

Plymouth Community School Corporation

Parent/Guardian Consent for Evaluation

| Student | Date of Birth | Name of Parent/Guardian |
|---------|---------------|-------------------------|
| | | |

Section 504 of the *Rehabilitation Act of 1973* prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance. Students who are covered by the non-discrimination provisions of Section 504 are those who: (1) have a physical or mental impairment which substantially limits one or more major life activities, (2) have a record of impairment, or (3) are regarded as having an impairment.

Purpose of Evaluation:

School districts must ensure that an evaluation is conducted for each child being considered or reconsidered for Section 504 eligibility and services.

The purposes of an evaluation may be to determine:

- Whether the child was, or continues to have, a mental or physical impairment;
- Whether the mental or physical impairment substantially limits a major life activity;
- Whether the child needs, or continues to need, special education, related aids and services, and/or reasonable modification of policies, practices, or procedures;
- The present levels of performance and educational needs of the child; and/or
- Whether any additions or revisions to the child's Section 504 Plan are needed.

Sources of Evaluation Information:

- | | |
|---|---|
| <input type="checkbox"/> academic records | <input type="checkbox"/> medical reports/health information |
| <input type="checkbox"/> achievement tests | <input type="checkbox"/> motor assessments |
| <input type="checkbox"/> adaptive functioning assessments | <input type="checkbox"/> parent input |
| <input type="checkbox"/> behavior rating scales | <input type="checkbox"/> social development study |
| <input type="checkbox"/> cognitive assessments | <input type="checkbox"/> speech/language assessment |
| <input type="checkbox"/> discipline records | <input type="checkbox"/> teacher/other staff member observation |
| <input type="checkbox"/> functional behavior assessment | <input type="checkbox"/> other (specify) _____ |
| | _____ |
| | _____ |

Parent/Guardian Consent:

I understand my rights as explained in the Parents' Rights in Brief, which I have received and reviewed. In addition, I understand the nature and scope of the evaluation to be completed. I further understand that upon completion of my child's evaluation, a conference will be scheduled to discuss the findings and determine my child's eligibility for a Section 504 Plan.

_____ I consent _____ I do not consent to an evaluation of my child.

Parent/Guardian Signature

Date