**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