

**PARENT/GUARDIAN REQUEST FOR EVALUATION, TERMINATION, OR
MODIFICATION UNDER SECTION 504**

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____
Male: _____ Female: _____ Birth Date: _____
School: _____ Grade: _____ Class: _____

Parent/Guardian Information

Last Name: _____ First Name: _____ Middle Initial: _____
Home Address: _____
Home Phone: _____ Work Phone: _____

Referral Information

The parent/guardian believes that the above named student:

1. _____ **should be identified as a qualified student with a disability.**

The basis for the belief that the student is a qualified student with a disability is:

Describe how the disability affects the student's access to or benefit from the school's educational programs, nonacademic services, or extracurricular activities:

Describe the requested aids, services, or accommodations:

2. _____ **should no longer be identified as a qualified student with a disability.**

The basis for the belief that the student is no longer a qualified student with a disability is:

3. _____ **requires a change or modification of his/her Service Agreement.**

The proposed change or modification of the Service Agreement is:

If you have any additional information or medical records which will assist in this process, please forward them to the Section 504 Building Administrator.

Notice Of Rights

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the evaluation and/or the provision of services.

Verification

By submitting this request, I am requesting that the district review the referral information above, and any additional information I attached. I understand that the district, its agents, and its employees are relying on the accuracy of the information that I have provided in this form, and any information attached thereto, to determine whether and to what extent my child will be provided with accommodations under Section 504.

Parent(s)/Guardian(s) Signature

Date Submitted

**DO NOT WRITE BELOW
(FOR DISTRICT USE ONLY)**

Reviewed by: _____
Name (Please Print) Title

Student's Last Name: _____ First Name: _____ Middle Initial: _____
School: _____ Grade: _____ Class: _____

The Parent/Guardian Request for Evaluation, Termination, or Modification is:

Approved _____ Denied _____ Referred for Further Review _____

Reason Request Approved or Denied:

Signature - Reviewer

Date

Signature - Section 504 Building Administrator

Date

Notice Of Rights

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold consent to the evaluation and/or provision of services.

Procedural Safeguards

Parents/Guardians may also use one or more of the procedural safeguard options, listed in Board policy, to resolve a dispute related to the identification or evaluation of a student as a qualified student with a disability, or the student's need for related aids, services, or accommodations.

**NOTICE OF DISTRICT-INITIATED EVALUATION AND PROVISION OF SERVICES
FOR QUALIFIED STUDENTS WITH DISABILITIES**

Dear _____:
(Parent/Guardian)

The school district believes that _____:

1. _____ should be identified as a qualified student with a disability.
2. _____ should no longer be identified as a qualified student with a disability.
3. _____ requires a change or modification of his/her Service Agreement.

The basis for the belief that the student is or is no longer a qualified student with a disability is:

The procedures and types of tests that will be used in the evaluation are:

The proposed change or modification in the Service Agreement is:

If you have any additional information or medical records which will assist in this evaluation, please forward them to me or call me at _____ to discuss this information.

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the evaluation and/or the provision of services.

Directions: Please check the applicable option and sign the form.

Evaluation – complete this section if the district checked item 1 above.

_____ I give my permission to proceed with the evaluation.

_____ I do not give my permission to proceed with the evaluation.

_____ My reason for disapproval is: _____

_____ I request an informal conference to discuss the evaluation.

Termination – complete this section if the district checked item 2 above.

_____ I give my permission to proceed with the termination of services.

_____ I do not give my permission to proceed with the termination of services.

_____ My reason for disapproval is: _____

_____ I request an informal conference to discuss the termination of services.

Modification – complete this section if the district checked item 3 above.

_____ I give my permission to proceed with the modification of the Service Agreement.

_____ I do not give my permission to proceed with the modification of the Service Agreement.

_____ My reason for disapproval is: _____

_____ I request an informal conference to discuss the modification of the Service Agreement.

Parent(s)/Guardian(s) Signature

Date

Section 504 Building Administrator Signature

Date