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;

3. is regarded as having such an impairment; or

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

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

Persons who have questions or comments should contact Josh Noble, Assistant Superintendent, 1117 Marine Ave., Worthington, MN 56187, 507-372-2172. This person 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: Minn. Stat. § 363A.03, Subd. 12 (Definitions)
42 U.S.C. Ch. 126 (Equal Opportunity for Individuals with Disabilities)
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)

First Reading: 3/15/22; 3/18/14; 7/27/11; 7/20/04, 2/21/06
Second Reading: 4/19/22; 4/15/14; 8/16/11; 8/17/04, 3/28/06
Adopted: 4/19/22; 4/15/14; 8/16/11; 8/17/04, 3/28/06

Form: ADA/SECTION 504/TITLE IX AND EQUAL EDUCATION OPPORTUNITY
- DISCRIMINATION REPORTING FORM

General Statement of Policy Prohibiting Discrimination Toward a Student or an employee of Independent School District No. 518.

Independent School District No. 518 maintains a firm policy prohibiting all forms of discrimination against students and employees. All individuals are to be treated with respect and dignity. Discrimination by any teacher, administrator or other school personnel 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 toward you or student on the basis of disability.
_____
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 (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary):
_____
_____

Where and when did the incident(s) occur: _____
_____
List any witnesses that were present: _____
_____
This complaint is filed based on my honest belief that _____ has discriminated against me or a student on the basis of 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: _____ _____
(Signature) (Date)