

PARENT PERMISSION/REQUEST 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 Evaluation: The evaluation procedures may include a review of school records, medical/diagnostic information, observation of your child's activities, personal interviews, completing behavior checklists, parent information, and consultation with you.

2. Permission:

The evaluation will be conducted within 30 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: _____