Students

Student Disability Nondiscrimination

I. Purpose

The purpose of this policy is to protect students who are disabled 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.

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.

III. Coordinator

Persons who have questions, comments, or complaints should contact the director of student support services regarding grievances or hearing requests regarding disability issues. Individuals who wish to make a complaint regarding a 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:
34 C.F.R. Part 104 (Implementing Regulations)
Appendix I to Policies 401, 402, 413, 514, 521, 522, 526, and 528

DISCRIMINATION, HARASSMENT, BULLYING, HAZING AND VIOLENCE REPORT FORM

Edina Public Schools maintains policies prohibiting discrimination, harassment, bullying, hazing and violence. These policies can be found on the district’s website or obtained from a district administrator. All persons are to be treated with respect and dignity. Please use this form to report incidents of discrimination, harassment, bullying, hazing or violence.

Person completing report: ________________________________

Home address: ________________________________________

Work address: ________________________________________

Home phone: __________________ Work phone: ________________

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 \ disability

Name of person(s) you believe harassed, bullied 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 director of human resources, as indicated by the policy(ies).

Revised: 8/10/20