

**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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

- No adaptations/accommodations required
- Adaptations/accommodations required: (specify)

PARENTAL CONSENT

- I give my consent** for the Meriden Public Schools to utilize 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 Meriden 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 continues to receive a free appropriate public education.

Parent/Guardian Signature Date