STUDENT DISABILITY NONDISCRIMINATION ~~536~~ 521

I. PURPOSE

The purpose of this policy is to protect disabled students 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. Disabled students who meet the criteria of Paragraph C below 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, 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 of such person's major life activities; or

2. has a record of such impairment;

3. is regarded as having such an impairment;

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

~~**[NOTE: The 2024 Minnesota legislature revised the definition of 'disability' in Minnesota Statutes, section 363A.03, subdivision 12]**~~

D. Learners may be protected from disability discrimination and 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 Minnesota Statutes, section 363A.03, subdivision 12, to participate fully in education may be an unfair discriminatory practice under the Minnesota Human Rights Act.

III. COORDINATOR(S)

Persons who have questions, comments, or complaints should contact Kelly Wilson at 651/982-8129 or 6100 N 210th St, Forest Lake, MN 55025 regarding grievances or hearing requests regarding disability issues. This person is the school district's Americans with Disabilities Act/Section 504 Coordinator.

Legal References: ***Minn. Stat. § 363A.03, Subd. 12 (Definitions)***
Pub. L. 110-325, 122 Stat. 3553 (ADA Amendments Act of 2008, § 7)
29 U.S.C. § 794 *et seq.* (Rehabilitation Act of 1973, § 504)
34 C.F.R. Part 104 (Implementing Regulations)

Cross References: Policy 536 (Student Disability Nondiscrimination)

Adopted: 6/7/99
5/04
12/1/11
2/2/17
REVISED: 3/13/25

INDEPENDENT SCHOOL DISTRICT NO. 831

STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM

General Statement of Policy Prohibiting Disability Discrimination
Independent School District No. 831 maintains a firm policy prohibiting all forms of discrimination on the basis of a disability. All persons are to be treated with respect and dignity. Discrimination on the basis of a disability will not be tolerated under any circumstances.

Complainant:_____

Home
Address:_____

Work
Address:_____

Home Phone:_____
Work Phone:_____

I have been discriminated against based on (choose one or more):
[my disability] / [a record of my disability] / [being regarded as having a disability]

because_____
_____

Date of alleged incident(s):
_____

Name of person you believe discriminated against you or another person:
_____

If the alleged discrimination was toward another person, identify that person:
_____

Describe the incident(s) as clearly as possible, including such things as: any verbal statements; what, if any, physical contact was involved; etc. (attach additional pages if necessary):
_____
_____
_____

Location of the incident(s):
_____
_____

List any witnesses that were present:
_____
_____

This complaint is filed based on my honest belief that _____has discriminated against me or another person based on a disability. I hereby certify that

the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

_____ _____

(Complainant Signature) (Date)

Received by:_____ _____

(Date)