



Fayette County Public Schools

CONSENT FOR EVALUATION SECTION 504

Student: _____ School: _____

DOB: _____ Grade: _____

Evaluation Planning Form and Consent: Please sign below indicating your consent for Fayette County Public School District Staff or individuals performing services for FCPS to conduct an evaluation. The 504 Committee will gather a variety of evaluative data about your student and review it. The evaluation will assess specific areas of your child’s educational needs. This evaluation draws on information from a variety of sources in the area of concern; decisions are made by a group knowledgeable about your child’s evaluation data, and placement options.

Evaluations may include assessment/s checked and described below:

- Physical/Mental Health Questionnaire, A6 Evaluation Summary Form
- Vision Hearing Occupational Therapy Physical Therapy
- Assistive Technology Speech and Language
- Cognitive Functioning:
 - Aptitude and Mental Processes
 - Developmental (Ages 3 through 8 years)
- Academic Performance: (Appraisals of the level of development, mastery or achievement and application of skills and or learning style)
- Vocational Functioning: (may include appraisals of work habits, work behaviors, classroom observations, job interests and vocational aptitudes)
- Social Competence and Behavior: (measures of adaptive behavior and social skills, rating scales, observations and interviews)
- Other: _____

The above named student has been referred for evaluation for eligibility for Section 504 services.

- By signing below I am certifying that I am the parent or legal guardian having custody of the student named above or that I am the student above and am at least 18 years of age and have no court appointed legal guardian.
- I understand the reasons for the referral and the description of the evaluation process. I voluntarily grant permission for the evaluation and the discussion of these results (evaluation summary form) to determine eligibility for a section 504 plan by Fayette County Public School, (FCPS) district staff or individuals performing services for FCPS.
- I have received a written copy of the Section 504 parent rights statement and fully understand those rights.

(Parent, Guardian or Student) Date

I do not want my child to be evaluated for 504 eligibility at this time. I understand I can contact the district at any time if I want to refer my child for 504 services.

(Parent, Guardian or Student) Date