

**PARENT/GUARDIAN CONSENT FOR EVALUATION**

(FORM 504-4)

Student Name: _____

Student ID#: _____

Birth Date: _____

School: _____

Grade: _____

Student Address: _____

City: _____ Zip: _____

I received notice that the Everett School District wishes to evaluate my child pursuant to the Rehabilitation Act of 1973, commonly referred to as "504", to determine if he or she is a student who has a physical or mental impairment that substantially limits one or more major life activity.

I understand that aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, and/or adaptive behavior may all be considered in making the eligibility decision and that I am encouraged to provide the school 504 Coordinator with any information or documentation that I am aware of that may be helpful in making this decision.

- ☐ I give my consent for my child to be evaluated pursuant to 504.
- ☐ I do **not** give my consent for my child to be evaluated pursuant to 504.

Parent/Guardian Signature_____
Parent/Guardian Printed Name_____
Date

You can find your rights under 504 here: EPS website → Departments → Student Support Services → [Section 504](#)