

**MADISON COUNTY SCHOOLS
SECTION 504
REQUEST/REFERRAL FOR EVALUATION/ACCOMMODATIONS**

Student's Name School

Street Address Student's Birthdate

City/Zip Grade

Telephone Teacher

Person Referring (Position)

Describe the nature of concern that leads you to believe the student is disabled at school:

Parents/guardians have been informed of their due process rights and their rights under Section 504 of the Rehabilitation Act of 1973.

I understand that appropriate school staff will be assigned to serve as an evaluation team and will evaluate my child's strengths weaknesses and needs at school. The purpose of this evaluation is to help determine if my child has a disabling condition under Section 504 and what reasonable accommodations, if any, appear necessary. The evaluation data may include but is not limited to:

- Review of school records.
- Review other relevant information (releases of information may be required)
- Observations and interviews with your child.
- Checklists by school staff and parents.
- Testing on ability and achievement.
- Parent interview(s).

Parent/Guardian Signature Date

Principal's Signature Date