



PARENT PERMISSION FOR SECTION 504 EVALUATION
(Form F)

Student's Name: _____	DOB: _____	Grade: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> 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:

<u>Assessment Area</u>	<u>Evaluation Technique</u>	<u>Personnel</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____