

**Notice and Consent for Section 504 Evaluation**

\_\_\_\_\_ LEA Name

Student Full Name\_\_\_\_\_ Date\_\_\_\_\_

School\_\_\_\_\_ Date of Birth\_\_\_\_\_

Parent(s)/Guardian(s)\_\_\_\_\_ Grade\_\_\_\_\_

Address\_\_\_\_\_ WVEIS #\_\_\_\_\_

City/State/Zip\_\_\_\_\_ Telephone\_\_\_\_\_

This student has been referred for possible eligibility due to a  physical and/or  mental impairment under Section 504 of the Rehabilitation Act. The referral is being recommended for the following reason(s): \_\_\_\_\_

The Local Education Agency (LEA) is collecting various information to aid in the determination process. Additional information is necessary to determine the student’s educational needs and if reasonable accommodations and/or services may be necessary in the regular classroom. All evaluations will be completed at the district’s expense.

**The LEA is asking permission to conduct the following assessment(s):**

- Intellectual Ability    Achievement    Behavior Performance    Functional Behavior Assessment
- Motor Skills ( OT  PT)    Medical Evaluation    Parent Input    Observation(s)
- Teacher Input    Classroom Performance    Assistive Technology  Other \_\_\_\_\_

Please review the enclosed “Notice of Parent Rights” which explains your rights under Section 504. If you have any questions or concerns contact \_\_\_\_\_ at \_\_\_\_\_.

I have received notice of my Section 504 parent rights and understand that this is not an offer of a Special Education evaluation.

\_\_\_\_\_ I consent to an evaluation under Section 504.

\_\_\_\_\_ I refuse consent to an evaluation under Section 504.

\_\_\_\_\_ I wish to schedule a conference before I decide.

<p><b>LEA Use Only:</b></p> <p>Received by the school/LEA:</p> <p>Date_____Staff_____</p>
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\_\_\_\_\_  
Parent/Guardian/Adult Student Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# Notice of Parental Rights Regarding Section 504

The following is a description of students and parent rights granted by federal law. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

## Parents and adults have the right to:

1. Have your child take part in and receive benefits from public education programs without discrimination based on a disability.
2. Have the school advise you as to your rights under federal law regarding Section 504.
3. Receive notice with the respect to identification, evaluation, program or placement of your child.
4. Be involved before the initial evaluation and placement for services for your child. Written consent is required only for an initial evaluation; however, encouraging your involvement and support before the initial evaluation and placement for services for your child is a priority.
5. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the school make reasonable accommodations to allow your child an equal opportunity to participate in school and school related activities.
6. Have your child educated in facilities and receive services comparable to those provided students without disabilities.
7. Have your child receive special education and related services if he/she is found to be eligible under the Individuals with Disabilities Education Act (IDEA), or to receive reasonable accommodations under Section 504 of the Rehabilitation Act.
8. Have eligibility and educational placement decisions made based upon a variety of information sources, and by individuals who know the student, the evaluation data and placement options.
9. Have their child transported in a non-discriminatory manner; however, if the Local Education Agency (LEA) makes a FAPE available to the student that conforms to the requirements of Section 504 and nevertheless the parents choose to place the student elsewhere, the LEA is not required to pay for the student's education at the private or alternative program, including costs associated with transportation. Have transportation provided to a school placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the LEA.
10. Give your child an equal opportunity to participate in nonacademic and extracurricular activities offered by the LEA through the provision of reasonable accommodations.
11. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program and placement.
12. Obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to the records.
13. Receive a response from the LEA to reasonable requests for explanations and interpretations of your child's records.

14. Request an amendment of your child’s educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy rights of your child. If the LEA refuses this request, it shall notify you within a reasonable time and advise you of the right to a hearing.
15. Request an impartial due process hearing related to decisions regarding your child’s identification, evaluation and educational placement. You and your child may take part in the hearing and have an attorney represent you at your own cost. West Virginia Department of Education does not conduct impartial hearings or accept formal complaints regarding Section 504.
16. File a formal complaint with the Regional Office for Civil Rights when you believe your child’s rights have been violated, at the address below:

Office of Civil Rights  
US Department of Education  
The Wannamaker Building  
100 Penn Square East, Suite 515  
Philadelphia, PA 19106-3499  
215-656-8541; 800-877-8339 (TDD)  
215-656-8605 (FAX)  
[OCR.Philadelphia@ed.gov](mailto:OCR.Philadelphia@ed.gov)

This is to verify that I have received a copy of Section 504 Notice of Parental Rights which informs me of my rights throughout the child-centered educational process.

Name of Student: \_\_\_\_\_

DOB: \_\_\_\_\_

LEA: \_\_\_\_\_

WVEIS#: \_\_\_\_\_

My signature below indicates that I received a copy of my rights:

\_\_\_\_\_  
Signature of Parent, Guardian or Adult Student

\_\_\_\_\_  
Date

*Note: Copies are to be made for the Student's Record, Parent, and LEA Section 504 Coordinator.*