Title II ADA
Policy & Procedures
Handbook
DuBois Integrity Academy
Revised August, 2022

Mr. Myron Jones
(Dean of Student & Parent Affairs)

Mrs. Greta Hunt
(504 & Title II ADA Coordinator)
6504 Church Street Ste 1 & 2
Riverdale GA, 30274
(770) 997-4860
Table of Contents

Title II ADA Safeguards ........................................................................................................................................ 2
   Title II ADA Due Process .................................................................................................................................. 2
Title II ADA Complaint Form ............................................................................................................................. 5
   Title II ADA Request for Hearing Form ............................................................................................................. 6
Title II ADA Procedural Safeguards

Complaint Procedures

Responding to Title II ADA Discrimination Complaints

Title II ADA of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act prohibit discrimination against students with a disability. No discrimination against students with a disability will knowingly be permitted in any of the programs or activities of the DuBois Integrity Academy Charter School.

A parent/guardian who believes that their child has been discriminated against under Title II ADA may file a grievance with the school, file a complaint with the Office of Civil Rights (OCR), or request a due process hearing. Students protected under Title II ADA may also file a grievance on behalf of themselves if they believe they have been discriminated against because of their disability. Complaints must be filed within 180 days of the reputed violation.

Parents who wish to file a complaint with the school system should be provided with a copy of the Title II ADA Complaint Form. The form must be submitted to the Title II ADA Coordinator. A copy of the Title II Parental Rights must be provided to parents when a complaint is filed. The parent will be contacted within 10 business days from receiving a completed Title II ADA Complaint Form to schedule a meeting.

Title II ADA Impartial Hearing Request

Any student or parent/guardian (“grievant”) may request an impartial hearing due to the school system’s actions or inactions regarding your child’s identification, evaluation, or educational placement under Title II ADA. A Title II ADA Request for Hearing form must be completed and submitted to the School’s Title II ADA Coordinator. Forms may be obtained from the School’s Title II ADA Coordinator.

Within 10 business days from receiving the Title II ADA Request for Hearing form, the Title II ADA Coordinator will acknowledge the request in writing and schedule a time and place for a hearing. Parents/Guardians will be contacted if all parts of the form are not completed. All timelines and processes will be stayed until the Request for Hearing form is completed.

Title II ADA Mediation Meeting

Mediation is a less formal method of resolving disputes than a due process hearing. During mediation, parents/guardians and school representatives voluntarily meet with an impartial mediator to resolve disagreements with the school’s decisions or actions regarding identification, evaluation, or educational placement of the student. Any agreements reached between the school and the parents/guardians during the mediation process will be set forth in a written mediation agreement.

Mediation is voluntary and both the grievant and school must agree to participate. The grievant may terminate the mediation at any time. If the mediation is terminated without an agreement, the school system will proceed with the impartial hearing procedures.

Title II ADA Impartial Due Process Hearing Procedures

1. The School’s Title II ADA Coordinator will obtain an impartial review official who will conduct a hearing within 45 calendar days from the receipt of the grievant’s
Request for Hearing unless agreed to otherwise by the grievant or a continuance is granted by the impartial review official.

2. Upon a showing of good cause by the grievant or school system, the impartial review official, at his or her discretion, may grant a continuance and set a new hearing date. The request for a continuance must be in writing and copied to the other party.

3. The grievant will have an opportunity to examine the child’s educational records prior to the hearing.

4. The grievant will have the opportunity to be represented by legal counsel at his or her own expense at the hearing and participate, speak, examine witnesses, and present information at the hearing. If the grievant is to be represented by legal counsel at the hearing, he or she must inform the Title II ADA Coordinator of that fact in writing at least 10 calendar days prior to the hearing. Failure to notify the Title II ADA Coordinator in writing of representation by legal counsel shall constitute good cause for continuance of the hearing.

5. The grievant will have the burden of proving any claims he or she may assert. When warranted by circumstances or law, the impartial hearing officer may require DuBois Integrity Academy to defend its position/decision regarding the claims (i.e. A recipient shall place a disabled student in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. 34 C.F.R.§104.34). One or more representatives of the school system, who may be an attorney, will attend the hearing to present the evidence and witnesses, respond to the grievant testimony and answer questions posed by the review official.

6. The impartial review official shall not have the power to subpoena witnesses, and the strict rules of evidence shall not apply to hearings. The impartial review official shall have the authority to issue pre-hearing instructions, which may include requiring the parties to exchange documents and names of witnesses to be present.

7. The impartial review official shall determine the weight to be given any evidence based on its reliability and probative value.

8. The hearing shall be closed to the public.

9. The issues of the hearing will be limited to those raised in the written or oral request for the hearing.

10. Witnesses will be questioned directly by the party who calls them. Cross-examination of witnesses will be allowed. The impartial review official, at his or her discretion, may allow further examination of witnesses or ask questions of the witnesses.

11. Testimony shall be recorded by court reporting or audio recording at the expense of DuBois Integrity Academy. All documentation related to the hearing shall be retained by DuBois Integrity Academy.

12. Unless otherwise required by law, the impartial review official shall uphold the action of school system unless the grievant can prove that a preponderance of the evidence supports his or her claim.

13. Failure of the grievant to appear at a scheduled hearing unless prior notification of absence was provided and approved by the impartial review official or just cause is shown shall constitute a waiver of the right to a personal appearance before the
impartial review official.

**Title II ADA Impartial Due Process Hearing Decision**

The impartial review official shall issue a written determination within 20 calendar days of the date the hearing concluded. The determination of the impartial review official shall not include any monetary damages or the award of any attorney’s fees.

**Title II ADA Impartial Due Process Hearing Review**

If not satisfied with the decision of the impartial review official, any party may pursue any right of review, appeal, cause of action or claim available to them under the law or existing state or federal rules or regulations.
DuBois Integrity Academy are committed to complying with Title II ADA of the Rehabilitation Act of 1973 and ensuring that no discrimination on the basis of disability is permitted in the programs or activities that the System operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to the System Title II ADA Coordinator.

Date: ___________  Complaint made on behalf of: ________________________________

Complainant is: ☐ Student: ________________________________
☐ Student’s parent(s)/guardian(s): ________________________________
☐ Other: ________________________________

Address: ________________________________ City: ___________ State: _____ Zip: ___________

Home Phone: ________________________________ Cell Phone: ________________________________

1. Describe the alleged violation of Title II ADA in specific terms. Include: 1) the specific incident or activity that is viewed as discrimination; 2) the individuals involved; 3) dates, times, and locations involved; and 4) the disability that forms the basis of the complaint (attach additional pages if needed).

2. Describe any communication that has already occurred with respect to the incident. Please specify the type of communication, dates of communication, and names of individuals involved (attach additional pages if needed).

3. Please describe how you propose to resolve this issue (attach additional pages if needed).

For Office Use Only

Date complaint was received: ________________________________
DUBOIS INTEGRITY ACADEMY
Title II ADA Request for Hearing

Student’s Name: ___________________________ Date: __________________

Student’s Address: ________________________________________________ Zip Code: __________

Contact Information for Parent or Guardian

Name of Parent or Legal Guardian: _________________________________
Address (if different than student’s address): __________________________ Zip: __________
E-mail address: _____________________________________________ ☐ Check here if you want notice of scheduled hearing by e-mail.

Telephone: (All calls will be made between 8 AM and 4:30 PM. Please check the box next to your preferred contact number.)
Home: (________) ___________ ☐ Cellular: (________) ___________ ☐
Work: (________) ___________ ☐ Other: (________) ___________ ☐

Problem and Proposed Solution to the Described Problem

*Describe the decision that was made by the Title II ADA Team that you disagree with: _________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*Explain your reasons for wanting the decision to be reviewed: _________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*Describe your proposed solution to the above problem: _________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*If more space is needed, attach additional paper.

Signature of Person Completing this Form ___________________________ Date __________________

Relationship to Student: ☐ Parent/Legal Guardian ☐ Other: ____________________________

Note: If you checked “Other”, please provide the contact information below.

Other Contact Information

Name: ___________________________ E-mail Address: ___________________________
Address: ___________________________ Zip Code: __________
Telephone: ___________________________


For Office Use Only

Date complaint was received: ___________________________