**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

School: Click or tap here to enter text. Grade: Click or tap here to enter text. DOB: Click or tap here to enter text.

Parent(s) Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Dear Parent:

This letter is to inform you that the Section 504 Committee at your child’s school has concerns about your child’s academic and/or behavioral progress.

After reviewing your child’s current performance, we believe that additional information is necessary to fully determine your child’s educational needs and whether he/she might be eligible for accommodations in the general classroom under Section 504-a federal law that provides accommodations to identified students.

The District would like to conduct an evaluation of your child pursuant to Section 504 of the Rehabilitation Act of 1973. The first objective of an evaluation pursuant to Section 504 is to determine if your child has a physical or mental impairment that substantially limits your child in the performance of a major life activity. If your child does have such an impairment, then your child meets the definition of an “individual with a disability” under Section 504. If that is the case, the evaluation will also help us consider and develop, if necessary, an appropriate plan to serve and/or accommodate the needs of your child.

**We seek your consent for this evaluation**. The evaluation process may include such things as:

* interviews with teachers and other professionals knowledgeable about your child:
* observations of your child by teachers and other professionals; and
* the completion and gathering of checklists and/or recommendations from teachers and other professionals and other educational, behavioral and/or psychological evaluation measures including rating scales, depending on the nature of the suspected physical or mental impairment.

As part of the evaluation, we will also seek information directly from you through such activities as interviews, checklists, recommendations, and your observations. We welcome any other information you have that you are willing to share with us, such as diagnoses or reports from doctors, psychologists, counselors, tutors and others knowledgeable about your child. As part of the evaluation, we may seek your consent to release or exchange confidential information with your child’s physician or other service providers. All of these activities would be conducted at no expense to you.

Following the evaluation, we will hold a Section 504 Committee meeting at which we will consider all of this information along with the academic, health, and behavioral information we already have such as grades, test scores, attendance, health records, and disciplinary history. We will invite you to participate in this meeting.

Enclosed with this letter is a document entitled Notice of Rights and Procedural Protections Under Section 504 and the Americans with Disabilities Act. We ask you to read this document carefully and let us know if you have any questions.

If you would like us to conduct the evaluation of your child as we are proposing, please sign and return the enclosed Consent Form as well as the Parent Input form, both attached to this letter.

If you have any questions or concerns, please give me a call. You can reach me at: Click or tap here to enter text.­.

Sincerely,

Click or tap here to enter text.

Name and Title

Encl: Notice of Rights and Procedural Protections Under Section 504 and the Americans with Disabilities Act.

Parent Informed Consent for Section 504 Evaluation

Parent Input form