## PARENT/GUARDIAN REQUEST FOR EVALUATION, TERMINATION, OR MODIFICATION UNDER SECTION 504

Student Information		
Last Name:	First Name:	Middle Initial:
Male: Female:	Birth Date:	
School:		Class:
Parent/Guardian Information		
Last Name:	First Name:	Middle Initial:
Home Address:		
Home Phone:	Work Phone:	
Referral Information		
The parent/guardian believes that	at the above named student:	
1. should be identified	as a qualified student with a disa	ability.
	student is a qualified student with a	-
	•	
Describe how the disability affect	cts the student's access to or benef	it from the school's educational programs,
nonacademic services, or extract	arricular activities:	
Describe the requested aids, serv		
2 should no longer be	identified as a qualified student	with a disability.
_	student is no longer a qualified stu	-
3 requires a change or	modification of his/her Service	Agreement.
The proposed change or modific	eation of the Service Agreement is:	:
If you have any additional inform	nation or medical records which v	vill assist in this process, please forward
them to the Section 504 Building		viii assist iii tiiis process, prease foi ward
Notice Of Rights		
Parents/Guardians have the right	t to inspect and review all relevant	school records of the student, meet with
appropriate school officials to di	scuss any and all issues relevant to	o the evaluation and accommodations of ation and/or the provision of services.
<u>Verification</u>		
By submitting this request, I an	n requesting that the district revie	ew the referral information above, and any
		s agents, and its employees are relying on
the accuracy of the information	that I have provided in this form	n, and any information attached thereto, to
determine whether and to what e	extent my child will be provided w	ith accommodations under Section 504.

Date Submitted

Parent(s)/Guardian(s) Signature

## DO NOT WRITE BELOW (FOR DISTRICT USE ONLY)

Reviewed by:Name (Please Print)		Title	
Student's Last Name:School:			
The Parent/Guardian Request for Evaluation, Term Approved Deni	nination, or Modification	<b>1 is:</b> Referred for Further Review	ı
Reason Request Approved or Denied:			
Signature - Reviewer		Date	
Signature - Section 504 Building Administrator		Date	
Notice Of Rights			
Parents/Guardians have the right to inspect and revofficials to discuss any and all issues relevant to the the evaluation and/or provision of services.			
Procedural Safeguards			
Parents/Guardians may also use one or more of the related to the identification or evaluation of a stude services, or accommodations.			

## PERMISSION TO EVALUATE – CONSENT FORM

Student's Name:		
Jame and Address of Parent/Guardian:		
Dear	:	
The district received a Section 504 referral, and we your child is a qualified student with a disability.	e would like to conduct an ir	nitial evaluation to determine is
The first step in the process is to conduct an individuality of tests and assessments. We must have you		
The procedures and types of tests that will be used	in the evaluation are:	
A Section 504 Team will conduct the proposed evalus. Please send your ideas and concerns to us in writing discuss your concerns in person. If a team meeting members will be considered during the evaluation	iting or contact the person l is held, you will be notified	isted below if you prefer to
If your child <i>is</i> determined to be a qualified student developing a Section 504 Service Agreement (Services, or accommodations needed by the individual	vice Agreement) that will set	
Giving your consent for evaluation does not mean eligible for a Section 504 Service Agreement, you		
Please read the enclosed <i>Procedural Safeguards No</i>	otice that explains your righ	ts, and keep a copy of both
If you have any questions, please contact the Section	on 504 Building Administra	tor.
Name:	Phone:	
<b>DIRECTIONS:</b> Please check one (1) of the option	as and sign the form.	
I. I give consent to start an initial evaluation	as you propose.	
2. I do not give consent to the proposed initial	ıl evaluation.	
3. I would like to schedule an informal meeti	ng with school personnel to	discuss this request.
Parent/Guardian Signature	Date	Daytime Phone
PLEASE RETURN THIS ENTIRE FORM TO:		
Name:		
Address:		
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