

## Section 504 Consent to Evaluate

Student Name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Following a discussion with school personnel acquainted with my child, I authorize the use of school educational evaluation for my child to determine possible identification for Section 504 accommodations/services. I understand that this evaluation may include administration of the following:

The school is requesting your consent to conduct the following evaluation procedures:

Evaluation Procedures

Person Responsible

I understand that following the evaluation, I will be given the opportunity to meet with appropriate school staff to review the evaluation results and plan next steps for my child's education.

I give written consent to have my child evaluated.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Date