



PARENT PERMISSION FOR SECTION 504 EVALUATION (Form F)



Student's Name: _____ DOB: _____ Grade: _____ Sex: M F
Parent's Name: _____ Phone Number: _____
Parent's Address: _____ Street _____ City _____ State _____ Zip _____

1. Notice:

a. A referral for a 504 evaluation has been initiated in order to determine eligibility and possible intervention for a suspected disability (a physical or mental impairment substantially limiting a major life activity). The reasons for this referral are:

b. Options considered and general education intervention procedures previously employed:

c. Proposed Assessment/Techniques/Personnel:

Table with 3 columns: Assessment Area, Evaluation Technique, Personnel. Includes three rows of blank lines for data entry.

2. Permission:

I understand that the evaluation will be conducted within 60 calendar days of receipt of parent permission, and that a 504 meeting will be held to discuss evaluation results, eligibility, and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box below:

- Permission is given voluntarily to conduct the evaluation process as described.
 Permission is denied.

3. Rights and Options:

I have received a written copy of the Notice of Rights under Section 504 of the Rehabilitation Act of 1973.

Parent/Guardian's Signature: _____ Date: _____