



*Type Name of School District*  
**Section 504 Parental Consent for Evaluation**

\_\_\_\_\_

(Date)

Dear Parent of \_\_\_\_\_.  
(Child's Name)

Your child was referred by \_\_\_\_\_ and was recommended for evaluation by the Student Support Team. The referral indicates that your child may be eligible for supports and/or services under **Section 504 of the 1973 Rehabilitation Act**. We would like to begin the process of determining whether your child qualifies for Section 504 protections.

The next step in determining eligibility is an evaluation that may include (but is not limited to) a review and/or administration of the following:

- |                    |                      |                 |
|--------------------|----------------------|-----------------|
| ▪ Grades           | ▪ Discipline Records | ▪ Behavioral    |
| ▪ Parent Reports   | ▪ Medical Tests      | ▪ Assessment    |
| ▪ Teacher Reports  | ▪ Achievement Tests  | ▪ Psychological |
| ▪ Academic Records | ▪ Work Samples       | ▪ Evaluation    |

Upon completion of an evaluation, you will be invited to a meeting to discuss the evaluation results and possible eligibility for Section 504 supports and accommodations. No changes will be made in your child's educational program until we hold the meeting and you provide any additional consent. Providing this consent to evaluate does not allow the system to provide Section 504 supports or accommodations.

Please indicate your decision to have your child evaluated for Section 504 services below.

**Yes**, I agree for my child \_\_\_\_\_ to be evaluated.

**No**, I do not agree for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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This form should be signed below and then returned to:

\_\_\_\_\_

Name

Title

Phone Number

If we do not receive this form by \_\_\_\_\_, we will contact you about your  
decision. (Date)

\_\_\_\_\_

Signature of Parent

Date