

**CONSENT TO EVALUATE UNDER SECTION 504
OF THE REHABILITATION ACT OF 1973**

Student Name: _____ Student ID: _____

Grade: _____ Date of Birth: _____ Date: _____

School Name: _____

Dear Parent/Guardian,

A team of education professionals has met and believes your child may have a disability under Section 504 of the Rehabilitation Act of 1973. In order to determine if your child does have a disability under Section 504, we are requesting your consent to conduct an evaluation. An evaluation under Section 504 involves the collection of various sources of data and a review of this data by a knowledgeable committee to determine whether there is a substantial limitation of one or more major activities or bodily functions. If your child qualifies as an individual with a disability the committee will also determine if your child requires services and support to have his or her needs met as adequately as a non-disabled individual; the committee will also document those services. This evaluation will be provided at no cost to you. Once your consent is received, data will be gathered and you will be invited to the meeting to discuss the findings. Please check the appropriate box below:

I give consent to evaluate my child for eligibility under Section 504.

I do not give consent to evaluate my child for eligibility under Section 504.

Your Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973 is attached. Your signature below acknowledges your receipt of these rights. If you have any questions or concerns regarding this referral, the evaluation process, or your rights, please contact _____, campus Section 504 coordinator, at _____.

Parent Signature

Date