

MERIDEN PUBLIC SCHOOLS
NOTICE AND CONSENT TO PROVIDE SECTION 504
ACCOMMODATIONS/SERVICES

Date: _____

Dear _____

Your child, _____, _____ has been evaluated and has been
(student's name) (DOB)

recommended for the receipt of accommodations/services under Section 504 of the Rehabilitation Act. The district requires your consent prior to the implementation of a Section 504 Plan. Included with this form are your procedural rights under Section 504.

Placement Description

The following Section 504 accommodations/services are being proposed for your child _____:
(student's name)

Initial Receipt of Accommodations/Services under Section 504 and is described in the Section 504 Plan dated _____.

PARENTAL CONSENT

I give my consent for the Meriden Public Schools to provide the accommodations/services 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 provide the accommodations/services described above.

Parent/Guardian Signature Date