

P R N T G U R I N N O T I O F S T I O N V L U T I O N

(Date)

(Parent's Name)

(Student's Name, Student ID#)

(School)

(Home Address)

Dear Parent/Guardian:

A request has been made for a Section 504 Evaluation under the Rehabilitation Act of 1973. The purpose of the evaluation is:

1. To determine whether your child has a physical or mental impairment which may be substantially limiting one or more major life activities (e.g., walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, performing manual tasks, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, speaking).
2. To develop a special accommodation plan so that your child can have access to and receive an appropriate education if he/she is determined to be handicapped under Section 504.

Members of the School Section 504 Team, consisting of teachers, counselors, psychologists, and administrators, will review records, interview those knowledgeable about your child, participate in observations, and collect other data. Please provide copies of any current medical, psychological, outside tutoring and/or other records to the School Section 504 Designee, (*name of designee*), for consideration, no later than (*date of deadline*).

The Section 504 Evaluation Meeting will be held on:

(Date)

(Time)

(Location)

Please complete and sign this portion of the form and the **Parent Guardian Student Rights And Procedural Safeguards** form and submit them to the school Section 504 Designee (*name of designee*), no later than (*date of deadline*).

Student Name: _____ School: _____ Grade: _____

Although it is not required by law, you are invited to participate in the evaluation meeting. If you are not able to attend, please check all that apply:

_____ I will attend the meeting.

_____ I will not attend the meeting. (You will receive a copy of the results of the meeting.)

_____ I have received a copy of the Section 504 Parent/Guardian/Student Rights and Procedure Safeguards (*Enclosed*)