

NOTICE TO PARENT OF 504 REFERRAL AND EVALUATION

Your child _____ has been referred to the building intervention team at _____ School because of a concern that he/she may have a physical or mental disability that substantially limits a major life activity - possibly making him/her eligible for protection under Section 504.

Like other students, those students with a disability, as defined by Section 504, are entitled to a free appropriate public education. An appropriate education for a Section 504 disabled student may require the provision of specific accommodations and related services in order to meet the needs of the student. Section 504 focuses on ensuring a level of access to educational services and the learning process for qualified disabled students that is equal to that given non-disabled students.

Students eligible for Section 504 accommodation plans must meet three criteria. The three criteria are (1) **A mental or physical impairment**, (2) **which substantially limits**, (3) **one or more major life activities**. It is important to understand that **all three criteria must be present** for a student to be eligible for a Section 504 accommodation plan. Equally important, this disability must be why the student cannot equally access or receive benefit from the school's programs and services

In order for your son/daughter to be eligible for 504 services, a team of school personnel must conduct an evaluation. This will involve acquiring information from a variety of sources. Sources of information may include, but are not limited to: your child's student file, discipline reports, teacher information, observation data, parent information, and information from medical and/or mental health professionals.

PARENT PERMISSION FOR EVALUATION:

The school asks your permission to conduct an evaluation in order to determine eligibility for Section 504 accommodations:

I hereby (please check one):

- | | |
|---|--|
| <input type="checkbox"/> GRANT permission to the
for Section 504 eligibility. | Community School District to evaluate my child |
| <input type="checkbox"/> DENY permission to the
for Section 504 eligibility. | Community School District to evaluate my child |

I have received a copy of the *Parent's Notice of Section 504 Rights*.

Signature of Parent/Guardian

_____/_____/_____
Date

Copies: Parent, Section 504 Folder,