

## 504 Consent to Evaluate and Form

Date

Dear Parent,

Section 504 of the Rehabilitation Act is a federal ant-discrimination law that prohibits school districts from discriminating against students with disabilities. A student may be identified with a disability under Section 504 if the student has a physical or mental impairment that substantially limits one or more major life activity, including but not limited to learning. The school district has specific responsibilities under the Section 504, including the obligation to identify, evaluate and if the student is determined to be eligible, to afford access to appropriate educational services.

Your child has been referred for evaluation to determine whether he/she is eligible for accommodations/interventions under Section 504. The evaluation is designed to determine whether your child is disabled, which the act defines as a student who has a substantial limitation in a major life activity.

The student assistance team would like to evaluate your child in the following

areas:\_\_\_\_\_.

Your signed consent is required to complete this evaluation. I have enclosed a "Consent to Evaluate" Form. The results of the evaluation will be reported, recorded, filed and communicated in strict accordance with applicable district policies and state and federal law.

This assessment will be completed within \_\_\_\_\_ (\_\_\_) school days unless an alternative timeline has been mutually agreed upon and documented. A copy of your Parent Rights under Section 504 of the Rehabilitation Act of 1973 will be provided to you. I will inform you in a separate communication when the team will meet to determine whether the evaluations reveal that your child is eligible under Section 504.

If you have any questions about your child's educational progress or about the Rehabilitation Act, please contact my office.

Sincerely,

Section 504 School Coordinator

**Consent to Evaluate  
Under Section 504 of the Rehabilitation Act**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

I DO \_\_\_\_ DO NOT \_\_\_\_ consent to the assessment of my child to determine whether he/she qualifies as a student with a disability under Section 504 of the Rehabilitation Act. I understand that my consent may be revoked at any time prior to the completion of this assessment.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Please return this document to the school district*