

Consent for Initial Section 504 Evaluation

Date: _____

This request regards your student:

Student: _____

School: _____

SSID: _____

Grade: _____

DOB: _____

Consent

I understand that my student was referred for an evaluation under Section 504. The evaluation will draw upon a variety of sources, which may include, but may not be limited to school records, teacher observations of my student, parent/student/teacher input, interviews, assessments, and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504. If determined eligible, the evaluation data is used to determine appropriate accommodations, aids, and services to provide my student to access and benefit from their education.

Please review the enclosed Section 504 Procedural Safeguards document. It contains information about your rights under Section 504.

(Check all that apply)

☐ I have received a copy of the Section 504 Parent Rights.

☐ I consent to an evaluation under Section 504.

☐ I do not give permission for the Section 504 evaluation.

Please sign below and return this letter. Keep a copy and the Notice of Parent Rights for your records.

Parent / Guardian Name: _____

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____

If you have any questions, feel free to contact me.

Respectfully,

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____

Enclosure: Notice of Parent/Student Rights

For School Use Only

Date consent form received by School District: _____