



SECTION 504 ASSESSMENT PLAN

To the parent/ guardian of _____ Date

School _____ Grade _____ Birthdate _____

Your child has been referred for a Section 504 assessment. A copy of the Section 504 Parent/Student Rights is included on the back of this form. You will be invited to a meeting of the Section 504 Team following completion of the assessment.

The assessment may include any of the following:

1. Parent Questionnaire
2. Review of grades, discipline record, attendance
3. Standardized tests of ability and achievement
4. Behavior rating scales
5. Observation by more than one person
6. Work samples/portfolios
7. Information from other professionals
8. Other:

If you have any questions about the assessment, please call:

Name and Position: Karina Haedo, Assistant Director Phone Number: 415-883-4254

Parent/Guardian: Please check one of the following and sign:

I consent to the assessment.

I do not consent to the assessment.

(Note: Failure to consent to the assessment will waive any claim for the provision of Section 504 identification and services. 34 CFR 104.35)

Signature of Parent/Guardian _____ Date _____

Address: _____ City: _____ Zip: _____ Phone: _____

