**Iredell-Statesville Schools**

**Request for Permission for Section 504 Re-Evaluation**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_

Student: Student ID:

School: Date of Birth:

Grade: Date of Meeting:

Dear :

Parent or Guardian

At the meeting referenced above, your child’s 504 Team determined it is appropriate to conduct a Re-evaluation/Assessment of your child’s strengths and needs in order to provide updated information regarding your child’s eligibility for identification as a student with a disability under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, and/or the need for a Section 504 Accommodations Plan.

The proposed screening(s) and evaluation(s) administered by qualified personnel will include the use of assessment instruments in the areas indicated below:

[Add areas of assessment]

You are entitled to receive a copy of the evaluation report(s), and the results of these evaluations/assessments will be shared with you.

**Please indicate below whether you give your permission for your child to receive the above-referenced evaluations/assessments. A copy of Parental Rights Under Section 504 is enclosed.** If you have any questions, please contact the Section 504 Coordinator: [add name and telephone number].

Parental Response to Request for Permission for Section 504 Re-Evaluation/Assessment:

YES, I give Iredell-Statesville Schools my permission to conduct a re-evaluation/assessment of the above-named student. I have received a copy of Parental Rights Under Section 504.

NO, I do not give Iredell-Statesville Schools my permission to conduct a re-evaluation/assessment of the above-named student. I have received a copy of Parental Rights Under Section 504.

Name Relationship to Student

Signature Date