



LONGVIEW INDEPENDENT SCHOOL DISTRICT

504 Notice and Consent for Evaluation
Form 5, page 1 of 1

Initial as completed

_____ 2 Copies sent to parent
_____ 1 Copy signed & returned
_____ Notice of Rights Included

Notice and Consent for Initial Section 504 Evaluation

Date Sent/Mailed:	Student's Name:	
Campus:	Grade:	Student ID #:
Parents:		
Address:		
Home Phone:	Work Phone:	

We have carefully reviewed your child's school records and information from teachers. Additional information is necessary to determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504. We ask that you consent to an evaluation under §504 for the following reasons _____

In many cases, the §504 evaluation may simply consist of the Section 504 Committee reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores, and other data, in order to determine if your child qualifies for accommodations in the regular classroom. For students who have been involved in the early intervention process, the 504 evaluation will include a review of the classroom assistance and interventions provided, the results of those efforts, and any other data generated by that process. In addition to reviewing the data described above, the district desires to conduct the following assessments:

___ Dyslexia assessment ___ Other (please describe below)

Please review the enclosed document entitled "Notice of Parent Rights," which informs you of your rights under Section 504. If you CONSENT to the evaluation, please check the "consent" statement, sign and return one copy of this letter. If you REFUSE consent, please check the "refuse consent" statement, sign and return one copy of this letter. Keep the other copy of this letter and the Notice of Parent Rights for future reference.

Please call _____ (Coordinator) at _____ if you have any questions.

School Staff person

Telephone Number

As the parent/legal guardian of the above referenced student, I have received notice of my Section 504 parent rights, and I understand that this is *not* an offer of a Special Education evaluation.

___ I hereby CONSENT to an evaluation under Section 504.

___ I hereby REFUSE consent to an evaluation under Section 504.

Parent/Guardian signature

Parent/Guardian printed name