



**FOREST LAKE AREA SCHOOLS
FOREST LAKE, MN 55025**

February 2, 2017

AGENDA ITEM: 9.4

TOPIC: Student Disability Nondiscrimination Policy #536

BACKGROUND: 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.

PROCESS: The School Board Policy Committee has reviewed this policy. It is now being presented to the School Board with the changes noted in Section III.

RECOMMENDATION: Approval of this policy.

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; or
 3. is regarded as having such an impairment.
- 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.

III. COORDINATOR(S)

Persons who have questions, comments, or complaints should contact ~~Julianne Greiman for the elementary level at 651/982-3301 or 14351 Scandia Trail North, Scandia, MN 55073 or Kathryn Ungerecht for the secondary level at 651/982-8402 or 6101 Scandia Trail North, Forest Lake, MN 55025~~ Kelly Lessman at 651/982-8129 or 6100 N 210th St, Forest Lake, MN 55025 regarding grievances or hearing requests regarding disability issues. ~~These people are~~ This person is the school district's Americans with Disabilities Act/Section 504 Coordinators.

Legal References: 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
1/5/04
12/1/11

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)