

PARENT PERMISSION FOR SECTION 504 EVALUATION

Student's Name: _____ Birth Date: ____/____/____ Age: _____

School: _____ Grade: _____

Parent(s): _____ Phone: _____

Address: _____

1. Notice

- a. A referral for a Section 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 assessment/techniques/personnel (specify):

<u>Assessment Area</u>	<u>Evaluation Technique</u>	<u>Possible Evaluation/ Consultation Personnel</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Permission

The evaluation will be conducted within 50 instructional days of parent permission. A Section 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 Parent Rights under Section 504 of the Rehabilitation Act.

Parent/Guardian's Signature: _____ Date: _____