

Livonia Public Schools

SECTION 504 - PARENT CONSENT FORM

FORM E

Student Name: _____ Date of Birth: _____

School Building Attending: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

CONSENT FOR SECTION 504 EVALUATION

I understand that my child has been referred for an evaluation under Section 504. The evaluation will draw upon information from a variety of sources, which may include, but is not limited to: a school record review, observations of the student, parent/child/teacher input or interviews, assessments, and other relevant information. The purpose of the evaluation is to determine whether my child is eligible for services under Section 504.

(Check all that apply)

- I have received a copy of the Section 504 Notice of Procedural Safeguards.
- I consent to the Section 504 evaluation.
- I do not give permission for the Section 504 evaluation.

Signature of Parent/Guardian

Date

Please return this form to:

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For School Use Only

Date consent form received by School District: _____