**Enter LEA Name Here**

**Consent for Initial Section 504 Evaluation**

|  |  | **Date:** | Enter date |
| --- | --- | --- | --- |
| This request regards your student: | | | |
| **Student:** | Enter first and last name |  |  |
| **School:** | Enter name of school | **SSID:** | Enter state student ID number |
| **Grade:** | Enter grade | **DOB:** | Enter date of birth |

**Consent**

I understand that my student was referred for an evaluation under Section 504. The evaluation will draw upon a variety of sources, which may include, but may not be limited to school records, teacher observations of my student, parent/student/teacher input, interviews, assessments, and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504. If determined eligible, the evaluation data is used to determine appropriate accommodations, aids, and services to provide my student to access and benefit from their education.

Please review the enclosed Section 504 Procedural Safeguards document. It contains information about your rights under Section 504.

**(Check all that apply)**

I have received a copy of the Section 504 Parent Rights.

I consent to an evaluation under Section 504.

I do not give permission for the Section 504 evaluation.

Please sign below and return this letter. Keep a copy and the Notice of Parent Rights for your records.

| **Parent / Guardian Name:** | | Enter first and last name | | |
| --- | --- | --- | --- | --- |
| **Signature:** |  | | **Date:** | Enter date |
| **Phone:** | Enter phone number | | **Email:** | Enter mailing address |

If you have any questions, feel free to contact me.

Respectfully,

| **Name:** | Enter Name | **Title:** | Enter title |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | Enter date |
| **Phone:** | Enter phone number | **Email:** | Enter mailing address |

Enclosure: Notice of Parent/Student Rights

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*For School Use Only*

| Date consent form received by School District: |  |
| --- | --- |