

Date consent received by school: _____

PINELLAS COUNTY SCHOOLS
SECTION 504 OF THE REHABILITATION ACT OF 1973
PARENT NOTICE AND CONSENT FOR EVALUATION

Date: _____

Dear Parent of _____;

Your child, _____, was referred to the School Section 504 Committee for assistance in meeting his/her educational needs. School personnel will gather information from records as well as conduct observations, assessments, and interviews. For students involved in the Response to Intervention process, the Section 504 evaluation will include a review of the classroom assistance and interventions (behavioral and/or academic), results of those efforts and any other data created by the process. Once the evaluation is completed and the Evaluation/Reevaluation Summary and Eligibility Report prepared, you will be invited to a meeting to review the evaluation results and determine if eligibility criteria for Section 504 is met.

If you consent to this evaluation, please check "Yes" at the bottom of this form and indicate that you are providing consent. If you do not consent to the evaluation, please check "No". Please sign and return this form to the school.

A copy of the **Notice of Parent and Student Rights** is enclosed. Please contact me at _____ if you have any questions.

Name

Title

School

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☐ I have received a copy of Notice of Parent and Student Rights and I give my consent to the Section 504 evaluation for my child.

☐ I have received a copy of Notice of Parent and Student Rights and I DO NOT give my consent to the Section 504 evaluation for my child.

Parent Signature: _____

Date: _____