



# Burlington - Edison Public Schools

Special Program

927 East Fairhaven Avenue Burlington, WA 98233  
(360) 757-3311 Fax (360) 755-9198

## Consent for Section 504 Evaluation

Student: **Enter Name**  
Date of Birth: **Enter DOB**  
Grade: **Choose Grade**

Date: **Enter Date**  
Parent/Student Rights Provided: **Yes/No**  
School: **Choose School**

I, as parent or guardian, of the above named student, ☐ DO / ☐ DO NOT provide consent for the evaluation to determine if he/she is eligible for accommodations/modification under Section 504.

I give consent for the evaluation to include the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Developmental History | <input type="checkbox"/> State and District Assessment | <input type="checkbox"/> Teacher Documentation |
| <input type="checkbox"/> Medical Documentation | <input type="checkbox"/> Student Interview             | <input type="checkbox"/> Work Samples          |
| <input type="checkbox"/> Parent Data           | <input type="checkbox"/> _____                         | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> _____                 | <input type="checkbox"/> _____                         | <input type="checkbox"/> _____                 |

I understand the results will be reported to me within thirty-five (35) school days unless an alternative timeline has been mutually agreed upon. The results will be used by the team to develop a Section 504 Plan if the student is eligible under Statute 504.

I have received a copy of the Burlington-Edison School District Parent/Student Rights under Section 504. My signed consent is required to initiate this evaluation. The findings will be reported, recorded, filed, and communicated in strict accordance with applicable district policies, state regulations and the Family Rights and Privacy Act.

If you have questions, please contact **Identify School Counselor** at **Phone Number** for additional information regarding this process.

\_\_\_\_\_  
*Parent or Guardian Signature/Adult Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian Signature/Adult Student*

\_\_\_\_\_  
*Date*