INSPIRING EXCELLENCE - EVERY CHILD, EVERYDAY

Section 504 Consent for Evaluation

Pursuant to Section 504 of the Rehabilitation Act of 1973, the district has a duty to identify, refer, evaluate, and provide free appropriate public education to all children with disabilities. For additional information regarding Section 504, please contact your school's Section 504 Coordinator, or the Office of Special Services at (307) 328-9200.

Date

Dear Parent/Guardian of

Your child was referred for an initial Section 504 evaluation. This referral indicates your child may be eligible for supports and services under Section 504 of the Rehabilitation Act of 1973. In order to determine eligibility, the district must conduct an evaluation to determine whether your child qualifies for protections under Section 504.

Your child's Section 504 Team has determined a periodic reevaluation for your child is necessary to determine appropriate programming under Section 504.

Your child's Section 504 Team has determined a reevaluation is necessary in order to consider possible dismissal from a Section 504 Plan.

In order to begin the evaluation process, the district must obtain your written consent for the evaluation. The district proposes to:

Conduct this evaluation using existing data only. Existing data may include, but is not limited to, academic records, attendance records, disciplinary logs, teacher/parent/student interviews, classroom observations, work samples, previous assessment data, previous evaluations, documentation provided by the caregiver, and medical reports.

Conduct this evaluation by gathering additional data. Additional data may be gathered through the use of standardized achievement, aptitude, and cognitive assessments, observations, interviews, rating scales, and other assessments as deemed necessary by the team and individual evaluators.

Please indicate your decision to have your child evaluated for Section 504 eligibility and services:

I consent to a Section 504 evaluation for my child.

I do not consent to a Section 504 evaluation for my child. I understand that without my consent, the school district is released of its obligations to provide FAPE under Section 504.

(Parent/Guardian Signature)	(Date)	
Please sign, date, and return this form to	, by	
For Office use only	(Section 504 Coordinator)	(Date)
Received by:	Date:	

CCSD #1 Office of Special Services Form updated October 24, 2019