

Parental Prior Notice for Evaluation for Eligibility for 504 Accommodation

We are proposing to evaluate/re-evaluate this student to determine if he/she has a suspected disability/impairment that may require a 504 accommodation. We are proposing this evaluation because there are concerns about the student's educational progress. Although there may have been interventions implemented, concerns about his/her progress continue. These concerns form the basis for this action. The Procedural Safeguards you have received previously afford you protection. You may request another copy of the Procedural Safeguards from the 504 coordinator. Your signature below signifies receipt of a copy of this notice.

Student Name:	SIS:	
DOB:	Grade:	School:

Data Reviewed:

- | | |
|---|--|
| <input type="checkbox"/> Existing evaluation data | <input type="checkbox"/> Information from parent(s) |
| <input type="checkbox"/> Observations | <input type="checkbox"/> Classroom based assessments |
| <input type="checkbox"/> Other _____ | |

On the basis of the data reviewed, the participants have determined:


- Existing data are sufficient to determine continued eligibility and the nature and extent of a 504 accommodation.
- Existing data are NOT sufficient to determine continued eligibility and the nature and extent of a 504 accommodation.

Areas to be Assessed: _____

Assessment will begin approximately: _____

Note: Provide parent with Procedural Safeguards and obtain new Consent for Evaluation before administering assessments.

504 Team Signatures:

Participation Signature	Printed Name	Position/Title	Date
 Parent Signature			

*Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other _____
- Copy of notice given to parent Date: _____