

SECTION 504 ASSESSMENT PLAN

To the parent/guardian of _____ Date _____

School _____ Grade _____ Birthdate _____

Your child has been referred for a Section 504 assessment. A copy of the Section 504 Parent/Student Rights is included on the back of this form. You will be invited to a meeting of the Section 504 Team following completion of the assessment.

The assessment may include any of the following:

1. Parent Questionnaire
2. Review of grades, discipline record, attendance
3. Standardized tests of ability and achievement
4. Behavior rating scales
5. Observation by more than one person
6. Work samples/portfolios
7. Information from other professionals
8. Other:

If you have any questions about the assessment, please call:

Name and Position _____ Phone Number _____

Parent/Guardian: Please check one of the following and sign:

☐ I consent to the assessment.

☐ I do not consent to the assessment.

(Note: Failure to consent to the assessment will waive any claim for the Provision of Section 504 identification and services.)

Signature of Parent/Guardian

Date

Address

Phone

City

Zip