Haddon Heights School District

Section 504 Consent to Evaluate

Student Name _____

School _____ Date _____

The school is proposing to evaluate/reevaluate your child to determine if he/she has a disability that would require accommodations under Section 504 of the Rehabilitation Act. These concerns form the basis for this decision. The Parent's Rights Afforded by Section 504 are enclosed. If you have any questions regarding this request or Section 504, please contact your child's school.

We are requesting your consent to conduct the following evaluation procedure:

Evaluation Procedures Person Responsible

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I understand that following the evaluation, I will be given the opportunity to meet with 504 committee to review the evaluation results and plan for my child's education.

I give written consent to have my child evaluated.

_____
Signature

_____ _____
Parent/Guardian Name (printed) Date