Clear Form

PORTLAND PUBLIC SCHOOLS

Notice and Consent to Evaluate under Section 504

Date:

To:

From:

PRIOR NOTICE/PARENT CONSENT TO EVALUATE UNDER SECTION 504

This letter is to provide you notice that the district proposes to evaluate _____ and determine if he/she is eligible for services under Section 504 of the Rehabilitation Act of 1973.

The Team has concluded that the following assessments are necessary to determine if your child has a disability under Section 504 and needs a 504 Student Accommodation Plan: (*list*)

Your written consent is necessary because this is an: ☐ Initial Evaluation
☐ Individual Intelligence Test ☐ Personality Testing (including behavior checklists).

You will be invited to participate in a meeting to review the evaluation results and to determine if your child is eligible for a plan under Section 504.

_____

PARENT CONSENT

I understand that the granting of consent for evaluation is voluntary.

Consent to evaluate is given. Consent to evaluate is denied.

_____/_____/_____/_____

Parent/Guardian Signature Date Work Phone Home Phone

If you have questions, please contact_____. Thank you for working with the District to provide appropriate services for your child.

Enclosure: Section 504 Notice of Parent/Student Rights in Identification, Evaluation and Placement
C: Student Cumulative File