

**DISTRICT NAME**

Address

**SECTION 504 – DECISION REGARDING REFERRAL FOR EVALUATION**

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**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Parent(s):** \_\_\_\_\_

**School Contact Person:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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Dear Mr. and Mrs. \_\_\_\_\_:

On \_\_\_\_\_ you made a written request to the School District for the Section 504 team  
(Insert date)  
to conduct a case study evaluation for your child \_\_\_\_\_ due to a suspected mental or  
physical impairment and its impact on your child's educational performance. On  
\_\_\_\_\_ the Section 504 team reviewed your referral request, along with the information  
[insert date], you provided regarding \_\_\_\_\_ and relevant school student  
(Insert Student Name)

record information to determine whether a Section 504 evaluation is appropriate. At this time,  
the Section 504 team has determined that a 504 evaluation for your child is **not appropriate** at  
this time for the following reasons:

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You have the right to legal representation, to review your child's records and to request an impartial hearing if you disagree with the District's identification, evaluation, provision of services, educational placement or change or termination of services under Section 504 as summarized in your procedural rights statement enclosed with this Notice. If you desire a review of your child's records, have questions concerning your legal rights or wish to initiate a hearing, please contact your building principal at the school or \_\_\_\_\_ at \_\_\_\_\_.

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Signature of Section 504 Coordinator

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Date