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

<u>Student Information</u>

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____ Birth Date: _____

School: _____ Grade: _____ Class: _____

<u>Parent/Guardian Information</u>

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

<u>Referral Information</u>

The parent/guardian believes that the above named student:

1. _____   should be identified as a qualified student with a disability.

The basis for the belief that the student is a qualified student with a disability is:
_____
_____

Describe how the disability affects the student's access to or benefit from the school's educational programs, nonacademic services, or extracurricular activities:
_____
_____

Describe the requested aids, services, or accommodations:
_____
_____

2. _____   should no longer be identified as a qualified student with a disability.

The basis for the belief that the student is no longer a qualified student with a disability is:
_____
_____

3. _____   requires a change or modification of his/her Service Agreement.

The proposed change or modification of the Service Agreement is:
_____
_____

If you have any additional information or medical records which will assist in this process, please forward them to the Section 504 Building Administrator.

<u>Notice Of Rights</u>

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the evaluation and/or the provision of services.

<u>Verification</u>

By submitting this request, I am requesting that the district review the referral information above, and any additional information I attached. I understand that the district, its agents, and its employees are relying on the accuracy of the information that I have provided in this form, and any information attached thereto, to determine whether and to what extent my child will be provided with accommodations under Section 504.

_____   _____

Parent(s)/Guardian(s) Signature   Date Submitted

Reviewed by: _____   _____
             Name (Please Print)   Title

Student's Last Name: _____ First Name: _____ Middle Initial: _____

School: _____ Grade: _____ Class: _____

The Parent/Guardian Request for Evaluation, Termination, or Modification is:

Approved _____   Denied _____   Referred for Further Review _____

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 review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold consent to the evaluation and/or provision of services.

Procedural Safeguards

Parents/Guardians may also use one or more of the procedural safeguard options, listed in Board policy, to resolve a dispute related to the identification or evaluation of a student as a qualified student with a disability, or the student's need for related aids, services, or accommodations.

PERMISSION TO EVALUATE – CONSENT FORM

Student's Name: _____

Name and Address of Parent/Guardian:

_____

_____

_____

Dear _____:

The district received a Section 504 referral, and we would like to conduct an initial evaluation to determine if your child is a qualified student with a disability.

The first step in the process is to conduct an individual evaluation of your child, which will consist of a variety of tests and assessments. We must have your consent before we can begin.

The procedures and types of tests that will be used in the evaluation are:

_____

_____

A Section 504 Team will conduct the proposed evaluation. Any information you can provide is important to us. Please send your ideas and concerns to us in writing or contact the person listed below if you prefer to discuss your concerns in person. If a team meeting is held, you will be notified. Information from all team members will be considered during the evaluation process.

If your child *is* determined to be a qualified student with a disability, you will be invited to participate in developing a Section 504 Service Agreement (Service Agreement) that will set forth the specific related aids, services, or accommodations needed by the individual student.

Giving your consent for evaluation does not mean you give consent to placement or services. If your child is eligible for a Section 504 Service Agreement, you will be asked to give written consent for services to begin.

Please read the enclosed *Procedural Safeguards Notice* that explains your rights, and **keep a copy of both forms for your records.**

If you have any questions, please contact the Section 504 Building Administrator.

Name: _____ Phone: _____

DIRECTIONS: Please check one (1) of the options and sign the form.

1. ☐ I give consent to start an initial evaluation as you propose.

2. ☐ I do not give consent to the proposed initial evaluation.

3. ☐ I would like to schedule an informal meeting with school personnel to discuss this request.

_____   _____   _____
Parent/Guardian Signature   Date   Daytime Phone

PLEASE RETURN THIS ENTIRE FORM TO:

Name: _____

Address: _____

_____

_____