

**Iron County School District
Section 504
Consent to Evaluate**

Student Name: _____

School: _____ **Date:** _____

Following a discussion with school personnel acquainted with my child, I authorize the use of school educational evaluation for my child to determine possible identification for Section 504 accommodations/ services. I understand that this evaluation may include administration of the following:

The school is requesting your consent to conduct the following evaluation procedures:

Evaluation Procedures

Person Responsible

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that following the evaluation, I will be given the opportunity to meet with appropriate school staff to review the evaluation results and plan next steps for my child's education.

I give written consent to have my child evaluated.

Signed

Parent Name (printed)

Date