Ms. Eliana Pintor, Chairperson
Ms. Shanique L. Davis-Speight, Vice Chairperson
Mr. Shavar Jeffries
Mr. Alturrick Kenney
Mr. Ivan Lamourt
Mr. Marques-Aquil Lewis
Ms. Antoinette Baskerville-Richardson
Mr. Juan Rivera
Ms. Nakia J. White

Student Representative
Ming Weng

(Mr. Alturrick Kenney and Ms. Antoinette Baskerville-Richardson, are the newly elected members replacing Ms. Barbara King and Ms. Arelis Romero, Ms. Eliana Pintor Marin was re-elected for another term). As noted, Ms. Pintor-Marin and Ms. Davis Speight were elected as Chairperson and Vice-Chairperson, respectively.
The Newark Public Schools would like to acknowledge following professionals who were integrally involved in this entire process:

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<tr>
<th>Name</th>
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<tr>
<td>Robert A. Cecere</td>
<td>Executive Assistant, Academic Services (retired)</td>
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<tr>
<td>Linda James</td>
<td>Supervisor of Student Services (retired)</td>
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<tr>
<td>Mitchel Gerry</td>
<td>Special Ed./Child Study Team Coordinator (retired)</td>
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<tr>
<td>Charmaine Rudd</td>
<td>Social Worker II - Camden Elementary</td>
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<tr>
<td>Colleen Fleischman</td>
<td>Health and Social Services Coordinator</td>
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<td>Dr. Vivian Ijoma-Tamin</td>
<td>Social Worker II - Hawthorne Ave.</td>
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<tr>
<td>Dr. Elizabeth Achebe</td>
<td>Social Worker II - Roseville Ave.</td>
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<tr>
<td>Dr. Margaret O'Donoghue</td>
<td>Social Worker II - Newton St. (formerly)</td>
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<tr>
<td>Beth August</td>
<td>Social Worker II – Madison Ave.</td>
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<td>Sean Lovell</td>
<td>Social Worker II – Central High</td>
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<td>Julia Santos</td>
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State, federal and district guidelines have clearly established that the primary mission of schools is to increase student achievement in an environment that maintains discipline and ensures the safety of all students and staff.

This mission has become increasingly more challenging due to a myriad of problems students bring to schools. Many of these problems fall into the category of high risk behaviors such as:

- Substance abuse
- Violence
- Child abuse and neglect
- Early sexual involvement
- Youth pregnancy and parenting
- Lack of school readiness
- Poor socialization skills
- Chronic medical conditions
- Physical disabilities

These high risk behaviors can certainly increase the potential for students to experience learning, behavior and health difficulties while attending school. It is not uncommon for schools to identify students who are experiencing problems in the following areas: concentrating and focusing on learning, failing two or more subjects, following rules, attending school regularly, respecting authority and dropping out of school. Additionally, there are students with health issues that substantially limit one or more major life activity (see Section 504 of manual).

The intent of the I&RS Resource Manual is twofold:

First - It ensures that the district is compliant with the states Intervention and Referral Services code mandate (N.J.A.C. 6A:16-8). The code requires that each school…choose the appropriate multidisciplinary team approach for the planning and delivering of services…(N.J.A.C 6A:16-8.1(a)).

Second - It provides guidelines for the building administrator and the I&RS Team regarding their functions, responsibilities and roles as it pertains to the intervention and referral school based process.
Title 6
Education

Subchapter 8 Intervention and Referral Services N.J.A.C. 6A:16-8.1 Establishment of Intervention and referral services

District boards of education shall establish and implement a coordinated system in each school building for the planning and delivery of intervention and referral services that are designed to assist students who are experiencing learning, behavior or health difficulties and to assist staff who have difficulties in addressing students’ learning, behavior or health needs. District boards of education shall choose the appropriate multidisciplinary team approach for planning and delivering the services required under N.J.A.C. 6A:16-8.

1. The intervention and referral services shall be provided to aid students in the general education program; and

2. The intervention and referral services may be provided for students who have been determined to be in need of Special education programs and services, pursuant to N.J.S.A. 18A; 46-18.1 et seq. and N.J.A.C. 6A:14
   i. The intervention and referral services provided for students with learning disabilities shall be coordinated with the student’s Individualized Education Program Team, as appropriate.

6A: 16-8.2 Functions of Intervention and Referral Services

1. Identify learning, behavior and health difficulties of students;

2. Collect thorough information on the identified learning, behavior and health difficulties;

3. Develop and implement action plans which provide for appropriate school or community interventions or referrals to school and community resources, based on the collected data and desired outcomes for the identified learning, behavior and health difficulties;

4. Provide support, guidance, and professional development to school staff who identify learning, behavior and health difficulties;

5. Provide support, guidance and professional development to school staff who participate in each building’s system for planning and providing intervention and referral services;

6. Actively involve parents or guardians in the development and implementation of intervention and referral services action plans;
7. Coordinate the access to and delivery of school resources and services for achieving the outcomes identified in the intervention and referral services action plans;

8. Coordinate the services of community-based social and health provider agencies and other community resources for achieving the outcomes identified in the intervention and referral services action plans;


10. Review and assess the effectiveness of the provisions of each intervention and referral services action plan in achieving the outcomes identified in each action plan and modify each action plan to achieve the outcomes, as appropriate; and

11. At a minimum, annually review the intervention and referral services action plans and the action taken as a result of the building’s system of intervention and referral services and make recommendations to the principal for improving school programs and services, as appropriate

**School Staff and Community Member Roles**

Under N.J.A.C. 6A:16-8.3, district boards of education are required to establish guidelines for the involvement of school staff and community members in each building’s system of intervention and referral services. At a minimum, the following information should be identified:

“the roles and responsibilities of the building staff who participate in each building’s system for planning and providing intervention and referral services;”

“the roles and responsibilities of staff members who identify learning, behavior or health difficulties;”

“the roles and responsibilities of other district staff for aiding in the development and implementation of intervention and referral services action plans; and”

“the roles, responsibilities and parameters for the participation of community members for aiding in the development and implementation of intervention and referral services action plans.”

The school must establish and convey clear parameters for the involvement of school staff who ask for help from the I&RS team and for both school staff and community resources
who plan and implement I&RS services. Defining the roles and responsibilities of participants is essential for effective I&RS team operations.

The I&RS regulations were specifically designed to provide a foundation for the establishment and delivery of I&RS services, while providing schools with flexibility in adapting the mandated program to individual school needs. The regulations provide direction to school districts regarding the structure and functions of I&RS services and the roles and responsibilities of those involved with the I&RS program. **Schools, however, may determine the best multidisciplinary team structure and coordinated system for delivering the services, based on their specific needs, resources available, the surrounding community and building staff.**

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### I&RS Core Team Members

In order for Newark Public Schools to increase the effectiveness of the I&RS process, address impediments cited in Newark’s research and maintain District compliance with
N.J.A.C. 6A:16-8.1, the following individuals are mandated CORE members of the I&RS team.

a. The Principal/Vice Principal: The principal’s participation is essential because only he/she has the authority to ensure that needed resources are provided and required staff attend meetings and follow up on designated responsibilities, consequently it is critical that s/he is a CORE team member.

b. The I&RS Coordinator

c. Teacher requesting assistance
d. Parent/Guardian
e. Student (where appropriate)

Based on the identified difficulty in the Request for Assistance (RFA) the following are also mandated participants:

1. Literacy/Language Arts – Literacy Coach or Literacy Tutor, English DC
2. Math – Math Coach or Math Tutor, and Math DC
3. Health – School Nurse
4. Attendance – Attendance Counselor
5. Behavior – at least one of the following: MAB Behaviorist/RTC, Guidance Counselor, Crisis Teacher, Health and Social Service Coordinator, and Student Assistance Coordinator (SAC)

Note: The intervention and referral services, pursuant to N.J.S.A. 18A:46-8.1 et seq. and this subchapter, may be provided for students who have been determined to be in need of special education programs and services.

The intervention and referral services provided for students with learning disabilities shall be coordinated with the student’s Individual Educational Program team, as appropriate.

Request for Assistance (RFA) Process Flowchart

I&RS/504 Presentation
Provide in-service training to school staff and parents
All Newark Public School students experiencing learning, behavioral and/or health problems may be entitled to I&RS/504 services after interventions have been attempted and supportive documentation has been provided. The I&RS team will return any request for assistance (RFA) unless accompanied by evidence substantiating the identified problem.
Step 1: Making a Request for Assistance

Any staff member, parent and/or student in the Newark Public Schools can request assistance from the I&RS/504 team by completing the RFA form and returning it to the I&RS Coordinator. The Coordinator then:

a. Reviews the RFA form to ensure that the identified student difficulty is clearly defined
b. Ensures that required documentation accompanies the RFA form

Documentation of Teacher Interventions

- **Learning**: (Evidence of)
  - The district’s Literacy, Math, Science, and Social Studies curricula provides an extensive number of adaptations that are specifically designed to assist teachers with students who are experiencing academic difficulty. For example, Harcourt Trophies (K-5) provides teachers with Intervention Reader, Intervention Kit, Audiotext Collection, Differentiated Instruction and many more.

- **Behavior**: (Evidence of)
  - Effective classroom management
  - Rules/Consequences Posted
  - Positive Behavior Supports
  - Suspensions, incident reports, parental conference
  - Behavioral Intervention Plan (BIP)
  - Functional Behavioral Assessment (FBA)
  - Managing Antisocial Behavior (MAB) staff provided assistance/interventions to teacher

- **Health**: (Evidence of)
  - The I&RS Coordinator is responsible for issuing the Authorization to Release/Obtain Information Form (Form 4) to the parent/guardian and ensuring that the returned signed copy is in the student’s file.
  - The school nurse is the I&RS Team’s lead person regarding any and all student health issues. The nurse is responsible for reviewing all current medical information contained in the student’s file and any new medical documents received as a result of the Release of Information Form (Form 4). The primary purpose of the medical review is to determine if any health conditions are impacting on the current difficulties being cited in the Request for Assistance Form (RFA). If a medical/health condition is contributing to the student’s difficulty it is the joint
responsibility of the I&RS coordinator and nurse to ensure that the student’s Pupil Action Plan (PAP) reflects appropriate interventions.

**Note:** A medical diagnosis by a physician is preferred for **consideration** of Section 504 Eligibility.

c. Accepts or denies RFA – if the RFA is denied the Coordinator informs the Principal/Administrator and the requester of the reasons for denial and provides direction/recommendations regarding the RFA
d. Signs and dates forms
e. Enters the student’s Id number in the SASI Atom and completes all required fields.
f. Ensures that the school nurse completes and signs the RFA form (see Health section).

**Step 2: Gathering Information**

The Coordinator directs the gathering of information by:
- Conducting interviews of relevant staff
- Observing student in settings where problems are reported as well as in settings where problems are not reported
- Interviewing parent/guardian.
- Interviewing student when appropriate
- Requesting that appropriate staff complete the I&RS Planner Form.
- Ensuring that the above occurs and required documentation is collected before the initial I&RS meeting is scheduled.

**Step 3: Set Up Meeting**

The I&RS Coordinator will:
- Establish the date, time, location and required staff to attend
- Notify Core Team members and other required staff of meeting one week prior to meeting date.
- Notify parent/guardian of scheduled meeting by ensuring the following:
  - Mail Notice of Meeting (Form 2) to parent/guardian (confirm address)
  - Parent/guardian contacted via phone (confirm number)
  - Form 2 – Notice of Meeting sent home with student
  - Home visit (Form 8)

I&RS Coordinator must make every attempt to “actively involve the parent/guardian in the development and implementation of the intervention and referral action plans” (N.J.A.C. 6A:16-8.2(6)).

All attempts to contact parent/guardian should be documented via Summary of Contacts (Form 10).
• Ensure that the initial meeting is held within two weeks (14 days) of the acceptance of the RFA (data entry into I&RS/504 Atom)
• Ensure that the Core Team has clearly identified the students learning, behavior or health difficulty in observable and measurable terms and All members are in agreement
• Ensure that the interventions are congruent with the identified goals/objectives and All members are in agreement.

Step 4: I&RS Team Meeting

The Core Team should be mindful of the importance of conducting all I&RS meetings with the utmost professionalism. This is of particular importance for the meetings that parents/guardians have been scheduled to attend. At no time, should a parent/guardian participate in a scheduled I&RS meeting that the Core members have not clearly determined the student’s difficulty and the appropriate interventions. The parent/guardian should witness a team of professionals in full agreement of their child’s needs and the intervention plan developed to address those needs.

Note: All formal meetings MUST have an agenda and meeting minutes.

The I&RS Coordinator conducts the meeting in the following manner:

a. Problem identification – The I&RS Coordinator provides a brief overview of the presenting problem based on data previously gathered and the assembled team describes the problem in observable and measurable terms.
b. Eligibility for services – Based on the analysis and the following considerations, the I&RS team will fill out the I&RS/504 Eligibility Form after determining whether:
   • The student requires services under I&RS.
   • The student requires additional evaluations to make the 504 eligibility determination.
   • The student is eligible for services under 504.
   • The student is not eligible for I&RS or 504 services with a rationale for the decision and recommendations.
   • The student should be referred to the Child Study Team for a possible special education evaluation.

c. Development of Pupil Action Plan (PAP) – If the I&RS Team determines that the student should receive I&RS services, the team will develop a PAP that specifies:
   • Goals and Objectives. These must be written in observable and measurable terms.
   • Intervention Strategies. Intervention strategies will be developed based on identified goals and objectives and utilizing the collective expertise of the I&RS team, NPS district resources, Managing Anti-Social Behavior (MAB) interventions and other evidence-based intervention strategies. The intervention
strategies will clearly delineate who does what, when, where and how, a time line for intervention and date for review meeting.

d. **Case Management Assignment**
   - The Principal, with input from the I&RS Coordinator, will assign a case manager. It is recommended that the I&RS Team members share case management responsibilities. It is also recommended that the case management assignment, whenever possible, consider the nature of the student difficulty and the intervention to be implemented. For example, if attendance is the issue the Attendance Counselor may case manage. If the problem is substance abuse the Student Assistance Coordinator (SAC) may case manage, or if it is a behavioral problem the Social Worker II/Coordinator would case manage.

e. **Notification of I&RS Eligibility** – parent(s) must receive any or all of the following:
   - Notice of the I&RS Eligibility Form
   - Copy of I&RS PAP
   - Copy of “Section 504 Parental Rights”

**Step 5: Implement and Monitor Interventions**

The I&RS case manager will use the “I&RS Monitoring and Progress Form” on a biweekly basis to:
   - Monitor the implementation of the PAP
   - Provide feedback to the I&RS core team members
   - Provide copies of the form to persons responsible for implementation of the PAP
   - Immediately notify the principal if resources are not available to implement the intervention and/or designated staff are not adhering to the agreed upon implementation plan
   - Provide the student and parent with feedback at regularly scheduled intervals on the student’s progress towards achieving performance goals/objectives identified in the intervention plan and
   - Provide the parent/student with the opportunity to give input and feedback on the implementation of the plan.

**Step 6: Case Review**

The I&RS Coordinator will ensure that each PAP is reviewed and/or revised within 40 days from the date that the Action Plan was initiated. On the review date, the I&RS case manager will report on the effectiveness of the PAP utilizing the Monitoring and Progress Form and any other relevant information. The team will decide to continue, revise or discontinue the PAP, or refer the student to CST. All students that the I&RS team refers for a special education evaluation are forwarded to the CST with all required documentation.
**I&RS/504 Student Records**

The I&RS Coordinator is responsible for ensuring that all student records are organized and maintained according to the following guidelines:

Each I&RS/504 student folder must contain:

- RFA including documentation requested (see page 3 of RFA form)
- Notice of Eligibility
- SASI Face Sheet
- Release of Information
- Home Visit Form (if applicable)
- Notice of I&RS/504 meeting
- Pupil Action Plan (PAP)
- I&RS Monitoring and Progress Form
- Summary of Contact
- Agenda and Meeting Minutes

The I&RS/504 student folders must be stored in a secured file cabinet located in the coordinator’s office. It is the principal’s responsibility to ensure that a file cabinet, with a functional lock, is made available for the storing of student folders.

**I&RS/504 Electronic Records (I&RS and 504 Atoms)**

The I&RS/504 Coordinator is responsible for entering all student data into the appropriate Atom. The I&RS/504 Atoms *must* be continuously updated to ensure that the data entered is accurate, complete and current. Inaccurate, incomplete or the absence of data entered will adversely impact on the school, SLT and district’s ability to determine the effectiveness and efficiency of the I&RS process.

**TRANSFER OF I&RS/504 STUDENT RECORDS**

The I&RS Coordinator is responsible for ensuring that all student records are forwarded to the appropriate receiving school in a timely manner. Coordinators should refer to the annual **TRANSFER OF STUDENT RECORDS BULLETIN** issued by the office of Student Information Services and follow the student record transfer procedures provided. It is also recommended, that the Coordinator contact the main office clerk responsible for the transfer of student records for additional guidance and assistance.
Additional I&RS Team Activities

- At the beginning of the school year, I&RS Coordinator and school-based CST will collaborate on a presentation of observable and measurable data, as well as required documentation.

- In-service all staff and parents on the purpose, roles, responsibilities and process of the I&RS team.

- Monthly Activities – Meet with the principal/administrator monthly to review the I&RS/504 flowcharts to identify problems, concerns or issues and to develop a plan of action to address the problem(s). Principal must sign the flowcharts confirming his/her review prior to submission to the Office of the Regional Superintendent and the Office of Academic Services.

- Quarterly Activities – Provide principal with requested I&RS data to be included in the required Quarterly Report submitted to the Regional Superintendent.

- Annually – Pursuant to N.J.A.C. 6A:16-8.2(11) At a minimum, annually review the intervention and referral services action plans and the actions taken as a result of the building’s system of intervention and referral services and make recommendations to the principal for improving school programs and services, as appropriate.

It is recommended that the I&RS Coordinator utilize the End of Year Summary Report to assist with the development of the annual Recommendations for Improvement Report to the Principal.

The End of the Year Summary Report and the I&RS/504 Recommendations to Principal for Improvement Report, must be submitted to the Office of the Regional Superintendent and the Office of Academic Services as part of the required School Closing documents.
Section 504 Considerations and Eligibility Decisions

In addition to developing intervention action plans for students, the I&RS Team is also responsible for determining if a student meets the eligibility criteria as stated under Section 504.

What is Section 504 of the Rehabilitation Act of 1973?

Section 504 is a major component of the Rehabilitation Act, which was passed in 1973. It is basically civil rights legislation for persons with disabilities. The legislation prohibits discrimination against individuals who meet the definition of disability in the act, and it applies to entities that receive federal funding.

Section 504 is a relatively simple part of the rehabilitation act. It is only one sentence long. Section 504 states: No otherwise qualified individual with a disability…shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or actively receiving federal financial assistance.

Since public schools receive federal funds, they must comply with Section 504. The primary areas that public schools must deal with are those that focus on program accessibility, preschool, elementary and secondary. Schools must afford students with disabilities with equal opportunities “to obtain the same result, to gain the same benefit or to reach the same level of achievement”, as students without disabilities. Section 504 does not guarantee success for students with disabilities; it guarantees an equal opportunity for success.

Definition of Disability Under Section 504

The definition of disability under Section 504 is broader than the definition used in IDEA. Unlike an eligibility system that is based on clinical categories of disabilities, eligibility for Section 504 is based on a more functional model. Under 504, a person is considered to have a disability if that person:

1. has a physical or mental impairment which substantially limits one or more of such person’s major life activities,
2. has a record of such an impairment, or
3. is regarded as having such an impairment

Note: The second and third prongs of definition only become a factor if discrimination has occurred because of the “record” or “history”.

The Act defines a physical or mental impairment as:

(A) Any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal;
special sense organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or (B) any mental or psychological disorder, such as mental retardation; organic brain syndrome, emotional or mental illness, and specific learning disabilities.

The second part of the definition relates to the impact of the physical or mental impairment on a major life activity. The act defines a major life activity using a functional approach. Major life activities include a wide variety of daily activities. They include functions such as:

- caring for one’s self
- walking
- hearing
- performing manual tasks
- seeing
- speaking
- breathing
- learning
- working

Basically any function that is performed routinely by individuals can be considered a major life activity.

**Reasons for ineligibility for services under Section 504:**

1. When a condition does not substantially limit a major life activity;
2. If a student, by using “mitigating measures” experiences no substantial limitation in any major life activity. Mitigating measures are devices or practices that a person uses to correct or reduce the effects of that person’s mental or physical impairment (e.g. corrective eye glasses and medication).

**Evaluations and eligibility for services under Section 504:**

1. If the I&RS/504 team requires additional evaluations to make an eligibility decision the district must provide and/or pay for the evaluation. The I&RS/504 team must seek written parental consent by sending out three “Notice of Consent for Evaluations”. If the parent does not sign, the I&RS/504 Team can still proceed with the evaluations after 3 notices have been sent and 15 days have lapsed;
2. Although not mandated in the statute, a medical diagnosis for a “physical impairment” and/or DSM IV diagnosis for a “mental impairment” by a mental health professional or a physician would be helpful in the determination.
3. The district cannot mandate that the parent provide copies of outside medical and/or mental health evaluations with corresponding diagnosis; however, they would be helpful for making the decision.
Determining Substantial Limitations

As stated provisionally, the identified disability must substantially limit one or more of a person’s major life activities. The determination of whether or not a disability substantially limits a major life activity is subjective, since 504 and the ADA do not provide any operational criteria of substantial limitation (Reid & Katseyannis, 1995). “School personnel must use their professional judgment, collectively, to make this determination” (Smith, Section 504/Public Schools). The I&RS/504 school-based teams determines eligibility, not physicians, psychologists, or other professionals who may have diagnosed a disability.

A diagnosis in and of itself does not automatically trigger 504 eligibility. A substantial limitation of a major life activity must also be present.

Unfortunately, the Office of Civil Rights leaves the determination of substantial limitations to the school.

The best definition of substantially limits is from the Americans with Disabilities Act (ADA).

The ADA defines Substantially limits as follows:

1. unable to perform a major life activity that the average person in the general population can perform, or
2. significantly restricted as to the condition, manner or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity. (Section 1630.2(j)(1)(i)(ii))

Factors that should be considered when determining if the substantial limits requirement is met include (Section 1630.2(j)(2)(i)(ii)(iii):

1. How severe is the impairment?
2. What is the expected duration of the impairment?
3. What will be the permanent or long term impact resulting from the impairment?

As indicated in the ADA definition of substantially limits the standard used to determine if a physical or mental impairment results in a substantial limitation is average performance in the general population not the optimal performance level for a person. Please be mindful of the fact that when comparing the performance of a student being considered for 504 eligibility to the performance of average students in general population it does not necessarily mean 50th percentile. Average could include low average.
Students Covered Under 504/ADA

The following are examples of children who MAY be eligible under 504/ADA:

- Students with ADD or ADHD who do not need special education
- Students with health impairments who do not need special education
- Students with physical impairments who do not need special education
- Students with various psychiatric impairments who do not need special education
- Students showing a pattern of not benefiting from instruction being provided and intervention provided were unsuccessful
- Students found eligible for special education but parent/guardian refuses placement
- Students being considered for expulsion
- Students with a substance abuse issue
Summary Points

1. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act are very comprehensive civil rights laws that protect individuals with disabilities. Section 504 applies to entities that receive federal funds, and therefore applies to the vast majority of public schools. The ADA applies to virtually all entities except churches and private clubs. As a result of a broad, functional definition of disability, there are many students eligible for protections and services under Section 504 and the ADA that are not eligible for services under IDEA.

2. In order to comply with Section 504 and the ADA, schools must identify students who are eligible for 504/ADA protections and services, and implement procedures to ensure that they receive a free appropriate public education. For many students, this results in a need for schools to develop and implement accommodations and modifications based on individual student needs.

3. Section 504 and the ADA apply to all ages of individuals. Therefore, schools must address 504/ADA issues with students, employees, and the parents of students.

4. Disciplining students protected by Section 504 and the ADA follows the same guidelines used with IDEA students. These students cannot be expelled or suspended for a long term (more than 10 cumulative days) without a manifest determination. If a manifest determination indicated that the behavior is related to the disability, then the student may not be expelled or suspended.
References


Smith, T.E.C. (2005). Section 504 and The ADA and Public Schools


Appendix A
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<td>Notice of I&amp;RS/504 Meeting (French)</td>
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<td>I&amp;RS/504 Planner</td>
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<td>8</td>
<td>Home Visit (Spanish)</td>
</tr>
<tr>
<td>9</td>
<td>PRC/504 Monitoring &amp; Progress Form</td>
</tr>
<tr>
<td>10</td>
<td>Summary of Contacts</td>
</tr>
<tr>
<td>11</td>
<td>Request for Intervention</td>
</tr>
<tr>
<td>12</td>
<td>Request for OT/PT Referral</td>
</tr>
</tbody>
</table>
Request for Assistance
I&RS/504 Team

Student Name: ___________________ Age: ________ DOB: __________ Date of Request: __________________
Teacher: ______________________ Rm#: _________ Grade: _________ ID#: ______________
Parent/Guardian’s Name: ______________ Phone: __________ (h) ______________ c/w)
Address: ____________________________ ____________ ____________ ______

School: ________________________________ ____________________________ ____________________________

Initial Request __________ Bilingual/ESL Student __________ Special Needs Student ____________

# of Retentions ________________________ Language spoken in home ____________________________

REASON FOR REQUEST
(Please check all areas of concern)

<table>
<thead>
<tr>
<th>ACADEMIC LANGUAGE ARTS/LITERACY</th>
<th>PHYSICAL</th>
<th>BEHAVIOR</th>
<th>WORK HABITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Letter/word reversal</td>
<td>□ Hearing</td>
<td>□ Withdrawn</td>
<td>□ Working independently</td>
</tr>
<tr>
<td>□ Sight word recognition</td>
<td>□ Vision</td>
<td>□ Peer Relationships</td>
<td>□ Working with others</td>
</tr>
<tr>
<td>□ Phonics/word attack skills</td>
<td>□ Fine Motor</td>
<td>□ Impulsive</td>
<td>□ Lacking motivation</td>
</tr>
<tr>
<td>□ Written expression</td>
<td>□ Gross Motor</td>
<td>□ Poor self concept</td>
<td>□ Following verbal/written directions</td>
</tr>
<tr>
<td>□ Oral expression</td>
<td>□ Coordination</td>
<td>□ Temper tantrums</td>
<td>□ Retaining information (short term memory)</td>
</tr>
<tr>
<td>□ Reading comprehension</td>
<td>□ Spatial orientation</td>
<td>□ Sensitive</td>
<td>□ Careless work habits</td>
</tr>
<tr>
<td>□ Fluency</td>
<td>□ Physical Handicap</td>
<td>□ Argumentative</td>
<td>□ Inattentive</td>
</tr>
<tr>
<td>□ Vocabulary</td>
<td>□ Hygiene</td>
<td>□ Inappropriate sexual behavior</td>
<td>□ Remaining on task</td>
</tr>
<tr>
<td>□ Spelling</td>
<td>□ Self Help/Adaptive</td>
<td>□ Immature</td>
<td>□ Lacks organization</td>
</tr>
<tr>
<td>Category</td>
<td>Options</td>
<td></td>
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<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
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<td></td>
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<tr>
<td>Grammar (usage)</td>
<td>☐ Frequent trips to Nurse</td>
<td></td>
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<tr>
<td></td>
<td>☐ Blaming/denying/not accepting responsibility</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☐ Completing class work</td>
<td></td>
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<tr>
<td></td>
<td>☐ Adjusting to new situation NS/Transitioning</td>
<td></td>
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<td></td>
<td>☐ Defiance/Violation of rules</td>
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<tr>
<td></td>
<td>☐ Cheating</td>
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<td></td>
<td>☐ Attendance/Tardiness</td>
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<td></td>
<td>☐ Distractible</td>
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<td></td>
<td>☐ Threatening/Violent behavior</td>
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<tr>
<td></td>
<td>☐ Procrastinates</td>
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<tr>
<td></td>
<td>☐ Drug &amp; Alcohol use</td>
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<td></td>
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<tr>
<td></td>
<td>☐ Drop in grades</td>
<td></td>
<td></td>
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<tr>
<td>MATH</td>
<td>☐ Cuts Class</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☐ Other</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☐ Bully &amp; Intimidation</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☐ Abuse/obscene language &amp; gestures</td>
<td></td>
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<tr>
<td></td>
<td>☐ Hyperactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Hypo activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please complete the following using observable and measurable terms
**I & RS STRATEGIES AND INTERVENTIONS**

<table>
<thead>
<tr>
<th>In School Resources</th>
<th>Date(s) Implemented Duration</th>
<th>Outcome(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading Recovery/Read 180/Wilson Reading/Waterford Early Reading Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
<td></td>
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<tr>
<td>Tutoring before/after school</td>
<td></td>
<td></td>
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<tr>
<td>Conference with Vice Principal</td>
<td></td>
<td></td>
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<tr>
<td>Conference with Literacy Coach</td>
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<tr>
<td>Conference with Math Coach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference with I&amp;RS Coordinator</td>
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<tr>
<td>Conference with Parent/Guardian</td>
<td></td>
<td></td>
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<tr>
<td>Conference with School Counselor</td>
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<tr>
<td>Conference with SAC</td>
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<td></td>
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<tr>
<td>Conference with School Nurse</td>
<td></td>
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<tr>
<td>Conference with Attendance Counselor</td>
<td></td>
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<tr>
<td>Resource Room</td>
<td></td>
<td></td>
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<tr>
<td>Assistance from Aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

Describe specific academic and/or behavioral strategies utilized in the classroom. What were the outcomes?

---

**DOCUMENTATION CHECKLIST**

(Please submit as much of this documentation as possible)

- Copy of Cum Card with most recent Standardized Test Scores
- District & Curriculum Assessments (DRA, Slossan, SPA, Brigance etc.)
- Copy of Current Report Card
- Teacher Documentation of Parent contact & dates
- Sample of class work, test scores, literacy logs, math logs & science logs
- Disciplinary records (suspensions, SOS)
- Attendance Records (763, s)
- Documented interventions by literacy coaches and math tutors
- Documentation of behavioral intervention implemented

Teacher Signature ___________________________ Date Received ________________

I&RS Coordinator ___________________________ Date RFA Accepted ________________
Notice of I&RS/504 Meeting

Date: _________________________   School: __________________

Dear M________________________,    Re: _________________________

We have scheduled a conference with the Intervention Referral Services /504 Team in reference to your child for the purpose(s) checked below:

___ A. To review academic, medical and/or behavioral information to see if your child is eligible for services under I&RS

___ B. To review academic, medical and/or behavioral information to see if your child is eligible for services under Section 504/ADA

___ C. To develop a Pupil Action Plan (PAP), if eligible for services

___ D. To review progress and continuation of services under I&RS/504

___ E. To conduct an annual review of your child’s Pupil Action Plan (PAP)

___ F. Other __________________________________________________________

The meeting is scheduled for:

________________________, __________________, ______________, at ______________________________

Day      Date        Time    Location

Participants at this meeting will be:

___ Parent (s)    ___ Social Worker II
___ Student    ___ SAC
___ Administration    ___ Guidance Counselor
___ School Nurse    ___ CST Case Manager
___ Teacher (s)    ___ Other

Your participation at this meeting regarding your child’s education is very important. If you are unable to attend the meeting, please notify my office as soon as possible at (973)____________________.

As always, thank you for your cooperation and support.

Sincerely,

I&RS/504 Coordinator
I&RS/504 Planner - Request for Student Information

Request Date: ___________________________ School: ___________________________
Student Name: ___________________________ D.O.B.: ___________________________
Grade: ______ Sex: ______ Teacher/Room#: ___________________________ School: ___________________________

An I&RS/504 meeting will be held on: _______________ at __________ regarding the aforementioned student. We are requesting that you provide information, specific to your work with this student, one week prior to the meeting.

Please focus your responses on the following presenting problem:

____________________________________________________________________________

____________________________________________________________________________

Your name: _____________________________________________________________

1. Your role/position related to this student: (specify subject areas or service(s) provided)
   _______________________________________________________________________

2. Frequency of instructional/service contact: _________________________________

3. What specific weakness (e.g. academic, motivation, behavioral, social, medical, attendance, etc.) does the student exhibit that contribute to the problem identified above?
   _______________________________________________________________________

4. What specific strengths (e.g. academic, motivation, behavioral, social, medical, attendance, etc.) does the student exhibit that can be capitalized on with interventions to address problem identified above?
   _______________________________________________________________________

5. What do you believe causes this student’s presenting problem(s)?
   _______________________________________________________________________

Please return to I&RS/504 Coordinator: ______________________________________
Authorization to Release/Obtain Information

Pupil: _______________________________ D.O.B.: ________ School: _______________________________
Address: _______________________________ Telephone: _______________________________
I, _______________________________ (relationship)_________________ hereby give permission to staff of _______________________________
Attention: _______________________________

to release/obtain (circle) all information pertaining to the aforementioned pupil to the individuals and/or entity listed above.
The information to be released/obtained is to be used by the above for the following purpose: _______________________________

This authorization is limited to the following dates of service: From _______________________________ to _______________________________

Information to be disclosed:
Fact Sheet __________ Consultations __________ Pupil Assistance Plan __________
Complete Record __________ Medical Records __________ Standardized Test __________
Progress Records __________ Cumulative Record __________ Medications __________
I.E.P. __________ PRC/504 RFA __________ Other __________

I understand that the information to be disclosed/obtained may include the identity, diagnosis and/or impressions and treatment including Alcohol, Drugs, Behavioral or Mental Health Services, and other relevant medical information as applicable.

It is my intent that the use of the information furnished is prohibited for any purpose other than stated above and that the recipient is prohibited from disclosing this information to any other party to whom disclosure is not necessary or required for the purpose stated above.

I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the I&RS/504 Coordinator. I understand that this revocation will not apply to the extent that Newark Public Schools has already taken action in reliance on this authorization. This authorization will automatically expire 120 days from the date of my signature, unless I otherwise specify that this authorization will terminate on the following date or concurrently with the following event or condition:

I understand that authorizing the disclosure or obtaining information is voluntary. I can refuse to sign this authorization. I may inspect or obtain a copy of the information to be released/obtained. If I have any questions about any of the information, I can call the I&RS/504 Coordinator at _______________________________.

Parent/Guardian's Signature: _______________________________ Relationship: _______________________________ Date: _______________________________

Address: _______________________________

Witness: _______________________________ Title: _______________________________ Date: _______________________________
Witness: _______________________________ Title: _______________________________ Date: _______________________________
(For Office Use Only)

Date Information Released/Obtained: _______________________________ Signature: _______________________________

I&RS/504 Form 4
I&RS/504 Notice of Eligibility/Proposed Actions

Date: ____________________________ School: ____________________________

Dear M___________________________ Re: ________________________________

An I&RS/504 team meeting on __________________________ determined the following:

_____ S/he is eligible for services under I&RS – Pupil Assistance Plan (PAP) attached
_____ S/he is eligible for services under section 504/ADA – PAP attached
_____ S/he is not eligible for services under I&RS or 504/ADA
_____ After reviewing her/his progress, s/he will continue to receive I&RS/504 services – PAP attached
_____ An annual review of her/his Pupil Assistance Plan (PAP) was conducted – PAP attached

This determination was based on the following factors:


Fill in this Text Box Only if the Student is Eligible for Services Under 504/ADA

The student qualifies for services under Section 504/ADA because of a physical or mental impairment that substantially limits his/her major life activities checked below:

_____ Caring for one's self
_____ Performing manual tasks
_____ Walking
_____ Seeing
_____ Breathing

_____ Hearing
_____ Speaking
_____ Working
_____ Learning

_____ Other

Procedural safeguards & parental rights are attached

_____ Parent _____ Social Worker II _____ Student _____ SAC _____ Administration _____ School Counselor
_____ CST _____ Case Manager _____ Teacher _____ Other

Should you have questions, please feel free to contact the I&RS/504 Coordinator at ______________________________

Sincerely,

I&RS/504 Coordinator
PUPIL ACTION PLAN

I&RS  504  Case Manager: ____________________________

<table>
<thead>
<tr>
<th>Pupil:________________________</th>
<th>I.D.#:____________</th>
<th>D.O.B.:____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian:___________</td>
<td>Teacher:_________</td>
<td>School:___________</td>
</tr>
<tr>
<td>Initial Referral Date:________</td>
<td>Intervention Mtg. Date:________</td>
<td></td>
</tr>
<tr>
<td>Principal:__________________</td>
<td>Vice Principal:_________</td>
<td>I&amp;RS Coordinator:________</td>
</tr>
<tr>
<td>Teacher:____________________</td>
<td>Nurse:____________</td>
<td>Literacy Coach:________</td>
</tr>
<tr>
<td>CST:_______________________</td>
<td>Security:_________</td>
<td>HSSC:___________</td>
</tr>
<tr>
<td>Math Coach:___________</td>
<td>Tutor:___________</td>
<td>Guidance:________</td>
</tr>
<tr>
<td>Parent Liaison:___________</td>
<td>Social Worker:________</td>
<td>Other:________</td>
</tr>
<tr>
<td>Attendance Counselor:________</td>
<td></td>
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</tbody>
</table>

CATEGORY OF PRESENTING PROBLEM(S) – Check Appropriate:  ☐ Academic ☐ Behavior ☐ Health/Medical

PRESENTING PROBLEMS STATED IN OBSERVABLE & MEASURABLE TERMS.


Pupil Action Plan (continued)

<table>
<thead>
<tr>
<th>Goal-List in Observable and Measurable Behaviors</th>
<th>Specific Interventions/Accommodations</th>
<th>Responsible Party</th>
<th>Outcomes in Observable and Measurable Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Attach Copies of bi-weekly I&RS Monitoring & Progress Forms  I&RS/504 Form 6
## Intervention Review

I&RS 504 Case Manager: __________

<table>
<thead>
<tr>
<th>Pupil: __________________________</th>
<th>I.D.#: __________</th>
<th>D.O.B.: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent /Guardian: ________________</td>
<td>Teacher: __________</td>
<td>School: __________________________</td>
</tr>
<tr>
<td>Initial Referral Date: __________</td>
<td>Intervention Mtg. Date: __________</td>
<td></td>
</tr>
<tr>
<td>Principal: ______________________</td>
<td>Vice Principal: __________</td>
<td>I&amp;RS Coordinator: __________</td>
</tr>
<tr>
<td>Teacher: ________________________</td>
<td>Nurse: __________</td>
<td>Literacy Coach: __________</td>
</tr>
<tr>
<td>CST: ___________________________</td>
<td>Security: __________</td>
<td>HSSC: __________</td>
</tr>
<tr>
<td>Math Coach: _________________</td>
<td>Tutor: __________</td>
<td>Guidance: __________</td>
</tr>
<tr>
<td>Parent Liaison: ________________</td>
<td>Social Worker: __________</td>
<td>Other: __________</td>
</tr>
<tr>
<td>Attendance Counselor: __________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Please check appropriate box:

<table>
<thead>
<tr>
<th>Action:</th>
<th>Discontinue PAP</th>
<th>Continue with PAP</th>
<th>Revise the PAP</th>
<th>Refer to CST</th>
<th>Refer to other regular ed. staff/program (list)</th>
<th>Off Site Resources (list)</th>
</tr>
</thead>
</table>

**Goal**-List in Observable and Measurable Behaviors

<table>
<thead>
<tr>
<th>Specific Interventions/Strategies/Accommodations</th>
<th>Responsible Party</th>
<th>Outcomes in Observable Measurable Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Attach Copies of biweekly I&RS Monitoring & Progress Forms
STUDENT AND PARENT/GUARDIAN RIGHTS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973 AND THE AMERICANS WITH DISABILITIES ACT (ADA) ON NONDISCRIMINATION ON THE BASIS OF DISABILITY IN PROGRAMS AND ACTIVITIES

1. DESCRIPTION OF RIGHTS

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act are statutes enacted by the United State Congress to prohibit discrimination on the basis of disability in programs and activities sponsored or provided by the District.

A qualified student under Section 504/ADA 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.

The following is a summary of the enabling regulations for Section 504 as set out in 34 C.F.R., Part 104. These are your rights relating to accommodations for individuals with disabilities who use the services, programs, and activities at the public schools. It is our intent to keep you fully informed concerning decisions about your child and your rights should you disagree with any decision made with respect to your child.

2. GENERAL

a) Your child has the right to receive a free appropriate public education. 34 C.F.R. 104.33

b) Your child has a right to take part in, and receive benefits from public education programs without discrimination on the basis of disability. 34 C.F.R. 104.4

c) Your child has the right to otherwise participate with nondisabled students in regular education programs and receive related services and/or aids to the maximum extent appropriate under Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, as well as other Federal, State and City laws. 34 C.F.R. 104.34
d) The school district has the responsibility to identify and locate every qualified disabled person residing in its jurisdiction who is not receiving a public education and take appropriate steps to notify these disabled persons and their parents/guardians of this responsibility. 34 C.F.R. 104.32

e) You have the right to receive notice and participate in the process with respect to your child's identification, intervention and accommodation. 34 C.F.R. 104.36

f) You have the right to request an impartial hearing regarding any decisions or actions taken by the public schools regarding your child's identification, assessment, educational program or placement, with opportunity for parental participation in the hearing and representation by an attorney, and a review procedure. C.F.R. 34 104.36  The request for an impartial hearing should be made in writing to:

Superintendent's Designee for Section 504/ADA Services for Students
Office of
Newark Public School District
2 Cedar Street, Room 905
Newark, New Jersey 07102-3091

(Although the request must be made in writing any questions about preparing the written request should be directed to the school principal.)

g) You have the right to institute any mediation, impartial hearing or appeal. 34 C.F.R. 104.36

h) You have the right to examine all relevant records relating to the identification, assessment and related aids and services of your child.

i) You have the right to obtain copies of all such records at reasonable cost unless the fee would effectively deny you access to records.

3. **ASSESSMENT**

a) Your child has the right to an assessment for the provision of a free appropriate public education through the use of tests and other assessment materials that have been:

   validated for the specific purpose for which they are used,
   administered by trained personnel, and
   selected and administered so as to best ensure that, when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the
students aptitude or achievement level or whatever other factor the test
purports to measure,
rather than reflecting the student's impaired sensory, manual, or speaking
skills (except where
those skills are the factors that the test purports to measure).

b) You have the right to submit any assessment information that you have regarding
your child
for consideration as part of the assessment process; 34 C.F.R. 104.35

c) If you disagree with the determination made by the school district regarding your
child, you are entitled
to have the determination reviewed by requesting that the State District
Superintendent appoint a designee
to hear your challenge. The procedures to be followed are outlined in the Grievance
Procedures on
pages 6&7.

4. **REASSESSMENT**

The District is required to periodically reassess your child in accordance with C.F.R. 104.35
(d).

5. **PLACEMENT**

a) The District, in interpreting assessment data and in making placement decisions,
shall:

carefully draw upon information from a variety of sources including aptitude
and achievement
tests, teacher recommendations, physical condition, social or cultural
background and
adaptive behavior, use procedures to ensure that information obtained from
all such sources
is documented and carefully considered, ensure that the placement decision
is made by a group
of persons, including persons knowledgeable about the child, the meaning of
the assessment
data and the placement options, and ensure that the placement decision is
made in conformity
with C.F.R. 104.34 and 104.35.

Your child has the right to be educated in facilities, and receive services,
comparable to those provided to nondisabled students; 34 C.F.R. 104.33, 34
C.F.R. 104.34

b) Your child has the right to equal opportunity to participate in school and
school-related programs and activities. 34 C.F.R. 104.4
c) Your child has the right to adequate transportation to and from any program not operated by the Newark Public School District in which your child is placed by the public schools, at no greater cost to you than if he/she had been placed in a public school program; 34 C.F.R. 104.33

d) If placement in a public or private residential program is necessary to provide a free and appropriate public education, the program including non-medical care and room and board, shall be provided at no cost. C.F.R. 104.33

e) Your child has the right to equal opportunity to participate in all nonacademic and extracurricular activities offered by the public schools. 34 C.F.R. 104.34

6. EXCEPTIONS TO BE NOTED

a) Section 504/ADA regulations do not establish timelines for submission of a hearing request. However, the hearing must be done in a timely manner.

b) Section 504/ADA regulations do not require that the selection of the hearing officer be a mutually agreed upon decision between the school district and the parent(s).

7. ADDITIONAL ASSISTANCE - LEGAL AND ADVOCACY SERVICES

You may request a copy of a non-exclusive listing of various organizations and agencies, which the parent/student may contact in order to obtain free or low cost assistance with questions pertaining to the rights of students. Included in this list is a non-exclusive list of persons and groups who are advocates of students with disabilities. Determination of the nature and extent of an advocate’s services are the joint responsibility of the parent and the advocate.
I&RS/504 Home Visit

Student Name: __________________________ Grade: _______ DOB: ___________________

Address: __________________________________________ Phone: ___________________

Parent/ Guardian’s Name: ________________________ School: _______________________

This is to inform you that I/we visited your home today:

(date): __________________ (time): _______________ , in an effort to meet with you
regarding your child and discuss the following action by the Intervention Referral/504 Team:

_____ A. To review academic and/or behavioral information to see if your child is eligible for
services under I&RS or Section 504/ADA

_____ B. To develop a Pupil Assistance Plan (PAP), if eligible for services

_____ C. To review progress and continuation of services under I&RS/504

_____ D. To conduct an annual review of your child’s Pupil Assistance Plan (PAP)

_____ E. Other

Working in partnership with you is crucial in order for your child to receive an appropriate and
effective education. Please contact me at (973) __________________ as soon as you
can to discuss this further.

Looking forward to meeting with soon. Thank you.

Sincerely,

________________________________________________________________________

I&RS/504 Coordinator
I&RS/504 Monitoring & Progress Form

School: 

Pupil/ID#: ___________________________ Teacher: ___________________ Grade/Room#: ___________________________

Case Manager: ___________________________ Biweekly Time Frame for Monitoring: ___________________________

<table>
<thead>
<tr>
<th>Specific Interventions/Strategies/Accommodations</th>
<th>Did Intervention occur?</th>
<th>Responsible Party</th>
<th>Actions that facilitated and/or impeded implementation of intervention</th>
<th>Progress towards achieving goals</th>
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</table>

Case manager will ensure that this form is filled out on a biweekly basis & after completed will provide copies to all I&RS/504 participants who developed the PAP. The I&RS/504 Coordinator will attach copies of these monitoring & progress forms to the corresponding PAP.
### I&RS/504 Summary of Contacts

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>I&amp;RS/504 Coordinator Start Here</th>
<th>ALL OTHER DISCIPLINES START HERE</th>
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</table>
I&RS/504 Request for Intervention by Individual Staff Member &/or Off Site Resources

Person Requesting Assistance: ____________________________
Request Date: ____________________ School: ____________________________
Student Name: ____________________________
D.O.B.: ___________ Sex: ___________ Grade: _____ Teacher/Room #: ____________
Parent/Guardian: ____________________________ Zip: __________ Phone: ____________
Address: __________________________________________________________________

Request involves (check all that apply):
- Direct intervention with student (e.g. counseling, tutoring)
- Outreach to family
- Assistance obtaining needed documents or student data
- Referral to community resource
- Other: ____________________________

Briefly describe the presenting problem and what you expect the intervention to accomplish.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Space below to be completed by service provider.)
Request assigned to: ____________________________ Date assigned: ____________________________
Describe service provided
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Describe results of service in measurable terms:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Forty school day follow-up by I&RS/504 Coordinator)

- Service continues Date: ____________________________
- Service completed/terminated

Describe current status of presenting problem, objectives accomplished, reason for discontinuing service:
____________________________________________________________________________
____________________________________________________________________________
Dear Parent/Guardian,

The I&RS/504 Team has recommended, for the following reasons, that your child receive evaluation(s):

- **physical therapy**
- **occupational therapy**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Reason</th>
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<tbody>
<tr>
<td><strong>Self-Care Domain</strong></td>
<td>Displays difficulty in managing personal needs within the educational environment. For instance toileting and bathroom activities, clothing management, eating and drinking.</td>
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<tr>
<td><strong>Mobility Domain</strong></td>
<td>Lacks mobility, posture, coordination and balance that would enable child to safely and efficiently access appropriate educational opportunities within the school’s physical environment including playground access and transportation.</td>
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<tr>
<td><strong>Community Transition Assistance</strong></td>
<td>Lacks skills that are necessary for accommodating to new physical environments, adapting physical skills to community requirements and developing responsible health behaviors including self-directed physical maintenance programs.</td>
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<tr>
<td><strong>Fine Motor Concerns</strong></td>
<td>Lacks fine motor abilities that are necessary for manipulation of classroom or personal materials/items to accomplish typical daily school activities: donning or removing clothing; utilization of various fasteners (zippers, buttons, hooks, etc.); difficulties with drawing/writing; awkward grip with pencils and eating utensils or classroom manipulative; etc.</td>
</tr>
<tr>
<td><strong>Visual Perception/Visual Motor Concerns</strong></td>
<td>Displays difficulties with: copying designs; coloring/writing within lines space provided; copying items from chalkboard, following moving items/people; completing puzzles or finding items “mixed in” among others; cutting simple shapes or along a line; etc.</td>
</tr>
</tbody>
</table>

Additional Concern(s):

Parent _____________________________________________  Date _________________  
Coordinator ____________________________________________  Date _________________  

THE NEWARK PUBLIC SCHOOLS  
Office of Academic Services  
2 Cedar Street – Room 907  
Newark, New Jersey 07102-3091  
973-733-8792  
(Fax) 973-733-8042  

Cami Anderson  
State District Superintendent  

Christopher D. Cerf  
Acting Commissioner of Education  

I&RS/504 Form 12