

**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 included on the back of this form. 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. Standardized tests of ability and achievement
4. Behavior rating scales
5. Observation by more than one person
6. Work samples/portfolios
7. Information from other professionals
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 and sign:

- 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 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_