

**Oroville Union High School District
Parent Permission for Section 504 Evaluation**

Student Name: _____ Grade: _____ Date: _____
Student ID #: _____ Date of Birth: _____
School: _____ Teacher/Counselor(s): _____

Your child has been referred for evaluation of eligibility as a person with disabilities under Section 504 of the Rehabilitation Act (1973) or a re-evaluation prior to a substantial change in their 504 Service Plan.

The following elements need to be considered in establishing eligibility:

- Whether your child has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or has been regarded as having such an impairment.
- The level of impact on your child's ability to participate, access and/or benefit from school and school-related activities compared to non-disabled peers in the general population.
- Note: The level of impairment will be assessed without regard to the effects of mitigating measures (such as medication or existing accommodations).

The 504 team proposes to conduct the evaluation using the following sources:

- | | |
|--|---|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> SST Information |
| <input type="checkbox"/> Administrator Observation | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Assessment Information |
| <input type="checkbox"/> Counselor Record Review | <input type="checkbox"/> Teacher Recommendation |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Grade Reports | <input type="checkbox"/> Student Work Samples/Portfolio |
| <input type="checkbox"/> Parent/Guardian Information | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Teacher Observation/Information | |

The following 504 Team members will be involved in the evaluation (include name and title):

Parent/Guardian Consent for Evaluation

- I **give** permission to the 504 team to evaluate my child for determination of eligibility under section 504.
- I **do not** give permission to the 504 team to evaluate my child for determination of eligibility under section 504.
- I have received a copy of the Parent's Rights and Grievance Procedures.

Parent/Guardian Signature / Date

Parent/Guardian Signature / Date

If you have questions about this notice, please contact:

Name: _____

Phone: _____