\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student Name

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| Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Local ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| ELL Status:Choose an item.\_ |  | School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Purpose:**

Notice and Consent for Section 504 Evaluation

To the parent or guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Your child has been referred for an evaluation under Section 504 of the Rehabilitation Act of 1973. A copy of the Rights Afforded by Section 504 is attached. To facilitate this referral, the school is seeking your consent for an evaluation.

The evaluation will include:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Once the information has been collected, an Eligibility meeting will be scheduled to determine if your child is eligible for a Section 504 Plan. You will be advised of the determination and a meeting will be scheduled to develop a Plan with appropriate accommodations.

If you have any questions about the evaluation, please call:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
504 Coordinator Name 504 Coordinator Phone Number*

|  |
| --- |
| Parent/Guardian: Please check one of the following and sign:  YES, *As the parent/legal guardian of the above referenced student, I have received notice of my Section 504 parent rights, and I understand that this is not an offer of a Special Education Evaluation. I consent to*  *an evaluation under Section 504.*  NO, *As the parent/legal guardian of the above referenced student, I have received notice of my Section 504 parent rights, and I understand that this is not an offer of a Special Education Evaluation. I refuse consent to an evaluation under Section 504.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date |

**PLEASE RETURN THIS FORM TO:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**