



CONSENT FOR SECTION 504 EVALUATION
(SECTION 504 OF THE REHABILITATION ACT OF 1973)

School: _____ Date: _____
Student Name: _____ Date of Birth: _____
Student ID: _____ Age: _____
Parent/Guardian: _____ Grade: _____
Address: _____ Contact Number: _____

Your child has been referred to a Section 504 Team for an evaluation to determine whether he/she has a physical or mental impairment that substantially limits one or more major life activities and therefore is eligible for a Section 504 Plan. The Section 504 evaluation will consider your child's individual needs. It will be conducted by a team or group of persons, including school staff and others who are knowledgeable about your child, the suspected handicapping condition, evaluation procedures, the meaning of evaluation data, and placement options. The evaluation will be based on information from a variety of sources, which may include teacher(s), other school staff members, parent(s)/legal guardian(s), physician(s), nurse(s), other professionals, or persons in the community. We will consider and document available pertinent information, such as records, assessment data, medical reports related to your child's suspected physical or mental impairment which may be substantially limiting a major life activity.

The Section 504 evaluation procedures may include:

- A review of school records.
• Interviews/notes from persons knowledgeable about your child's functioning.
• Observations in the school, home or community environments.
• Review of medical information.
• Additional assessments administered by appropriate school staff that measure pertinent educational areas of concern, if necessary.

Your signed consent is required to complete this evaluation. Please check the appropriate box below, indicating your consent to this evaluation

As a parent or guardian, I DO consent to this evaluation.
As a parent or guardian, I DO NOT consent to this evaluation.

A copy of your Parent/Student Rights under Section 504 of the Rehabilitation Act of 1973 is also attached. If you have any questions about this evaluation, please feel free to contact [INSERT NAME OF SITE COORDINATOR AND/OR CASE CARRIER] at [INSERT CONTACT NUMBER].

Parent/Guardian Name: _____ Signature: _____ Date: _____
Parent/Guardian Name: _____ Signature: _____ Date: _____
Section 504 Coordinator: _____ Signature: _____ Date: _____

Table with 5 columns: Copies to, Parent/Guardian, Site 504 Coordinator, District 504 Coordinator, Cumulative File

This document is confidential and may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to FERPA's general consent requirement. (See 34 CFR §§ 99 et seq.)