

Step 2: FCSD Parental Consent to Evaluate/Parental Rights Form

Dear Parent or Guardian:

This letter is to inform you of our concern for your child's progress at [school]. Although we have attempted interventions, we believe further accommodations may be needed. In order to evaluate your student for Section 504 accommodation, we need your consent.. Please provide your consent for us to accomplish this evaluation, by indicating your decision and signature below. In addition, please sign receipt of notification of parental right and return one copy as well.

My role as the 504 District Coordinator is to support your family throughout this process. Parents and students have specific rights under Section 504 of the Rehabilitation Act of 1973. These rights are summarized on the second page of this correspondence. Please return a signed copy of those rights indicating notification of those rights. Contact me with any questions you may have. Chuck Benge, 504 Coordinator, 641-472-2655 x6704 or chuck.benge@fairfieldsfuture.org,

Section 504 Parent Consent Form

Student Name: _____ Date _____

_____ Yes, I consent to the proposed screening/evaluation.

_____ No, I do not consent to the proposed screening/evaluation.

Parent Signature Date