

Notice and Consent for Initial Section 504 Evaluation

Student Name: _____	Today's Date: _____		
Student#: _____	School: _____	Grade: _____	
Date of Birth: _____	Sex : _____	Race: _____	Primary Language at Home _____
Parent/Guardian Name: _____			
Parent/Guardian Address: _____			
Parent/Guardian Phone: _____		Other contact info: _____	

Dear Parent/Guardian,

In an effort to identify students potentially in need of services under Section 504 of the Rehabilitation Act of 1973, your child has been referred for evaluation by the school's Section 504 Committee. Reasons for this referral include: _____

Section 504 addresses the needs of children who are substantially limited in the classroom because of a physical or mental impairment/disability. Generally, a Section 504 evaluation consists of staff members reviewing school records, teacher reports, observations, prior testing, grades, standardized test scores, information provided by parents, school health records and other data. This information is used to determine if a student meets eligibility criteria for accommodations in the regular education classroom under Section 504. Please note that this is *not* a special education evaluation under the Individuals with Disabilities Education Act (IDEA) .

If your child has a diagnosed medical condition, it would be very important to consider this in the evaluation process. Please attach any medical records or a statement from a physician, psychologist or other professional licensed in the field of disability. This letter should describe the possible impact of the condition within the school/learning environment.

A copy of your parent rights under Section 504 of the Rehabilitation Act is attached. Please read these rights carefully. You may contact your school counselor if you have any questions.

Parent/Guardian consent for 504 evaluation:

As the parent/guardian of the above referenced student, having received a copy of my parental rights under Section 504, do hereby consent to an evaluation under Section 504.

Yes, I do consent to this Section 504 evaluation

No, I do not consent to this Section 504 evaluation

Signature of Parent/Guardian

Date