**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text. [ ]  **Initial Evaluation** [ ]  **Reevaluation**

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

School: Click or tap here to enter text. Grade: Click or tap here to enter text. DOB: Click or tap here to enter text.

Parent(s) Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Dear Parent/Guardian:

**A Section 504 Evaluation** typically consists of a review and interpretation of information from a variety of sources (i.e. existing educational records, staff reports/observations, grades, standardized test results, early intervening services, SAT interventions and progress monitoring, prior testing, and other data) in order to determine if your child qualifies as a student with a disability under Section 504.

If necessary, in addition to reviewing the data described above, as part of the Section 504 evaluation, the District requests to conduct the following assessments:

Click or tap here to enter text.

**Consent for Section 504 Evaluation:** We request your written informed consent for a Section 504 evaluation as described above.

If you **CONSENT** to the Section 504 evaluation, please mark the appropriate **CONSENT** box below, sign, date and return to the school Section 504 contact below.

If you **DO NOT CONSENT** to the Section 504 evaluation, please mark the appropriate **DO NOT CONSENT** box below, sign, date and return to the school Section 504 contact below.

Click or tap here to enter text.

Site Section 504 Contact- Printed Name

Click or tap here to enter text.

Phone/Extension

[ ]  I **CONSENT** to a Section 504 evaluation.

 [ ]  I **DO NOT CONSENT** to a Section 504 evaluation.

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Parent/Guardian Signature Parent/Guardian Printed Name Date

Enclosure: Notice of Rights and Procedural Protections Under Section 504 and the Americans with Disabilities Act