



SECTION 504 ELIGIBILITY EVALUATION PLANNING AND CONSENT FORM

Student Name		School	
Date of Birth		Date of Meeting	

The following information will be collected as part of this student’s evaluation to determine Section 504 eligibility:

<input type="checkbox"/>	Parent Interview	<input type="checkbox"/>	Vision Screening
<input type="checkbox"/>	Teacher Interview	<input type="checkbox"/>	Hearing Screening
<input type="checkbox"/>	Review of Records	<input type="checkbox"/>	Motor Screening
<input type="checkbox"/>	Behavior Rating Scales	<input type="checkbox"/>	Academic Screening
<input type="checkbox"/>	Documentation of Impairment	<input type="checkbox"/>	Cognitive Screening
<input type="checkbox"/>	Observations	<input type="checkbox"/>	Communication Screening
<input type="checkbox"/>	Work Samples	<input type="checkbox"/>	Other <i>(please specify)</i> :
<input type="checkbox"/>	Social-Developmental History		

As the parent of the student listed above, I:

- Voluntarily grant permission for an evaluation to determine Section 504 eligibility to be completed by school district personnel or individuals working in cooperation with the school district.
- Deny permission to for a Section 504 eligibility evaluation to occur

Additional Information:

- I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box above.
- I have received a written copy of the Section 504 Parent Rights Statement and fully understand those rights, or have been given the opportunity for those rights to be explained to me.
- I certify that I am a parent having legal custody of the student named above, or that I am the student above and am at least 18 years old of age and have no court appointed legal guardian or I certify that I am the legal guardian, permanent legal custodian or 504 surrogate parent of the student named above.

Signature of Educational Representative: _____

Relationship to Student: _____ Date: _____