

PARENT PERMISSION FOR SECTION 504 EVALUATION

STUDENT NAME: _____ DOB: ____ / ____ / ____ AGE: _____

SCHOOL: _____ GRADE: _____

PARENT(S) NAME: _____

Home Phone: _____ Work Phone _____

ADDRESS: _____

1. Notice:

a. A referral for a 504 evaluation has been initiated in order to determine eligibility and possible intervention(s) for a suspected disability (a physical or mental impairment substantially limiting 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:

I understand that the evaluation will be conducted within 60 calendar days of receipt of parent permission, and that a 504 Meeting will be held to discuss evaluation results, eligibility, and any educational program recommendations. I will be invited to attend the 504 Meeting. 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: _____

5/12
10/12