## PARENT/GUARDIAN REQUEST FOR EVALUATION, TERMINATION, OR MODIFICATION UNDER SECTION 504

Student Information		
Last Name:	First Name:	Middle Initial:
Male: Female:	Birth Date:	
School:		Class:
Parent/Guardian Information		
Last Name:	First Name:	Middle Initial:
Home Address:		
Home Phone:	Work Phone:	
Referral Information		
The parent/guardian believes that	the above named student:	
1 should be identified as	s a qualified student with a d	licability
1 should be identified as	_	
The basis for the belief that the str	dent is a qualified student wit	n a disability is:
D '1 1 4 1' 1'1' 66 4	.1 1	
Describe how the disability affect nonacademic services, or extracur		nefit from the school's educational programs,
Describe the requested aids, service	ces or accommodations:	
•	·	
2 should no longer be id	lentified as a qualified studer	nt with a disability.
The basis for the belief that the stu	_	
	• •	
3 requires a change or r	nodification of his/her Servic	ce Agreement.
The proposed change or modificat	tion of the Service Agreement	is:
If you have any additional information	ation or medical records which	n will assist in this process, please forward
them to the Section 504 Building	Administrator.	
Notice Of Rights		
Parents/Guardians have the right t	to inspect and review all releva	ant school records of the student, meet with
		t to the evaluation and accommodations of
their child, and give or withhold the	heir written consent to the eval	luation and/or the provision of services.
Verification		
By submitting this request, I am	requesting that the district re-	view the referral information above, and any
additional information I attached.	I understand that the district	, its agents, and its employees are relying on
	_	orm, and any information attached thereto, to
determine whether and to what ex	tent my child will be provided	with accommodations under Section 504.
Parent(s)/Guardian(s) Signature		Date Submitted

## DO NOT WRITE BELOW (FOR DISTRICT USE ONLY)

Reviewed by:Name (Please Print)		Title	
Student's Last Name:School:			
The Parent/Guardian Request for Evaluation, Te	ermination, or Modification	<b>is:</b> Referred for Further Review	·
Reason Request Approved or Denied:			
Signature - Reviewer		 Date	
Signature - Section 504 Building Administrator		Date	
Notice Of Rights  Parents/Guardians have the right to inspect and officials to discuss any and all issues relevant to the evaluation and/or provision of services.  Procedural Safeguards  Parents/Guardians may also use one or more of related to the identification or evaluation of a stresservices, or accommodations.	the evaluation and accommo the procedural safeguard op	odations of their child, and give	e or withhold consent to

## PERMISSION TO EVALUATE – CONSENT FORM

Dear: The district received a Section 504 referral, and we would like to conduct an initial evaluation to determine if	Student's Name:					
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