

SAU 24

SECTION 504 CONSENT TO CONDUCT EVALUATION(S)

Student's Name:	DOB:	Age:
School:	Grade:	
Case Manager/Contact Person:		

The following is a description of the methods to be used to evaluate your child. You will be notified and given the opportunity to review and obtain copies of evaluation summaries or other reports to be discussed at a 504 Team meeting.

At the Team meeting, we will explain the results of the evaluation and discuss its significance to your child's educational program. If you have any questions about these procedures, please call at .

Assessments are designed to collect information on health, mental health, fine and gross motor skills, social or developmental history, behavior and academic functioning. The following evaluations are recommended for your child:

I understand the nature of, and the reasons for, the evaluations identified above. I further understand that my consent is voluntary and may be revoked at any time. I also understand that I may request a copy of the evaluation reports, and the results will be discussed at a 504 Team Meeting.

YES, I give my consent for the above noted evaluation(s).

NO, I DO NOT give my consent for the above noted evaluation(S).

Parent/Guardian Signature

Date: _____