

521 STUDENT DISABILITY NONDISCRIMINATION

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 (Section 504), need services, accommodations, or programs in order that such learners may receive a free appropriate public education.

II. GENERAL STATEMENT OF POLICY

- A. Students with disabilities who meet the criteria of Paragraph C. below are protected from discrimination on the basis of a disability.
- B. The responsibility of the school district is to identify and evaluate learners who, within the intent of Section 504, need 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 an 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.
- E. Persons who wish to make a complaint regarding a disability discrimination matter may refer to District Policy [103 Complaints - Students, Employees, Parents, Other Persons](#) for complaint and grievance procedures and form(s).

Claims of discrimination may also be pursued through the following agencies where appropriate:

U.S. Department of Education
Office of Civil Rights, Region V
500 W. Madison Street - Suite 1475
Chicago, IL 60661
312-730-1560
TDD: 312-730-1609

MN Department of Human Rights
540 Fairview Ave N, Ste. 201
St. Paul, MN 55104
800-657-3704

651-296-5663
TDD: 651-296-1283

III. COORDINATOR

Persons who have questions or comments should contact the Office of the Assistant Superintendent, 215 N. 1st Ave E, Duluth, MN 55802, (218)336-8739, jeffrey.horton@isd709.org. The Assistant Superintendent, **Jeffrey Horton**, is the school district's Americans with Disabilities Act/Section 504 coordinator. ~~Persons who wish to make a complaint regarding a disability discrimination matter may use the accompanying Student Disability Discrimination Grievance Report Form. The form should be given to the ADA/Section 504 coordinator.~~

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 (Section 504 Implementing Regulations)

Cross References: MSBA/MASA Model Policy 402 (Disability Nondiscrimination)
ISD 709 Policy 103 Complaints - Students, Employees, Parents, Other Persons

Replacing: Policy 5154

Adopted: 12/20/2016

Second Reading: 9/17/2019

~~INDEPENDENT SCHOOL DISTRICT NO. 709
STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM~~

General Statement of Policy Prohibiting Disability Discrimination

Independent School District No. 709 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)