

Consent for Evaluation under §504

Student No.: _____ Name: (L) _____ (F) _____ Date: _____

School: _____ Date of Birth: _____ Grade: _____

Parent Notice for Evaluation

We are proposing to evaluate this student to determine if he/she has a disability that may require 504 services under Section 504 of the Rehabilitation Act of 1973 or to identify educational needs. We are proposing this evaluation because there are concerns about the student's educational programming and services. The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the 504 Coordinator at the student's school or the District 504 Department (801-402-5142). *NOTE: This form is not appropriate for a student who is suspected as being eligible as a student with disabilities under the IDEA (special education). Please use the consent form and process in myIDEA for this situation.*

We need your permission to conduct this evaluation. We may not administer tests in all indicated areas. We will not give any test in areas other than those indicated below, without obtaining your consent:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Intellectual/Cognitive | <input type="checkbox"/> Academic | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Psycho-Motor | <input type="checkbox"/> Adaptive |
| <input type="checkbox"/> Social/Behavioral | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Vocational/Transition | | |

This evaluation cannot begin until your written permission is received. You have the right to refuse permission for this evaluation.

Family Educational Rights and Privacy Act (FERPA) Consent to Waive Psychological Evaluation Time Line

Under Utah Law (UCA 53A-13-302) a parent giving consent for a psychological evaluation must be given 2 weeks notice prior to the initiation of the evaluation in order to allow the parent to revoke the consent. The law does allow the parent to waive this 2 week period. Your response below will allow us to waive this particular provision of the law and allow the psychological evaluation to proceed. Should you choose not to waive this right, and you have already consented for an evaluation to begin, the team may proceed forward with other areas of the educational assessment.

- I give consent to waive the 2 week waiting period for psychological evaluation.

Parent/Guardian Consent Decision

Please indicate your consent decision, sign below, and return.

- I DO give permission to the evaluation requested and have received the Procedural Safeguards. I understand that all results will be kept confidential and reviewed with me.
- I DO NOT give permission to the evaluation requested and have received the Procedural Safeguards.

Signature of Parent/Adult Student_____
Date