

## STUDENTS

### Section 504 and Title II

#### **Students and Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990**

Section 504 of the Rehabilitation Act of 1973 ("Section 504") prohibits discrimination against individuals with a disability in any program receiving Federal financial assistance. Similarly, Title II of the Americans with Disabilities Act of 1990 ("Title II" or "ADA") prohibits discrimination against individuals with a disability by state and local governments. To be protected under Section 504 and the ADA ("collectively, "Section 504/ADA"), an individual must (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

In order to fulfill its obligation under Section 504/ADA, Amity Regional School District No. 5 (ARSD) prohibits discrimination based on disability in access to, or treatment or employment in any of the services, programs or activities of the school system.

ARSD has specific responsibilities under Section 504 to identify, evaluate, and provide an educational placement for students who have a physical or mental impairment that substantially limits a major life activity. ARSD's obligation includes providing access to a free appropriate public education ("FAPE") for students determined to be eligible under Section 504/ADA. Under Section 504 FAPE is defined as the provision of regular or special education and related services that are designed to meet the individual educational needs of a student with a disability as adequately as the needs of students without disabilities are met and that are provided without cost (except for fees imposed on nondisabled students/parents).

If the parent/guardian of a student disagrees with the decisions made by the professional staff of ARSD with respect to the identification, evaluation, or educational placement of his/her child, the parent/guardian has a right to request an impartial due process hearing.

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In addition, a student or parent/guardian of a student may also file an internal grievance/complaint on these issues or any other type of discrimination on the basis of disability by or within ARSD by utilizing the grievance/complaint procedures outlined in the Board's Administrative Regulations Regarding Students and Section 504 of Rehabilitation Act of 1973 and Title II of Americans with Disabilities Act, and/or may file a complaint with the Office for Civil Rights, U.S. Department of Education ("OCR"):

Office for Civil Right, Boston Office  
U.S. Department of Education  
8<sup>th</sup> Floor  
5 Post Office Square  
Boston, MA 02109-3921  
(617) 289-0111

Anyone who wishes to file a grievance/complaint with ARSD or who has questions or concerns about this policy should contact the Director of Pupil Personnel Services, the Section 504/ADA Coordinator for ARSD, at phone number 203-397-4820.

#### Legal References:

29 U.S.C. §§ 705, 794

34 C.F.R. Part 104

42 U.S.C. § 12101 et seq.

28 C.F.R. Part 35

Protecting Students with Disabilities, Frequently Asked Questions About Section 504 and the Education of Children with Disabilities, Office for Civil Rights (March 17, 2011), available at <http://www.ed.gov/about/offices/list/ocr/504faq.html>

Dear Colleague Letter, United States Department of Education, Office for Civil Rights (January 19, 2012)

0521  
4118.11  
5131.911  
5145.42  
5145.45

Form

## **BULLYING/HARASSMENT/DISCRIMINATION COMPLAINT FORM**

*Please refer to the district website for complaints specifically related to sexual harassments  
at <https://www.amityregion5.org/district-information/title-ix>*

**Name of Complainant:**

**School of Attendance/Employment:**

**Date of Complaint:**

**Date of Alleged Incident:**

**Name(s) of Offender:**

**Name(s) of any Witnesses to Incident:**

**Where did Incident Occur?**

**Describe the incident(s) as clearly as possible, including:**

- any specific verbal statements;
- what, if any, physical contact was occurred;
- what did you immediately prior to and immediately following the incident;
- why you believe the incident may have occurred; and
- any other information that would help in an investigation.

**Complaint Received by:**

**Date of Receipt:**