

Gibraltar School District
PARENT CONSENT FOR SECTION 504 EVALUATION

STUDENT NAME: _____ DOB: __/__/____ AGE: _____

SCHOOL: _____ GRADE: _____

PARENT(S) NAME: _____

PARENT HOME PHONE: _____ OTHER PHONE: _____

MAILING ADDRESS: _____

Section 504 of the Rehabilitation Act of 1973 is a federal law which prohibits discrimination against persons with disabilities. For a student to qualify for Section 504 protection, the student must: (1) have a mental or physical impairment (2) which substantially limits (3) one or more major life activities. Your child has been referred for an evaluation to determine eligibility under the provisions of Section 504. The referral for this evaluation was made due to the concerns described below:

The proposed evaluation may include review of student records, observations of the student in the classroom or other school areas, student interviews, parent interviews, requests for medical or other evaluation records, and the collection of classroom assessment data. These evaluation activities may be conducted by the classroom teacher, counselor, or relevant staff, such as the school nurse. Additional evaluation activities are listed:

Table with 2 columns: Evaluation Activity, Possible Personnel. Includes blank lines for input.

I understand that the evaluation will be conducted within 30 school days of receipt of parent consent and that a Section 504 meeting will be held to discuss the evaluation results, eligibility, and any educational program recommendations. I can revoke my consent at any time. I understand the reason(s) for the referral and the description of the evaluation process and have checked the box below:

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

PARENT NOTIFICATION OF RIGHTS

- I have received a written copy of the Parent Notification of Rights under Section 504 of the Rehabilitation Act.

Parent/Guardian Signature

Date