

CONSENT FOR INITIAL SECTION 504 SERVICES PLAN

Student's Name: _____ Grade: _____

DOB: _____ Age: _____ School: _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Dear **[insert parent/guardian's name]**:

At a recent Section 504 conference your child was recommended for a Section 504 Plan and the team developed a Section 504 Plan. Before a school district can provide the Section 504 services described in your child's Section 504 Plan, your informed written consent is required. Your consent is voluntary and you may revoke your consent at any time. If you revoke consent, it does not negate an action that occurred after the consent was given and before it was revoked.

Check One:

_____ I give consent For the initial provision of Section 504 special education, accommodations, and/or related services as indicated on the Section 504 Plan. The proposed Section 504 Plan has been fully explained to me and is consistent with the Section 504 Plan developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued services or change in services/placement. At least annually, I will be given reasonable opportunity for comment on and input into my child's Section 504 Plan.

I received a copy of the *Parent Rights under Section 504 of the Rehabilitation Act of 1973* which have been fully explained to me by school personnel, including the procedures for requesting an impartial hearing.

I understand that as soon as reasonably possible following the development of the Section 504 Plan, Section 504 special education, accommodations and/or related services will be provided to my child in accordance with the Section 504 Plan.

____ I *do not* give consent For the initial provision of Section 504 special education, accommodations, and/or related services of my child as indicated on the Section 504 Plan.

I understand that the school district will not be in violation of the requirement to make a free appropriate public education for my child if I refuse to give consent.

____ I have received ____ Copy of the Section 504 Conference Summary
____ Copy of the Section 504 Student Plan
____ Other _____

Date: _____ Parent/Guardian Signature: _____

If you have any questions concerning this process or require additional information regarding your and your child's rights, please contact:

Name: _____ Title: _____ Phone: _____

Sincerely,

(Signature)

Name: _____

Title : _____

cc: Student's Temporary File