

DESOTO PARISH SCHOOL SYSTEM
Section 504 Parent Consent Form

Student Name: _____ Date of Birth: _____

School Attending: _____ Grade: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

CONSENT FOR SECTION 504 EVALUATION

I understand that my child has been referred for an evaluation under Section 504. The evaluation will draw upon information from a variety of sources, which may include, but is not limited to: a school record review, observations of the student, parent/child/teacher input or interviews, assessments, and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504.

(Check all that apply)

- I have received a copy of the Section 504 Student and Parent Rights.
- I consent to the Section 504 evaluation.
- I do not give permission for the Section 504 evaluation.

Signature of Parent/Guardian

Date

Signatures of 504 Committee members