Date: July 2, 2019

To: Principals, Division and Department Heads

Subject: LONG-TERM SUSPENSIONS, CUMULATIVE SUSPENSIONS EXCEEDING 10 DAYS, OR EXPULSION OF STUDENTS WITH A 504 PLAN

Department and/or Persons Concerned: Principals, Site Administrators, Site 504 Coordinators, 504 Team Members

Due Date: Upon receipt.

Reference: 504/ADA Guidelines

Action Requested: Please share information with designated site 504 coordinator and certificated staff.

Brief Explanation:

This circular provides guidance on the application of Section 504 regulation to the disciplinary suspension and expulsion of a student with a 504 Plan.

Section 504 requires school districts to reevaluate a student with a disability and afford due process procedures before making a “significant change in placement.” This applies to school disciplinary suspensions and expulsion of students with disabilities.

A “significant change in placement” in the context of disciplinary consequences applies in the following circumstances:

- a suspension for ten (10) consecutive school days, or
- a proposed expulsion, or
- a series of suspensions that are fewer than ten (10) school days in duration, but exceed ten (10) school days, that may create a pattern of exclusions. This would be determined on a case-by-case basis at the Manifestation Determination meeting. The Manifestation Determination meeting is part of SDUSD’s obligation to provide a free, appropriate public education (FAPE). FAPE under 504 is the provision of general or special education aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met.

The school must take the following reevaluation steps:

1. Notify the 504 Office of the 504 Manifestation Determination meeting.
2. Reconvene the 504 Team which determines whether the conduct is a manifestation of (caused by) the student’s disability. The 504 Team must review all relevant information in the student’s file including the 504 Plan, any teacher observations, and any relevant or new information provided by the parent. The manifestation determination meeting must be convened within five (5) school days of the misconduct. A summary must be written and submitted to the Placement and Appeal Office, and the 504 Office, indicating whether the conduct was “causal” or “non-causal.” The attached form is to be used.

3. If it is determined that the conduct is caused by or had a direct and substantial relationship to the student’s disability (causal) or the conduct in question was the direct result of the district’s failure to implement the 504 Plan, the 504 Team will consider if a functional behavioral assessment is needed in order to develop and implement a behavior intervention plan (BIP). In those cases where a behavior intervention plan (BIP) was previously developed, the team should review the plan, and consider changes if necessary to address the behavior in question so that it does not recur.

The student will be returned to the placement from which the student was removed, unless the parent and 504 Team agree to a change of placement.

4. If it is determined that the conduct is not caused by the student’s disability (non-causal), the student may be subject to the same disciplinary policies and procedures as non-disabled students.

5. When the placement of a student with disabilities is changed for disciplinary reasons, the student and his/her parents are entitled to a system of procedural safeguards that include:
   • a notice to parents on the day the 504 Team recommends expulsion;
   • an opportunity for the parents to examine records;
   • due process and/or a review procedure (Manifestation Determination meeting).

If the parents disagree with the determination, they may request a due process hearing.

Further, this policy does not prevent a school from using its normal, reasonable procedures for addressing students who are endangering themselves or others.

For additional information or assistance with this process, contact Kimberly Shapazian, Program Manager, Specialized Settings, ADA/504 at (619) 725-7395.

APPROVED:

Sarah Ott
Executive Director, Special Education Division

SO:Ir
Attachment
Instructions: Please convene all members of the 504 Team (including parent and student) within 5 (five) school days of a student with a 504 Plan committing an offense that is recommended for expulsion. Complete this form and fax it immediately to the Placement and Appeal Office at (619) 298-3749 AND email the 504 Office at llehn@sandi.net

Student Name: ___________________________ ID#: __________________ Date: ______________

Gender: _______ Grade Level: _______ School: ____________________________

Parent/Guardian: ___________________________________________ Phone: ______________________

Address: _______________________________________________________

Manifestation Meeting Date: ______/____/____ Date of Incident: ______/____/____

Identified Disability: _____________________________________________

Suspension/Expulsion Charge: (refer to the suspension form): ___________________________

Date of last implemented 504 Plan: ______/____/____

The 504 Team must consider the following questions:

1. Was the conduct in question caused by or had a direct and substantial relationship to the student’s disability? _______ Yes _______ No

2. Was the conduct in question the direct result of the district’s failure to implement the 504 Plan? _______ Yes _______ No

If YES was answered for # 1 or #2, the 504 team must determine if the conduct was a manifestation of the student’s disability and complete the next section.

Was the conduct a manifestation of the student’s identified disability?

_______ Yes _______ No

If No, move forward in the same manner as non-disabled peer.

If Yes, placement will remain the same and the 504 Team must review/revise the 504 Plan and consider whether a Behavior Intervention Plan is required.

Brief statement to support above determination: _________________________________________

________________________________________

________________________________________

SIGNATURES The signatures below affirm presence at this meeting.

Parent/Guardian: ____________________________________________

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Student: ___________________________________________________

Administrator/Designee (required): ______________________________

Site 504 Coordinator (required): ________________________________

District 504 Representative: _________________________________

School Psychologist: _________________________________________

School Nurse: _______________________________________________

Counselor: __________________________________________________

Teacher (required): __________________________________________

Teacher: ____________________________________________________

Teacher: ____________________________________________________

Other: ______________________________________________________