

Appendix C



SECTION 504 CONSENT FOR EVALUATION FORM **Newburyport Public Schools**

Date:

The District is requesting parental consent for an evaluation to determine whether your student may have a qualifying disability under Section 504 of the Rehabilitation Act of 1973. If the District obtains your consent, evaluations for Section 504 eligibility will be conducted, and a Team will convene to review evaluations and make an eligibility determination under Section 504. As part of this process, the evaluation team will gather and review information about your student from a variety of sources.

We are requesting your consent to conduct a Section 504 evaluation of your student. The District is proposing a review of the following sources of information as part of your student's Section 504 evaluation to determine whether your student has a qualifying disability under Section 504 and to provide necessary accommodations should he/she qualify:

☐ Grades	☐ School Records	☐ Medical Reports
☐ Work Samples	☐ Parent Report	☐ Psycho-educational Evaluation
☐ Classroom Teacher(s) Report	☐ Individual Achievement Tests	☐ Observation
☐ Health Care Plan	☐ IEP	☐ Other (specify: _____)

Section 504 provides you with specific rights concerning this evaluation process, which are designed to keep you fully informed concerning decisions about your student. These rights are summarized in the 504 Parent/Student's Rights, which are attached to this consent form.

Please respond to the District's proposal below and submit this form to the 504 Coordinator, Lauren Gee. Once received, you will be invited to attend a Section 504 eligibility meeting to review your student's evaluation. This meeting will be scheduled within 45 school days from the day the Section 504 evaluation consent form is returned.

Please list concerns or information you may have that could aid in an evaluation for your child, if applicable. (Please include consultations with doctors, medication(s), or other helpful information.)

I hereby give my written consent to have my student evaluated for possible Section 504 eligibility.

--by typing my signature below, I give consent via authorized electronic signature.

Parent/Legal Guardian Signature and Date: