

Date: _____ Parent/Legal Guardian of _____

We have reason to believe your student may have a qualifying disability under Section 504 of the Rehabilitation Act of 1973. We will form a team to evaluate your student and make a determination. Members of the evaluation team will collect and review information to determine whether your student has a qualifying disability. Your student's teacher(s) and the school's counselor, and other staff members may be involved in observations, assessments, and other data collection activities.

We are requesting your consent to conduct this evaluation to determine whether your student has a qualifying disability under Section 504 and to provide necessary accommodations should he/she qualify. This evaluation may include review of any or all of the following for the purpose of identification and services under Section 504:

- Grades
- School Records
- Medical Reports
- Work Samples
- Parent Report
- Other related materials
- Classroom Teacher(s) Report
- Individual Achievement Tests
- Psycho-educational Evaluation
- Health Care Plan
- IEP

Section 504 provides you with specific rights concerning this evaluation process, which are designed to keep you fully informed concerning decisions about your student. These rights are summarized on the Parent's Rights and Safeguards Under Section 504 document. A copy of that document will be provided at the eligibility meeting.

Please fill out and submit this form to your child's school principal. You will then be invited to attend a Section 504 eligibility meeting to discuss your student's evaluation.

**Please list concerns or information you may have that could aid in an evaluation for your child.
(Please include consultations with doctors, medication(s), or other helpful information.)**

[If you have any questions or concerns prior to submitting this form, please contact the school principal.]

**I hereby give my written consent to have my student evaluated for possible Section 504 eligibility.
--by typing my signature below, I give consent via authorized electronic signature.**

Parent/Legal Guardian _____
(Print Name) (Signature) (Date)

**I DO NOT give my consent to have my student evaluated for possible Section 504 eligibility.
--by typing my signature below, I DECLINE consent via authorized electronic signature.**

Parent/Legal Guardian _____
(Print Name) (Signature) (Date)