

Section 504 Notification Letter to Parents

The St. Ansgar Community School District does not discriminate in its educational programs and activities on the basis of a student's disability. We will be convening a team of individuals to determine whether accommodations may need to be made to meet the individual needs of _____ as adequately as other students. We want to include people on the evaluation team who know your child and would especially value your input.

An initial task of the Section 504 team is to determine whether your child may have a disability that makes him or her eligible for protection under Section 504 of the Rehabilitation Act of 1973. Parents and students have specific rights under Section 504. These rights are summarized in the document titled *Section 504 Student and Parental Rights*.

Please provide your consent for us to complete this evaluation by indicating your decision and providing your signature. This form should be returned to:

Section 504 Coordinator: _____
Building: _____
Phone Number: _____
Email: _____

You will be contacted to set a meeting to review the evaluation results and discuss plans to meet your child's needs. Please feel free to contact the Section 504 Coordinator if you have any questions or concerns.

Resource provided by Central Rivers AEA ~ Updated August 2017 ~ Permission granted to educational organizations to copy and use

Section 504 Parent Consent for Evaluation

Student's Name _____

Date _____

Please check yes or no below.

_____ Yes, I consent to the proposed 504 evaluation.

_____ No, I do NOT consent to the proposed 504 evaluation.

Comments:

Parent Signature _____

Note: Copies should be provided to parents/guardians, teachers, Section 504 Folder, and the Section 504 Coordinator.