SECTION 504 CONSENT FOR EVALUATION /

NOTICE OF PROCEDURAL INFORMATION

Student Date of Birth Date Sent

School Grade

Parent / Guardian Name

**Your child has been referred for an evaluation to determine eligibility for protection under Section 504 of the Rehabilitation Act of 1973 and / or the Americans with Disabilities Act.**

A copy of the Board of Education’s Section 504 / ADA Policy and Administrative Guidelines is available to you by contacting the principal or 504 Coordinator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials: A copy of the Notice of Section 504 / ADA Procedural information and Rights was provided to the parent.

**Your signed consent is required to complete this evaluation. The results will be communicated to you at the conclusion of the evaluation. All results are confidential in accordance with State and Federal laws pertaining to education and / or health records. The school will obtain and review information from a variety of sources in order to make a proper evaluation of your child’s condition. The evaluation will be completed within approximately 60 calendar days.**

* I, the Parent / Guardian DO GIVE CONSENT FOR THIS EVALUATION \*
* I, the Parent / Guardian DO NOT GIVE CONSENT FOR THIS EVALUATION
* Consent may be revoked at any time

Parent / Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_