Edina Public Schools
DEFINING EXCELLENCE

Policy 521

Students

Student Disability Nondiscrimination Under Section 504 of the Rehabilitation Act

I. Purpose

The purpose of this policy is to protect students with disabilities from discrimination on the basis of disability and to identify and evaluate learners who, within the intent of Section 504 of the Rehabilitation Act of 1973, need special services, accommodations, or programs in order that such learners may receive a free appropriate public education.

II. General Statement of Policy

A. Students are protected from discrimination on the basis of a disability.

B. It is the responsibility of the school district to identify and evaluate learners who, within the intent of Section 504 of the Rehabilitation Act of 1973, need special services, accommodations, or programs in order that such learners may receive a free appropriate public education.

C. For this policy, a learner who is protected under Section 504 is one who:

1. has a physical or mental impairment that substantially limits one or more major life activities, including learning; or

2. has a record of such impairment; or

3. is regarded as having such impairment; or

4. has an impairment that is episodic or in remission and would materially limit a major life activity when active.

D. Learners are to be protected from disability discrimination and may be eligible for services, accommodations, or programs under the provisions of Section 504 even though they are not eligible for special education pursuant to the Individuals with Disabilities Education Act.

E. Failure to engage in the process to determine if a reasonable accommodation exists that would allow people with disabilities as defined in state law to participate fully in education may be an unfair discriminatory practice under the Minnesota Human Rights Act.

III. Coordinator

Persons who have questions, comments, or complaints should contact the director of student support services, 5701 Normandale Road, Edina, Minnesota 55424, (952) 848-3900, regarding grievances or hearing requests regarding student disability issues. Individuals who wish to make a complaint regarding a student disability discrimination matter may use the form found in Appendix I. The form should be given to the director of student support services.

Legal References:
Minn. Stat. Ch. 363A (Minnesota Human Rights Act)
29 U.S.C. § 794 *et seq*. (Section 504 of the Rehabilitation Act of 1973)
42 U.S.C. Ch. 126 (Equal Opportunity for Individuals with Disabilities)
34 C.F.R. Part 104 (~~Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance~~ Section 504 Implementing Regulations)

Cross Reference:
Policy 402 (Disability Nondiscrimination)

Policy
adopted: 01/22/08
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INDEPENDENT SCHOOL DISTRICT NO. 273
Edina, Minnesota

Appendix I to Policies 401, 402, 413, 521, 522, and 528

DISCRIMINATION, HARASSMENT, AND VIOLENCE REPORT FORM

Edina Public Schools maintains a firm policy prohibiting all forms of discrimination, harassment, or violence against students or employees, or groups of students or employees, on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, including gender identity and expression, or disability. All persons are to be treated with respect and dignity. Harassment or violence by any student, teacher, administrator, or other school personnel, which creates an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Use of this reporting form is encouraged but not required. Reports may be made orally or in writing, including via electronic mail.

Person completing report: _____

Primary home address: _____

Secondary home address (if any): _____

Work location if an Edina Public Schools employee: _____

Primary phone: _____

Secondary phone: _____

Email address: _____

Date of alleged incident(s): _____

Basis of Alleged Harassment/Violence - circle as appropriate: race \ color \ creed \ religion \ sex \ national origin \ gender \ age \ marital status \ familial status \ status with regard to public assistance \ sexual orientation, including gender identity and expression \ disability

Name of person(s) you believe harassed or was violent toward you or another person.

_____

If the alleged harassment or violence was toward another person(s), identify that person(s).

_____

Where and when did the incident(s) occur? _____
_____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (e.g., threats, requests, demands); what, if any, physical contact was involved; or other relevant information. Attach additional pages if necessary.

_____
_____

List any witnesses to the incident(s). _____
_____

My signature below shows that the information I have provided in this document is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date _____

Received by: _____ Date _____

Please submit to the building principal or designee or the executive director of human resources. For student disability discrimination matters, please submit to the director of student support services.

(07/25)