

I. PURPOSE

The purpose of this policy is to protect disabled students 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. Disabled students who meet the criteria of Paragraph C below, are protected from discrimination on the basis of a disability.
- B. It is the responsibility of NWSISD member school districts to identify and evaluate learners who, within the intent of Section 504 of the Rehabilitation Act of 1973, 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 major life activities, including learning; or
 - 2. has a record of such impairment; or
 - 3. is regarded as having such impairment.
- 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, comments, or complaints should contact NWSISD’s Executive Director regarding grievances or hearing requests regarding disability issues. This person is NWSISD’s ADA/504 Coordinator.

Legal References: Pub.L. 110-325, 122 Stat.3553 (ADA Amendments Act of 2008 §7)
29 U.S.C. § 794 et seq. (§ 504 of Rehabilitation Act of 1973)
34 C.F.R. Part 104 (Implementing Regulations)

Cross References: NWSISD Policy 402 (Disability Nondiscrimination Policy)

Adopted: March 19, 2003
Revised: April 21, 2004
August 17, 2011
June 19, 2019

STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM

General Statement of Policy Prohibiting Disability Discrimination

Independent School District No 6078 maintains a firm policy prohibiting all forms of discrimination on the basis of a disability. All persons are to be treated with respect and dignity. Discrimination on the basis of a disability 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 against you or another person: _____

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; what, if any, physical contact was involved; etc. (attach additional pages if necessary): _____

Location of the incident(s): _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has discriminated against me or another person based on a 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: _____

(Date)