

Tri-County Regional Vocational Technical High School

PARENT/GUARDIAN CONSENT FOR EVALUATION

Student:	Date of Birth:	Name of Parent/Guardian:
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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 Section 504 are those who:

1) have a physical or mental impairment, which substantially limits one or more major life activities and results in a need for reasonable accommodations and/or special education and related services, 2) have a record of such impairment or 3) are regarded as having such impairment.

Step One: Explanation and Purpose of an Evaluation

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered or reconsidered for 504 services and related services.

The purposes of an evaluation may be to determine:

- Whether the child has, 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, reasonable accommodations and/or special education and related services;
- The present levels of performance and educational needs of the child and/or
- Whether any additions or modifications to the child's 504 Plan are needed.

Step Two: Check the Major Life Activity that May Be Affected:

- | | | | | | |
|--|---|--|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> caring for one's self | <input type="checkbox"/> breathing | <input type="checkbox"/> eating | <input type="checkbox"/> sleeping |
| <input type="checkbox"/> lifting | <input type="checkbox"/> walking | <input type="checkbox"/> learning | <input type="checkbox"/> performing manual tasks | | <input type="checkbox"/> working |
| <input type="checkbox"/> reading | <input type="checkbox"/> standing | <input type="checkbox"/> bending | <input type="checkbox"/> concentrating | <input type="checkbox"/> speaking | <input type="checkbox"/> thinking |
| <input type="checkbox"/> communicating | <input type="checkbox"/> the operation of a major bodily function | | | | |
| <input type="checkbox"/> other (please specify): _____ | | | | | |

Step Three: Sources of Evaluation Information (to be reviewed):

- | | |
|---|--|
| <input type="checkbox"/> medical reports/health information | <input type="checkbox"/> teacher/psychologist observations |
| <input type="checkbox"/> adaptive behavior scales/behavior scales | <input type="checkbox"/> discipline/attendance records |
| <input type="checkbox"/> achievement tests | <input type="checkbox"/> student progress reports/grades |
| <input type="checkbox"/> cognitive assessments | <input type="checkbox"/> functional behavioral assessment |
| <input type="checkbox"/> language surveys/assessments | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> parent input | _____ |
| <input type="checkbox"/> motor assessments | |

Step Four: Parental Agreement

I understand my rights as explained to me and contained in the Parent and Student Rights form which I have received and reviewed. In addition, I understand the nature and scope of the evaluation to be completed. Upon completion of my child's evaluation, a conference will be scheduled to discuss the findings and determine my child's eligibility for 504 services and related service.

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

Signature of Parent/Guardian

Date