

PARENT/GUARDIAN NOTICE OF SECTION 504 EVALUATION

Student Name _____ School _____
Date Notice (Form B) and Rights (Form C) Sent on _____

Dear Parent/Guardian _____:

A request has been made for a Section 504 Evaluation under the Rehabilitation Act of 1973. The purpose of the evaluation is:

1. To determine whether your child has a physical or mental impairment which may be substantially limiting one or more major life activities (e.g., walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, performing manual tasks, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, speaking).
2. To develop a special accommodation plan so that your child can have access to and receive an appropriate education if he/she is determined to be handicapped under Section 504.

Members of the School Section 504 Team, consisting of teachers, counselors, psychologists, and administrators, will review records, interview those knowledgeable about your child, participate in observations, and collect other data. Please provide copies of any current medical, psychological, outside tutoring and/or other records to the School Section 504 Designee, _____, for consideration, no later than _____.

The Section 504 __ Evaluation __ Review Meeting will be held on:		
_____	_____	_____
Date	Time	Place

Although it is not required by law, you are invited to participate in the evaluation meeting. If you are not able to attend, please check one of the following choices:

- ___ I will attend the meeting .
- ___ I will not attend the meeting . You will receive a copy of the results of the meeting.
- ___ I have received a copy of the Section 504 Parent/Guardian/Student Rights and Procedure Safeguards (Enclosed)

Parent/Guardian Signature _____ Date _____

PLEASE SIGN AND SUBMIT THIS FORM AND THE PARENT/GUARDIAN/STUDENT RIGHTS AND PROCEDURAL SAFEGUARDS FORM TO THE SCHOOL SECTION 504 DESIGNEE _____, NO LATER THAN _____.
Name _____ Date _____