

Spencer County School District
PARENT NOTICE OF SECTION 504 REFERRAL

Your child, _____, has been referred for consideration for evaluation for eligibility for Section 504 disability services. The evaluation will be conducted within _____ school days of parent permission (which begins the date the form (signed) is received by the 504 Coordinator). A 504 meeting will be held to discuss the evaluation and student needs. Please indicate on the enclosed CONSENT FOR SECTION 504 ELIGIBILITY EVALUATION whether you consent to the evaluation. A copy of the SECTION 504 PARENT RIGHTS STATEMENT is enclosed. If you have any questions, please contact me at _____.

504 Coordinator

Date