WALTON COUNTY SCHOOLS
Monroe, Georgia
Parental Consent for Section 504 Evaluation

Date: _______________

Dear Parent or Guardian of __________________________________

It has been requested by you or the Student Support Team (SST)/504 Team that your child be considered for a Section 504 evaluation to help determine whether or not he/she is eligible to receive accommodations under Section 504 of the Rehabilitations Act of 1973. This civil rights legislation states that no otherwise qualified individual with a disability shall solely, by reason of his or her disability, *be excluded from the participation in, denied the benefits of, or subjected to discrimination under any program or activity* receiving federal financial assistance. Section 504 eligibility is determined by the presence of a mental or physical impairment that substantially limits one or more major life activities, having a record of such impairment, or being regarded as having such impairment, and inhibits the students access to a free appropriate public education (FAPE).

In conducting an evaluation for Section 504 consideration, the SST/504 Team must draw upon information from a variety of sources which may include, but is not limited to the following as deemed appropriate by the team, which you are a member of:

- Information provided by parents regarding medication, private therapies, medical reports
- Work samples that illustrate the nature and severity of the suspected disability
- State end-of-year assessments, including most recent and previous results
- Teacher anecdotal data with a comparison to nondisabled peers
- Report cards, including most recent and previous results
- Universal screening and benchmark assessment data
- Academic assessments and inventories
- Previous Comprehensive Evaluations
- Vision and Hearing screening results
- Intervention data, etc…

All information used in the evaluation will be regarded as confidential. You will be invited to participate in the Section 504 Eligibility Meeting. Your parental rights are included, which shows that you have certain rights regarding consent and the evaluation process.

Please sign below to let us know whether or not you agree for an evaluation, which will also include conducting a vision and hearing screening. Return this letter noting your decision to your child's teacher. If you have any questions, you may contact me at .

Thanks you for your consideration.

SST/POI Chair or 504 Administrator

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☐ I received my Notice of Rights of Students and Parent Under Section 504.

Please check one:

❒ Yes, I give permission to conduct an evaluation for 504 consideration.

❒ No, I do not give my permission for a Section 504 evaluation to be conducted on behalf of my child.

____ __________________

Signature of Parent/Guardian Date

Revised 6/17/12