

504 Consent for Evaluation/Reevaluation

Raleigh County Schools

Notice of Individual Evaluation /Reevaluation Request

Student: _____ **Date:** _____
School: _____ **Grade:** _____
Teacher: _____ **Date of Birth:** _____
Address: _____ **WVEIS #:** _____
City/State: _____ **Zip Code:** _____ **Telephone:** _____

Dear Parent(s)/Guardian/Adult Student:

Your permission is requested to conduct an evaluation to determine your student's educational needs and make more informed decisions and plans to meet your child's needs. If your child has not been deemed eligible for 504, the evaluation might be utilized to determine 504 eligibility and develop an appropriate Accommodation Plan for your child. If your child already has a 504 Plan, the evaluation information might be utilized to continue/discontinue their eligibility and/or to improve their current plan.

- | | | |
|--|---|--|
| <input type="checkbox"/> Classroom Performance | <input type="checkbox"/> Interests/Preferences | <input type="checkbox"/> Adaptive Functioning |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Auditory Processing | <input type="checkbox"/> Functional Behavior/FBA |
| <input type="checkbox"/> Developmental Skills | <input type="checkbox"/> Intellectual Ability | <input type="checkbox"/> Perceptual Motor |
| <input type="checkbox"/> Behavior Functioning | <input type="checkbox"/> Behavior Intervention Plan | <input type="checkbox"/> Observation(s) |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Teacher Report | <input type="checkbox"/> Vocational Aptitude |
- Academic Achievement – Specify: _____
- Developmental History (Parent Questionnaire)
- Occupational Therapy Evaluation, including teacher referral report
- Physical Therapy Evaluation, including teacher referral report
- Health - Specify: _____
- Vision/Hearing—Specify: _____
- Other - Please specify: _____

Notice of Rights Pamphlet has been provided, and I understand that I will be given an opportunity to meet with appropriate school staff to review evaluation results and plan next steps for my child's education.

- I give permission to evaluate.
 I wish to schedule a conference before I decide.
 Do not evaluate my child.

Signature of Parent, Guardian of Adult Student

Date