

Wells-Ogunquit CSD
SECTION 504
CONSENT TO CONDUCT EVALUATION(S)

Student's Name: _____ DOB: _____ Age: _____
School: _____ Grade: _____
Parent/Guardian: _____
Case Manager/Contact Person: _____

The following is a description of the methods to be used to evaluate your child. You will be notified and given the opportunity to review and obtain copies of evaluation summaries or other reports to be discussed at a 504 Team meeting.

At the Team meeting, we will explain the results of the evaluation and discuss its significance to your child's educational program. If you have any questions about these procedures, please call _____ at _____.

Assessments are designed to collect information on health, fine and gross motor skills, social or developmental history, behavior and academic functioning. The following evaluations are recommended for your child:

Evaluation

Evaluator

Evaluation

Evaluator

I understand the nature of, and the reasons for, the evaluations identified above. I further understand that my consent is voluntary and may be revoked at any time. I also understand that I will be provided with a written copy of the evaluation reports and they will be communicated to me at a 504 Team Meeting.

____ YES, I give my consent for the above noted evaluation(s).

____ NO, I DO NOT give my consent for the above noted evaluation(s).

Parent/Guardian Signature

Date

Evaluators assigned by Director of Special Services: _____

Please return form to the building administrator.