

Spencer County School District
CONSENT FOR SECTION 504 ELIGIBILITY EVALUATION

I _____ of _____
(Name of parent or a legal guardian) (Student's Name and Date of Birth)

____ Voluntarily grant permission

____ Permission is denied

for evaluation of the named student for eligibility for a Section 504 plan by _____
Public School District staff or individuals performing services for _____ School District.

I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate box above.

____ Effective Communication Needed for Parent (Specify)

____ I have received a written copy of the SECTION 504 PARENT RIGHTS STATEMENT and fully understand those rights, or have had those rights explained to me by:

I certify that I am the parent or legal guardian having custody of the student named above, or that I am the student above and am at least 18 years of age and have no court appointed legal guardian.

Signed _____
(Parent, Guardian, or Student)

Date _____