

PARENTAL PERMISSION FOR 504 EVALUATION

I give my permission for the _____ County Schools to conduct an evaluation of my child because of a suspected disability under Section 504 of the Rehabilitation Act of 1973. I understand that the school will be obtaining and reviewing information from a variety of sources in order to make a proper evaluation of my child's condition. I further understand that the evaluation will be completed within approximately sixty (60) school days.

Child's Name _____

DOB _____

Parent's Signature _____

Date _____