to consider the proposed 504 Accommodation Plan for up to fifteen (15) calendar days. In order to have the 504 Accommodation(s) start before the fifteen (15) days expire, you must sign below. If you take no action, the 504 Accommodation(s) will be implemented after the 15th day from the date notice is provided.

CONSENT

I, _____, have reviewed the proposed 504
Accommodation Plan and hereby consent to its implementation. I further agree to waive the fifteen-day
notice period so that the Accommodation(s) may begin immediately.

Parent/Legal Guardian Signature

Date

[INSERT XXXX TOWNSHIP PUBLIC SCHOOLS LETTERHEAD]

Date: _____

Parent Name: _____

Address: _____

Dear _____:

Hamilton Township School District (“Board”) has identified your child, _____ [pupil name] as a protected disabled student pursuant to Section 504 of the Rehabilitation Act of 1973 (“Section 504”). A Section 504 Plan has been developed setting forth the specific accommodation(s), related aids, and/or services to be provided. A copy of the Section 504 Plan for your child is attached.

If you approve the contents of the Section 504 Plan, please sign the attached Parent/Legal Guardian 504 Plan Certification and Implementation Consent form and return same to me as soon as possible. Your child’s Section 504 plan will not be modified without your knowledge and will be implemented for the duration of the current school year.

If you do not approve of the identification of your child or disagree with the content of the Section 504 Plan, please contact me immediately. You have the right to inspect and review all of your child’s records, to meet with a school district representative, and to request assistance from the Department of Education. You also have the right to request a formal hearing before an impartial hearing officer appointed by the State Secretary of Education, or you may file suit in Federal Court under Section 504 of the Rehabilitation Act of 1973.

Thank you for your attention in this regard.

Sincerely,

NAME
504 Compliance Officer

Enclosure

- c: Building Principal
- Building Nurse
- Pupil Records File
- Student Services

[INSERT XXXX TOWNSHIP PUBLIC SCHOOLS LETTERHEAD]

Date: _____

Parent Name: _____

Address: _____

Dear _____:

As you know, your child was identified as a protected disabled individual pursuant to Section 504 of the Rehabilitation Act of 1973 and was and provided with an accommodation(s) under a Section 504 Plan during the _____ school year(s). A copy of that Section 504 Plan is enclosed for your reference. In an effort to maintain accurate records and provide the most appropriate accommodation for you child, we will be reviewing the existing plan and updating same if necessary.

If you believe that your child is no longer in need of the accommodations provided in his/her Section 504 Plan or if you believe that a different accommodation is necessary, please contact me as soon as possible. The District requires additional medical and/or educational documentation to support the need for your child's accommodation and Section 504 Plan. Please provide same to me as soon as possible. A physician's review and certification concerning this issue is enclosed for your use.

Thank you for your attention in this regard. If you have any questions, please do not hesitate to contact me.

Sincerely,

NAME
504 Compliance Officer

Enclosure

c: Building Principal

**HAMILTON TOWNSHIP SCHOOL
DISTRICT**
**Employee Disability Accommodation
Request**

_____ **Print Employee Name (last, first, middle)**

_____ **Social Security Number**

_____ **Department**

_____ **Assignment/Title**

Facility

- Joseph C. Shaner School
- William Davies Middle School
- George L. Hess Educational Complex
- Other Facility _____

1. Please describe the limitation you are addressing: _____

2. How does your disability affect the essential functions of your job? _____

3. Do you have a suggestion on an accommodation? Yes No

If yes, please describe: _____

4. Please describe how you will benefit from it: _____

Employee Comments: _____

- I have attached a completed Physician's Certification form.
- The Physician's Certification is being sent under separate cover.
- I have not yet seen my physician. My appointment is _____ / _____ / _____
mm dd yyyy

If you have any questions regarding my request, please contact me at: (_____) _____

_____ **Employee Signature**

_____ **Date**

HAMILTON TOWNSHIP SCHOOL DISTRICT

Employee Authorization for Release of Records for Disability Accommodation Request

Print Employee Name (last, first, middle)

Social Security Number

Print Physician / Practitioner Name

I, _____, hereby authorize the above-listed physician / practitioner to exchange any of my Protected Health Information (“PHI”), including, but not limited to, confidential medical, psychological and / or sociological information, to the Hamilton Township School District (the “Board”) for the purpose of disability accommodation request evaluation. By signing this form, I authorize the release of a copy of my PHI, or a summary or narrative of my protected health information to the Board.

Any information shared will be treated in a professional and confidential manner and will be used for the exclusive purpose of disability accommodation request evaluation. Information received by the Board will be placed in the employee’s confidential file. The effect of granting this authorization may be that the PHI used or disclosed may be subject to re-disclosure by the recipient, in which case it may no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

The Board, its programs, services, employees, officers, agents and / or assigns are hereby released from any legal responsibility or liability for disclosure of my PHI to the extent indicated and authorized.

This authorization is given voluntarily. The Board will not condition the grant of a disability accommodation on the giving of this authorization.

I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Board. I understand that revocation of this authorization will not affect any action taken by the Board in reliance on this authorization before written notice of revocation was received. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosure.

This authorization expires one year from the date of the employee signature.

I have had a full opportunity to read and consider the contents of this authorization, and I understand that, by signing this form, I am confirming my authorization of the use and / or disclosure of my PHI, as described in this form.

Employee Signature

Date

Please send the requested information to:
Attn: 504/ADA Compliance Officer

HAMILTON TOWNSHIP SCHOOL
DISTRICT

Physician Certification for Employee Disability Accommodation

Print Patient Name (last, first, middle)

Examination Date

Print Physician Name

New Jersey License Number

I certify that the above named patient is permanently / temporarily disabled and
(circle one)
may / may not require accommodation.
(circle one)

Please Check and Complete One of the Following Three Options

I examined the above-named patient on _____ and certify that the patient has
the following permanent / temporary functional limitation(s):
(circle one)

I examined the above-named patient on _____ and I am unable to make a
determination without further examination. The patient is scheduled for a follow-up examination
on _____ with _____.

I examined the above-named patient on _____ and I have not found any
limitations at this time. This patient may return to regular duty without restrictions on _____.

Physician Comment: _____

Physician Street Address **Suite #**

City **State** **Zip code**

(_____)

Phone number **Medical Specialty**

Physician Signature **Date**

HAMILTON TOWNSHIP SCHOOL DISTRICT
District Physician Review of Employee Disability Accommodation Request

Print Employee Name (last, first,` middle)

Print District Physician Name

Please Check and Complete One of the Following Three Options

Based upon my review of the Employee Disability Accommodation Request and Employee Physician Certification, I am of the opinion that the above-named employee has the following permanent / temporary functional limitation(s): (circle one)

The following accommodations may be appropriate for consideration and final determination by the Section 504 Committee: _____

Based upon my review of the Employee Disability Accommodation Request and Employee Physician Certification, I am of the opinion that the above-named employee does not have any limitations at this time. This employee should return to regular duty without restrictions on _____

_____.

Based upon my review of the Employee Disability Accommodation Request and Employee Physician Certification, I am unable to make a determination without the following information (or examination):

_____.

District Physician Comment: _____

District Physician Signature

Date

HAMILTON TOWNSHIP SCHOOL
DISTRICT
504 Committee Employee Disability Accommodation Response

Print Employee Name (last, first, middle)

Facility

Print 504 Compliance Officer's Name

1. Please comment on employee request for accommodation: _____

2. Is the above-mentioned employee performing the essential functions of the job in a satisfactory manner?
 Yes No

3. Would the accommodation be an unreasonable burden on the department where the employee works?
 Yes No. If yes, please describe: _____

4. In your opinion, is this a reasonable request for accommodation? Yes No
If no, please describe an appropriate alternative, if any: _____

5. If accepted, describe the action taken to meet the accommodation: _____

6. If denied, please describe why accommodation was not granted: _____

I reviewed the Employee Disability Accommodation Request and attachments, if any. Initial: _____

I reviewed the Physician Certification of Accommodation and attachments, if any. Initial: _____

I reviewed the District Physician Review of Employee Accommodation Request. Initial: _____

504 Committee Member Signature

Date

Superintendent Signature
(A Copy of this has been placed in the Personnel File)

Date