**School District Of Newberry County**

**P.O. Box 718**

**Newberry, SC 29108**

**Notice of Evaluation under Section 504 of the Rehabilitation Act**

**Student:** Click here to enter text. **Date of Meeting**: Click here to enter text.

**RECOMMENDATION OF 504 TEAM PARTICIPANTS**

[ ]  Student should be referred for a complete evaluation to include collection of the following data:

 **AREA PERSON RESPONSIBLE DATE TO BE COMPLETED**

[ ]  Vision and Hearing Assessment Click here to enter text. Click here to enter text.

[ ]  Speech Screening Click here to enter text. Click here to enter text.

[ ]  Classroom Observations Click here to enter text. Click here to enter text.

[ ]  Measure of Cognition Click here to enter text. Click here to enter text.

[ ] Measure of Achievement Click here to enter text. Click here to enter text.

[ ]  Measure of Adaptive Behavior Click here to enter text. Click here to enter text.

[ ]  Behavior/Personality Assessment Click here to enter text. Click here to enter text.

[ ]  OtherClick here to enter text. Click here to enter text. Click here to enter text.

**Signatures of Team Participants:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Date** |
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 🞏 I give consent for the evaluation as described.

 🞏 I do not give consent for the evaluation as described.

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 Parent’s Signature