

- 1 copy provided to 504 Team
- 1 copy emailed to 504 Office

## USD 259 Parent Request for Section 504 Evaluation

Please print off and fill out the form below-give a copy to your child's school nurse.

Student:	D.O.B.
School:	Date:

I am the parent/guardian of \_\_\_\_\_.  
(student name)

I suspect my child has a disability that is affecting one or more major life activities. I am requesting a Section 504 evaluation.

Reasons for my concern:

Medical or other evaluation records regarding this disability are available  / are not available .

I will  / will not  make them available to the building 504 team.

I have included the signed Notice and Consent for INITIAL EVALUATION for Section 504 with this request.

Thank you for your help. I look forward to hearing from you with a response to this request.

Sincerely,

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

- 1 copy provided to parent
  - 1 copy emailed to 504 Office
- Attach Parent Rights

**USD 259**  
**Notice and Consent for INITIAL EVALUATION for Section 504**

<b>Student's Name:</b>		
Date of Birth:		Date Sent/Mailed:
School:	Grade:	Student ID #:
Parents:		
Address:		
Home Phone:		Work Phone:

Additional information is necessary to determine your child's educational needs and whether he/she might be eligible for assistance in the regular classroom under Section 504. We ask that you consent to an evaluation under §504 for the following reasons (**diagnosis/ limitation/ disability and the effect on the student**):

In many cases, the §504 evaluation may simply consist of the Section 504 Team reviewing and interpreting existing school records, including anecdotal evidence, observations, prior testing, grades, standardized test scores, medical information, parent information, and other data, in order to determine if your child qualifies for accommodations in the regular classroom. For students who have been involved in the early intervention process or the Problem Solving Process, the §504 evaluation will include a review of the classroom assistance and interventions provided, the results of those efforts, and any other data generated by that process. In addition to reviewing the data described above, the district may conduct a Functional Behavior Assessment. Other Requests:

Please review the enclosed document entitled "Notice of Parent Rights and Due Process," which informs you of your rights under Section 504. If you CONSENT to the evaluation, please check the "consent" statement, sign and return one copy of this letter. If you REFUSE or REVOKE consent, please check the "refuse consent" or "revoke consent" statement, sign and return one copy of this letter. Keep the other copy of this letter and the Notice of Parent Rights and Due Process for future reference.

Please call **Amanda Chance** (Section 504 Coordinator) at **316-973-4475** if you have any questions.

As the parent/legal guardian of the above referenced student, I have received notice of my Section 504 parent rights, and I understand that this is *not* an offer of a Special Education evaluation.

- I hereby CONSENT to an evaluation under Section 504.
- I hereby REFUSE consent to an evaluation under Section 504.
- I hereby REVOKE consent to an evaluation under Section 504.

**Parent Rights/Due Process Procedures Given**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Date