

NOTICE OF ELIGIBILITY DETERMINATION

(ON SCHOOL LETTERHEAD)

Date: _____

Dear _____:

The School-Based §504 Assessment Team has determined that:

- Your child is a qualified individual with a disability pursuant to §504
- Your child is not a qualified individual with a disability pursuant to §504
- Your child is eligible for accommodations pursuant to §504 and two (2) copies of the §504 Team’s proposed §504 Accommodation Plan are enclosed with this letter
- Your child is not eligible for accommodations pursuant to §504

You may challenge any matter relating to the decisions reached by the School-Based §504 Assessment Team regarding your child. You may:

1. File a complaint of discrimination with the Office of Equal Opportunity (OEO) according to the procedures stated in Chancellor’s Regulation A-830; or
2. Seek a review of the §504 procedures followed by the school in the following manner:

1st: Seek Initial Review. You must seek review within ten (10) days of your receipt of this letter. You must send a written request for this review to the Field Support Center Health Director: _____ at the following address: _____ . The Field Support Center Health Director will reach a decision within fifteen (15) days of your request. You will receive written notification of this decision.

2nd: Seek Impartial Hearing. You may challenge the Field Support Center Health Director review by requesting an impartial hearing, in writing, within ten (10) days of the date you receive the Field Support Center Health Director decision by writing to the Impartial Hearing Office, New York City Department of Education, 131 Livingston Street, Brooklyn, NY 11201.

Please contact the School §504 Coordinator, _____ at (____) _____ if you have any questions about the §504 Team’s decision.

Sincerely,
