**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text.  **Initial Review  Annual Review**  **Intermittent Review**

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.

**PARENT CONSENT FOR INITIAL SECTION 504 PLACEMENT**

I have received a copy of the Initial Section 504 plan for my student along with a copy of the Notice of Rights and Procedural Protections under Section 504. I understand my rights and the offer of accommodations/services in the Section 504 Plan.

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| INITIAL SECTION 504 PLACEMENT | |
|  | I **DO CONSENT** to the initial placement of my student under Section 504. My student will receive the accommodations/services outlined in the Section 504 plan. |
|  | I **DO NOT CONSENT** to the initial placement of my student under Section 504. The Section 504 plan will not be implemented. I understand I can request a Section 504 Committee meeting any time to revisit Section 504 eligibility and the need for accommodations and/or services. |
| Parent Printed Name: Click or tap here to enter text. Date: Click or tap here to enter text.  Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Parent Printed Name: Click or tap here to enter text. Date: Click or tap here to enter text.  Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| CONTINUATION OF SECTION 504 PLACEMENT | |
|  | I have received a copy of the Section 504 plan for my student along with a copy of the Notice of Rights and Procedural Protections under Section 504. I understand my rights and the offer of accommodations/services in the Section 504 Plan. |
|  | I **REVOKE CONSENT** for my student to continue to receive accommodations and/or services offered through the Section 504 plan. The Section 504 plan will not be implemented. I understand I can request a Section 504 Committee meeting any time to revisit Section 504 eligibility and the need for accommodations and/or services. |
| Parent Printed Name: Click or tap here to enter text. Date: Click or tap here to enter text.  Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Parent Printed Name: Click or tap here to enter text. Date: Click or tap here to enter text.  Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |