

**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 attached. 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. Behavior rating scales
- 4. Observation by more than one person
- 5. Work samples/portfolios
- 6. Information from other professionals
- 7. Standardized tests of ability and achievement
- 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, sign and return to: \_\_\_\_\_

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip