

MERIDEN PUBLIC SCHOOLS  
NOTICE AND CONSENT TO CONDUCT A SECTION 504 EVALUATION/RE-  
EVALUATION

Date: \_\_\_\_\_

Dear \_\_\_\_\_

Your child, \_\_\_\_\_, \_\_\_\_\_ has been referred for an evaluation to  
(student's name) (DOB)  
determine eligibility for services under Section 504. The school district must obtain the consent of  
parents before conducting such an evaluation.

The tests/evaluation procedures listed below were recommended:

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adaptations/accommodations required for this evaluation are:

\_\_\_\_\_  
\_\_\_\_\_

[If the student requires physical adaptations in order for testing/evaluations to be completed, the following adaptations are required:](#)

If the student's native language is other than English, the following adaptations are required:

\_\_\_\_\_

No adaptations/accommodations required

**PARENTAL CONSENT**

**I give my consent** for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that this consent may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian Signature Date

**I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include requesting an impartial hearing, to ensure that my child receives or continues to receive a free appropriate public education.

\_\_\_\_\_  
Parent/Guardian Signature Date