



Section 504 Prior Notice and Consent for Evaluation/Re-Evaluation

Student Name _____ School _____
Date of Birth _____ Grade _____ Date _____

We have reason to believe your student may have a qualifying disability under Section 504 of the Rehabilitation Act of 1973. I have formed a team to evaluate your student and make a determination. Members of the evaluation team will collect and review information to determine whether your student has a qualifying disability. Your student's teacher(s) and the school's counselor, school psychologist, and other staff members may be involved in observations, assessments, and other data collection activities.

We are requesting your consent to conduct this evaluation to determine whether he/she has a qualifying disability under Section 504 and to provide necessary accommodations should he/she qualify. This evaluation may include review of any or all of the following for the purpose of identification and services under Section 504, as well as the administration of additional evaluation/assessment procedures as indicated.

- Grades
- School Records
- Work Samples
- Other: _____
- Parent Report
- Medical Reports
- Psycho-educational Evaluation
- Classroom Teacher(s) Report
- Individual Achievement Test
- Behavioral/ Social

Section 504 provides you with specific rights concerning this evaluation process, which are designed to keep you fully informed concerning decisions about your student. These rights are summarized on the Parent's Rights and Safeguards under Section 504 document enclosed with this notice. If you did not find the document concerning a parent's rights, or if you have any questions or concerns, please contact me.

If you consent to the evaluation procedure described above, please sign and return to the school this form along with any additional information (e.g., medical reports, list of medications, parent reports, etc.) which may assist the Section 504 Team in their evaluation. You will be invited to attend a Section 504 eligibility meeting to discuss your student's evaluation.

Sincerely,
504 Team Leader: _____
(Print Name) (Signature)

I hereby give my written consent to have my student evaluated for possible Section 504 eligibility.

Parent/Legal Guardian: _____
(Print Name) (Signature)

For School Use Only

Date Received: _____ Received by: _____ Title: _____