

SECTION 504 EVALUATION AND CONSENT



Name:
School:
Date of Plan:

Date of Birth:
Age:
Grade:

[] Initial Section 504 Evaluation [] Section 504 Reevaluation

To the Parent/Guardian of: _____ Date: _____

The school district suspects that your child may have a disability which could make him/her eligible for services under Section 504 of the Rehabilitation Act. As such, an evaluation team has been formed to determine if your child has a qualifying disability under Section 504. Members of the evaluation team will collect and review information from a variety of sources related to your child's suspected disability. Your child's teacher(s) and other staff members may be involved in observations, assessments and other data collection activities in an effort to determine whether your child qualifies for Section 504 protection.

A meeting will be scheduled within approximately 60 calendar days. You will receive notice of the meeting and are encouraged to attend and participate in the discussion and decision making process. If you are unable to attend, you may participate by telephone or by submitting written input to the team. If you have any questions, or cannot attend the meeting, please contact me so that we may discuss this further.

Section 504 provides you with specific rights concerning this evaluation process, which are designed to keep you fully informed concerning decisions about your child. These rights are summarized on the "Procedural Information and Rights under Section 504" document enclosed with this notice. If you did not find the document concerning parent's rights enclosed or need another copy, please contact me.

504 Compliance Officer (school principal or designee)

Telephone Number

Parent Consent for Section 504 Evaluation:

Your signed consent **is required** to complete this screening/evaluation. The results will be communicated to you at the Section 504 Eligibility Meeting. All results are confidential in accordance with State and Federal laws pertaining to education and/or health records.

- ☐ I have received information regarding the Section 504 Evaluation Procedures and have been informed of the Procedural Information and Rights under Section 504 (enclosed).
☐ I consent to the above evaluation for my child.
☐ I refuse permission for the above evaluation for my child.

Signature of Parent/Guardian

Date

****PLEASE PROMPTLY RETURN THIS FORM TO:** _____