



### Rockdale County Public Schools Section 504 Parent Consent for Initial Evaluation

Date:

Dear Parent or Guardian of:

Your child was referred to the Section 504 team by

Name	Title
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to be considered for eligibility. Section 504 is a federal law that provides for certain protections as well as for the provision of a free appropriate public education for students who are determined to be disabled under the law. Under Section 504, a student is considered disabled if he or she has a mental or physical impairment that substantially limits a major life activity. In order to consider eligibility for Section 504, the School Section 504 Multidisciplinary Team must conduct an initial evaluation. In many cases, the evaluation may simply consist of reviewing and interpreting existing school records, including anecdotal evidence, observations, grades, standardized test scores, and other data to determine if your child qualifies for accommodations in the regular classroom.

Please indicate below if you consent or refuse the Section 504 initial evaluation.

I understand that the purpose of this pre-placement/initial evaluation is to gain further information about my child and his/her possible eligibility under 504. I also understand that I can ask any questions or address any concerns I might have with respect to this evaluation with appropriate staff prior to making a decision to consent or not consent to the proposed evaluation. I also understand that if I refuse to consent to this initial evaluation under Section 504, the District is not required to pursue any further an initial evaluation of my child or to further pursue an eligibility determination and my child remains a regular education student in RCPS without the benefits or protection of Section 504. I understand that if I refuse to consent to this initial evaluation under Section 504, RCPS may file, but is not required to file, for an impartial hearing seeking the right to evaluate my child.

I have been provided with a copy of the *RCPS Section 504 Notice of Parent/Student Rights* and have had an opportunity to read those rights. Please check one of the following:

I consent to the proposed initial evaluation.

I refuse to consent to the proposed initial evaluation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you consent to evaluation, I will contact you to schedule an eligibility meeting. I also am enclosing a copy of the *RCPS Section 504 Notice of Parent/Student Rights* for your records. If you have any questions, please feel free to call me at \_\_\_\_\_.

\_\_\_\_\_  
School Section 504 Chair  
Section 504 Chair: Date this form was received: \_\_\_\_\_