[LETTERHEAD]

November 4, 2017

[PARENTS]

[ADDRESS]

[CITY, STATE ZIP]

 ***Re:*** ***[STUDENT NAME]***

Dear [PARENTS]:

On (date) our school district sent you permission forms requesting your consent for the school to determine whether your child has a disability and is therefore eligible for an assistance plan under Section 504 of the Rehabilitation Act. We have not received a response from you to that request.

When a parent fails to respond to a request for consent to such an assessment, the school district is prohibited from treating the student as if he/she has a disability. Therefore, the school district will consider your student to be a general education student subject to the academic and disciplinary rules of the general education population.

Should you wish to discuss this matter further, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_. I have enclosed a copy of a document that outlines your rights as a parent of a student who may have a disability.

 Yours very truly,

 [NAME], [POSITION]

 [SCHOOL DISTRICT]

Enclosure

**Consent to Evaluate**

**Under Section 504 of the Rehabilitation Act**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I DO \_\_\_\_ DO NOT \_\_\_\_ consent to the assessment of my child to determine whether he/she qualifies as a student with a disability under Section 504 of the Rehabilitation Act. I understand that my consent may be revoked at any time prior to the completion of this assessment.

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please return this document to the school district*

**FOR SCHOOL DISTRICT USE ONLY:**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_