

**PARENT/GUARDIAN CONSENT FOR INITIAL PROVISION
OF SECTION 504 SERVICES AND/OR ACCOMMODATIONS**

Date: _____ Student's Name: _____ Student's Date of Birth: _____

Dear _____
(Parent(s)/Guardian(s) Name)

At a recent conference your child was recommended for the initial provision of Section 504 services and/or accommodations and a Section 504 plan was developed. Before a school district may provide the services and/or accommodations described in your child's Section 504 plan, your informed written consent is required. Your consent is voluntary and you may revoke your consent at any time. If you revoke consent, it does not negate any action that occurred after the consent was given and before it was revoked.

Check One:

I give consent For the initial provision of the services and/or accommodations as indicated on my child's Section 504 plan. The proposed services and/or accommodations have been fully explained to me and are consistent with the Section 504 plan developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued Section 504 services and/or accommodations or for a change in the services and/or accommodations. At least annually, I will be given reasonable opportunity for comment on and input into my child's Section 504 plan.

I received a copy of the **Parents' Rights Brief** which have been fully explained to me by school personnel, including the procedures for requesting an impartial hearing.

I understand that as soon as possible following development of the Section 504 plan, but not more than ten (10) calendar days, aids and services will be provided to my child in accordance with his/her Section 504 plan.

I do not give consent For services and/or accommodations included in the Section 504 plan.

I understand that the school district will not be in violation of its obligation to make available a free appropriate public education for my child if I refuse to give consent.

I have received Copy of the Section 504 Eligibility Summary
 Copy of the Section 504 Plan
 Other _____

Date: _____ Parent/Guardian Signature: _____

If you have any questions concerning this process or require additional information regarding your and your child's rights, please contact:

Name: _____ Title: _____ Phone: _____

Sincerely,

(Signature)

Name: _____

Title: _____