

RECEIPT FOR PARENTS' AND STUDENTS' RIGHTS UNDER 504

PARENTAL CONSENT FOR INITIAL 504 EVALUATION

Student's Name: _____ Date: ___/___/___

Name of Parent(s): _____ Date of birth: ___/___/___

School: _____

Below is a copy of the Notice of Parent and Student Rights Under 504 of the Rehabilitation Act of 1973. This document is provided to you so that you will be advised of you and your child's rights under Section 504. All of the rights, listed below, are triggered with respect to any actions regarding the identification, evaluation or educational placement of your child under Section 504.

THESE DOCUMENTS DESCRIBE YOUR RIGHTS TO:

1. Notice
2. Review of relevant records
3. An impartial hearing
4. A review procedure with respect to any actions concerning the evaluation, identification or educational placement of your child

Please sign as indicated below to acknowledge that you have received a copy of Parent and Student Rights Under 504 and that you give your permission for an initial review. The 504 Committee will gather a variety of evaluative data about your child. The review will assess specific areas of your child's educational needs.

I have received a copy of Parents' and Students' Rights Under Section 504 of the Rehabilitation Act of 1973. Please sign and date.

Signature of parent, surrogate parent, guardian or adult student

Date signed: ___/___/___

Signature of interpreter, if used

I grant permission for the school's Intervention and Referral Service (formerly PAC) to review the Section 504 request for my son/daughter. Please sign and date

Signature of parent, surrogate parent, guardian or adult student

Date signed: ___/___/___

If you have any questions concerning the information in this document, you may contact Counseling Services at the school or the Section 504 District Coordinator, Danielle Zurawiecki at (908) 284-7160.