

Siuslaw School District 97J, Office of Special Programs

PRIOR NOTICE/PARENT CONSENT TO EVALUATE UNDER SECTION 504

Student's Name: _____ Date: _____

School: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name: _____ Phone: _____

Dear Parent/Guardian(s):

After carefully reviewing your student's school records and information from teachers, the Section 504 team at your student's school proposes to review other existing evaluation data or conduct an evaluation to determine if your student is eligible for services under Section 504 of the Rehabilitation Act of 1973.

The Team has concluded that the following assessments are necessary to determine if your child has a disability under Section 504 and needs a 504 Accommodation Plan:

Your written consent is necessary because this is an Initial Evaluation.

You will be invited to participate in a meeting to review the evaluation results and to determine if your child is eligible for a plan under Section 504.

PARENT CONSENT (please check all that apply)

____ I have received a copy of Parent's and Student's Rights (enclosed).

I grant permission for Siuslaw School District 97J to conduct evaluation procedures of the following type for my student:

____ Initial Evaluation and/or

____ Review of other existing evaluation data from other agencies to determine 504 eligibilities.

I understand that the granting of consent for evaluation is voluntary. If I do not give consent, I understand that 504 accommodations will not be provided to my student. These services remain open to my student as long as they remain eligible under Section 504. I may at any time provide consent for Section 504 accommodations.

____ Consent to evaluate is given. ____ Consent to evaluate is denied.

_____/_____/_____/_____
Parent/Guardian Signature Date Work phone Home Phone

Email: _____

If you have questions, please contact:

_____/_____/_____
504 Case Manager Phone Email

Thank you for working with the district to provide appropriate services for your child.

Enclosure: Section 504 Notice of Parent/Student Rights in Identification, Evaluation and Placement.

Original to District 504 folder
Cc: Student Cumulative/Building file, Parent