

PARENT PERMISSION FOR SECTION 504 EVALUATION

STUDENT NAME: _____ DOB: ____ / ____ / ____ AGE: _____

SCHOOL: _____ GRADE: _____

PARENT(S) NAME: _____ TELEPHONE: _____

ADDRESS: _____

1. Notice:

a. A referral for a 504 evaluation has been initiated in order to determine eligibility and possible accommodation(s) for a suspected physical or mental impairment that substantially limits a major life activity. The reasons for this referral are:

b. Options considered and general education intervention procedures previously employed:

c. Proposed Assessment/Techniques/Personnel: (specify)

<u>Assessment Area</u>	<u>Evaluation Technique</u>	<u>Possible Evaluation/ Consultation Personnel</u>
_____	_____	_____
_____	_____	_____

2. Permission:

The evaluation will be conducted within 50 instructional days of parent permission. A 504 Conference will be held to discuss the evaluation and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box below:

Permission is given voluntarily to conduct the evaluation process as described.

Permission is denied.

3. Rights and Options:

I have received a written copy of the Parent/Student Rights under Section 504 of the Rehabilitation Act.

Parent/Guardian's Signature _____ Date: _____