	Parental Consent: Initial S	Section 504 Evaluation
Student:	ID:	Date:
School:	Grade:	DOB:

Dear :

Your child has been referred for an evaluation to determine whether he/she has a physical or mental impairment that substantially limits a major life activity. In accordance with Section 504 of the Rehabilitation Act of 1973, your consent is needed for an initial evaluation.

Proposed Evaluation:

Based on a review of existing data, additional information **is not needed** to determine whether your child has a physical or mental impairment that substantially limits a major life activity.

Based on a review of existing data, additional information **is needed** to determine whether your child has a physical or mental impairment that substantially limits a major life activity. The District proposes your child be assessed in the following areas:

Assessment Area	Assessment Techniques	Personnel Responsible

If you have questions, please contact:

Name

Position

Telephone

Parent Action

Parent(s): Please complete this section and return a signed copy to the school.

The District will not evaluate your child without your written consent. The evaluation will be completed within 30 school days from the date the District receives your signed permission to proceed. Upon completion of the evaluation, you will be invited to attend a 504 Conference to discuss the results of the evaluation and plan accordingly for your child.

I agree with the proposed evaluation, and give the District permission to proceed.

I do not agree with the proposed evaluation, and do not give the District permission to proceed.

Parent (or adult student) Signature

Date

Enclosed: Notice of Parent/Student Rights

**District use only:** Date Received: Date Evaluation Due: