

# SAN MATEO UNION HIGH SCHOOL DISTRICT

## Parental Consent for Section 504 Evaluation

Date: \_\_\_\_\_

Dear Parent or Legal Guardian/Surrogate Parent of: \_\_\_\_\_  
(Child's Name)

The 504 Team would like to evaluate your child in order to determine whether he/she is eligible to receive accommodations in the regular education classroom through Section 504 of the Rehabilitation 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.

The Section 504 Evaluation may include a review of the following information as deemed appropriate by the 504 Team:

- Recent report cards and previous grade history
- Standardized test scores
- Current progress in school
- Attendance history
- Discipline history
- Academic and/or behavior screenings
- Hearing and vision screenings
- Classroom observations
- Previous Section 504 Documentation
- Teacher Observation Report for Section 504 Evaluation
- Any additional information available regarding the student

As the parent/guardian you may present information to the 504 Team that you would like to be considered in their evaluation of your child, such as medical documentation of a mental/physical impairment or a private psychological evaluation. All information used in the evaluation will be regarded as confidential. You will be invited to the Section 504 Eligibility Meeting to when the 504 Team completes its evaluation of the data. Your parental rights are included, which show that you have certain rights regarding consent and evaluation procedures.

Please sign below to let us know whether or not you agree for the evaluation to be conducted and return this letter to me as soon as possible. If you have any questions, you may contact me at \_\_\_\_\_.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
Guidance Counselor

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Please check one:

- Yes, I agree for the Section 504 evaluation to be conducted for my child.  
 No, I do not agree for the Section 504 evaluation to be conducted for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date