

## Students

### Student Disability Nondiscrimination Under Section 504 of the Rehabilitation Act

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

29 U.S.C. § 794 *et seq.* (Section 504 of the Rehabilitation Act of 1973)

34 C.F.R. Part 104 (Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance)

Cross Reference:

Policy 402 (Disability Nondiscrimination)

Policy

adopted: 01/22/08

reviewed: 02/21/12

revised: 09/25/17

revised: 02/10/20

revised: 03/03/25

INDEPENDENT SCHOOL DISTRICT NO. 273

Edina, Minnesota



Appendix I to Policies 401, 402, 413, 521, 522, and 528

**DISCRIMINATION, HARASSMENT, AND VIOLENCE REPORT FORM**

Edina Public Schools maintains a firm policy prohibiting all forms of discrimination, harassment, or violence against students or employees, or groups of students or employees, on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, including gender identity and expression, or disability. All persons are to be treated with respect and dignity. Harassment or violence by any student, teacher, administrator, or other school personnel, which creates an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Use of this reporting form is encouraged but not required. Reports may be made orally or in writing, including via electronic mail.

Person completing report: \_\_\_\_\_

Primary home address: \_\_\_\_\_

Secondary home address (if any): \_\_\_\_\_

Work location if an Edina Public Schools employee: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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, including gender identity and expression \ disability

Name of person(s) you believe harassed 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 executive director of human resources.*

(07/25)