

DISTRICT NAME

Address

CONSENT TO CONDUCT SECTION 504 EVALUATION

Student Name:	Birth Date:	Gender:	
School:	Grade:	Teacher:	
Student Address:	City:	State: IL	Zip:
Parent(s) Name(s):	Home Phone:		

Consent for Initial Evaluation:

Consent for Re-Evaluation:

A referral for a Section 504 evaluation or re-evaluation for your student has been initiated in order to determine eligibility or continued eligibility and possible accommodation(s)/services for a suspected physical or mental impairment that substantially limits a major life activity. The reasons for the referral are:

The Section 504 evaluation or re-evaluation will consist of District staff reviewing and interpreting your student’s existing school records, classroom observations, prior testing, grades, standardized test scores, and other data in order to determine if your student qualifies for educational services and/or accommodations. In addition to reviewing the existing student data described above, the District will conduct the following assessments as part of your student’s Section 504 evaluation: The evaluation will be conducted within **60 school days**, when reasonable, after the District receives parent/guardian consent. After the evaluation is completed, a Section 504 conference will be held to discuss the evaluation, eligibility and educational programming recommendations for your student.

I understand the reasons for my student’s referral, the description of the evaluation process and have checked the appropriate box below:

- I **consent** to an evaluation of my student, as described above.
- I **do not** consent to an evaluation of my student.

I understand that I have the right to legal representation, to review my student’s records and to request an impartial due process hearing if I disagree with the District’s identification, evaluation, provision of services, educational placement or termination of services under Section 504 as summarized in the Section 504 procedural rights statement. I acknowledge receipt of the attached procedural safeguards statement from the District.

If you desire a review of your student’s records, have questions concerning your legal rights or wish to initiate a hearing, please contact the District 504 Coordinator: _____ at _____.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Student Printed Name

Student Signature

Date

I understand that this consent is in effect through ---/---/---. (1 year)