

Minnetonka Public Schools

SECTION 504 GRIEVANCE PROCEDURES

A parent or guardian of a student or an adult student may use the following process to grieve a decision to not find a student eligible or in need of a Section 504 evaluation or a 504 plan, to grieve the program, aids and services offered.

1. The grievance may be submitted in writing to the building 504 Facilitator within a reasonable period of time. The grievant should state the concern and the remedy that is sought.
2. The 504 Facilitator, counselor, or District 504 Coordinator will take the following actions:
 - a. Discuss the grievance with the parents/guardians or adult student and with appropriate school and/or district employees.
 - b. Prepare a written report of the findings including any additional information if applicable.
 - c. Communicate the decision and follow up with a written report.
3. If the grievant is not satisfied with the resolution at the building, the grievant may appeal the written report to the Superintendent or designee in writing by completing the following form.
4. After review and within a reasonable amount of time, the Superintendent or designee shall affirm, reverse, or modify the report, and notify the grievant in writing of the decision.
5. If the grievant is not satisfied with the resolution of the grievance, he or she may appeal to the School Board or its designee.
6. The School Board or its designee shall schedule a meeting to review the grievance and shall give the parties involved at least five school days' notice of the meeting. The board or its designee shall affirm, reverse, or modify the decision of the superintendent or designee within a reasonable amount of time.

Minnetonka Public Schools Section 504 Grievance Form

Grievant Name: _____ Date: _____

Student Name: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Numbers: _____ (Please check the box for the preferred contact number)

Home: _____

Work: _____

Cell: _____

State the nature of your grievance. Please describe the policy or action you believe may be in violation of Section 504. Identify any person(s) you believe may be involved.

Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.

Signature: Parent, Guardian, Student (18 or over)

Date

Signature of Person Receiving Grievance

Date Received