

Student Name: \_\_\_\_\_  
School: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
ID: \_\_\_\_\_

Student

### Section 504 Evaluation Notice and Consent

Dear Parent/Guardian,

Children requiring health services at school may be covered under Section 504 of the Rehabilitation Act of 1973. Section 504 is a Federal civil rights law that is designed to eliminate disability discrimination in programs and activities that receive Federal funds. A referral was made to determine if the above student is a candidate for an evaluation to determine eligibility under Section 504. The Guidance or Multi-Disciplinary Team at your child's school determined that the student:

- Is an appropriate candidate for evaluation
- Is not an appropriate candidate for evaluation

For more information on Section 504, please contact me below and/or visit the Section 504 page on our district website.

Sincerely,

School Section 504 Coordinator

Enclosures: "Your Rights Under Section 504"

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### Consent for Evaluation for Section 504 (Consent required for initial evaluation only)

- I give my consent for my child to be evaluated pursuant to Section 504. I have been provided with "Your Rights Under Section 504", which summarizes protections for students who may require a section 504 plan. The parent/guardian/adult student may invite individuals who have knowledge or special expertise regarding the student, including related services personnel to participate as a member of the section 504 team.
- I do NOT give my consent for my child to be evaluated pursuant to Section 504. I have been provided with "Your Rights Under Section 504", which summarizes protections for students who may require a section 504 plan.

\*Consent required for initial evaluations only

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: