

Worth County Schools

Section 504 Procedural Safeguards

Complaint Procedures

Responding to Section 504 Discrimination Complaints

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act prohibit discrimination against students with a disability. No discrimination against students with a disability will knowingly be permitted in any of the programs or activities of the Worth County School System.

A parent/guardian who believes that their child has been discriminated against under Section 504 and the ADA may file a grievance with the school, file a complaint with the Office of Civil Rights (OCR), or request a due process hearing. Students protected under Section 504 may also file a grievance on behalf of themselves if they believe they have been discriminated against because of their disability. Complaints must be filed within 180 days of the reputed violation.

Parents who wish to file a complaint with the school system should be provided with a copy of the **Section 504 Complaint Form**. The form must be submitted to the System Section 504 Coordinator. A copy of the **Section 504 Parental Rights** must be provided to parents when a complaint is filed. The parent will be contacted within 10 business days from receiving a completed Section 504 Complaint Form to schedule a meeting.

Section 504 Impartial Hearing Request

Any student or parent/guardian (“grievant”) may request an impartial hearing due to the school system’s actions or inactions regarding your child’s identification, evaluation, or educational placement under Section 504. A **Section 504 Request for Hearing** form must be completed and submitted to the System Section 504 Coordinator. Forms may be obtained from the School Section 504 Coordinator or the System Section 504 Coordinator. The System Section 504 Coordinator will be available to assist the grievant in completing the Request for Impartial Hearing form if needed.

Within 10 business days from receiving the Section 504 Request for Hearing form, the System Section 504 Coordinator will acknowledge the request in writing and schedule a time and place for a hearing. Parents/Guardians will be contacted if all parts of the form are not completed. All timelines and processes will be stayed until the Request for Hearing form is completed.

The System Section 504 Coordinator for Worth County Schools is Ms. Felecia Cook. She may be reached at (229) 776-8600 or by mail at 103 Eldridge Street, Sylvester, GA 31791.

Section 504 Mediation Meeting

Mediation is a less formal method of resolving disputes than a due process hearing. During mediation, parents/guardians and school representatives voluntarily meet with an impartial mediator to resolve disagreements with the school’s decisions or actions regarding identification, evaluation, or educational placement of the student. Any agreements reached between the school

and the parents/guardians during the mediation process will be set forth in a written mediation agreement. Parents/guardians may request mediation by writing or by calling the System Section 504 Coordinator, Ms. Felecia Cook. She may be reached at (229) 776-8600 or by mail at 103 Eldridge Street, Sylvester, GA 31791.

Mediation is voluntary and both the grievant and school system must agree to participate. The grievant may terminate the mediation at any time. If the mediation is terminated without an agreement, the school system will proceed with the impartial hearing procedures.

Section 504 Impartial Due Process Hearing Procedures

1. The System Section 504 Coordinator will obtain an impartial review official who will conduct a hearing within 45 calendar days from the receipt of the grievant's Request for Hearing unless agreed to otherwise by the grievant or a continuance is granted by the impartial review official.
2. Upon a showing of good cause by the grievant or school system, the impartial review official, at his or her discretion, may grant a continuance and set a new hearing date. The request for a continuance must be in writing and copied to the other party.
3. The grievant will have an opportunity to examine the child's educational records prior to the hearing.
4. The grievant will have the opportunity to be represented by legal counsel at his or her own expense at the hearing and participate, speak, examine witnesses, and present information at the hearing. If the grievant is to be represented by legal counsel at the hearing, he or she must inform the System Section 504 Coordinator of that fact in writing at least 10 calendar days prior to the hearing. Failure to notify the Section 504 Coordinator in writing of representation by legal counsel shall constitute good cause for continuance of the hearing.
5. The grievant will have the burden of proving any claims he or she may assert. When warranted by circumstances or law, the impartial hearing officer may require Worth County School System to defend its position/decision regarding the claims (i.e. A recipient shall place a disabled student in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. 34 C.F.R. §104.34). One or more representatives of the school system, who may be an attorney, will attend the hearing to present the evidence and witnesses, respond to the grievant testimony and answer questions posed by the review official.
6. The impartial review official shall not have the power to subpoena witnesses, and the strict rules of evidence shall not apply to hearings. The impartial review official shall have the authority to issue pre-hearing instructions, which may include requiring the parties to exchange documents and names of witnesses to be present.
7. The impartial review official shall determine the weight to be given any evidence based on its reliability and probative value.
8. The hearing shall be closed to the public.
9. The issues of the hearing will be limited to those raised in the written or oral request for the hearing.

10. Witnesses will be questioned directly by the party who calls them. Cross-examination of witnesses will be allowed. The impartial review official, at his or her discretion, may allow further examination of witnesses or ask questions of the witnesses.
11. Testimony shall be recorded by court reporting or audio recording at the expense of Worth County School System. All documentation related to the hearing shall be retained by Worth County Schools.
12. Unless otherwise required by law, the impartial review official shall uphold the action of school system unless the grievant can prove that a preponderance of the evidence supports his or her claim.
13. Failure of the grievant to appear at a scheduled hearing unless prior notification of absence was provided and approved by the impartial review official or just cause is shown shall constitute a waiver of the right to a personal appearance before the impartial review official.

Section 504 Impartial Due Process Hearing Decision

The impartial review official shall issue a written determination within 20 calendar days of the date the hearing concluded. The determination of the impartial review official shall not include any monetary damages or the award of any attorney's fees.

Section 504 Impartial Due Process Hearing Review

If not satisfied with the decision of the impartial review official, any party may pursue any right of review, appeal, cause of action or claim available to them under the law or existing state or federal rules or regulations.

Worth County Schools
Section 504 Complaint Form

Worth County Schools are committed to complying with Section 504 of the Rehabilitation Act of 1973 and ensuring that no discrimination on the basis of disability is permitted in the programs or activities that the System operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to the System Section 504 Coordinator.

Date: _____ Complaint made on behalf of: _____

Complainant is: Student: _____

Student's parent(s)/guardian(s): _____

Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

1. Describe the alleged violation of Section 504 in specific terms. Include: 1) the specific incident or activity that is viewed as discrimination; 2) the individuals involved; 3) dates, times, and locations involved; and 4) the disability that forms the basis of the complaint (attach additional pages if needed).

2. Describe any communication that has already occurred with respect to the incident. Please specify the type of communication, dates of communication, and names of individuals involved (attach additional pages if needed).

3. Please describe how you propose to resolve this issue (attach additional pages if needed).

Please return this form to:
Felecia Cook
System 504 Coordinator
Worth County Schools
103 Eldridge Street
Sylvester, GA 31791
229-776-8600

For Office Use Only

Date complaint was received: _____

Worth County Schools
Section 504 Request for Hearing

Student's Name _____ Date: _____

Student's Address: _____ Zip Code: _____

Student's School: WCPS WCES WCMS WCHS

Contact Information for Parent or Guardian

Name of Parent or Legal Guardian: _____

Address (if different than student's address): _____ Zip: _____

E-mail address: _____ Check here if you want notice of scheduled hearing by e-mail.

Telephone: (All calls will be made between 8 AM and 4:30 PM. Please check the box next to your preferred contact number.)

Home: (_____) _____ Cellular: (_____) _____

Work: (_____) _____ Other: (_____) _____

Problem and Proposed Solution to the Described Problem

*Describe the decision that was made by the Section 504 Team that you disagree with: _____

*Explain your reasons for wanting the decision to be reviewed: _____

*Describe your proposed solution to the above problem: _____

*If more space is needed, attach additional paper.

Signature of Person Completing this Form _____ Date _____

Relationship to Student: Parent/Legal Guardian Other: _____

Note: If you checked "Other", please provide the contact information below.

Other Contact Information

Name: _____ E-mail Address: _____

Address: _____ Zip Code: _____

Telephone: _____

Please return this form to:
Felecia Cook
System 504 Coordinator
Worth County Schools
103 Eldridge Street
Sylvester, GA 31791
229-776-8600

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Date complaint was received: _____