



MASSAPEQUA PUBLIC SCHOOLS

PARENTAL CONSENT FOR AN INITIAL 504 EVALUATION

Please sign as indicated below to acknowledge that you grant consent for assessments/ evaluations be conducted by the Section 504 Committee to gather a variety of evaluative data about your child. The review will assess specific areas of your child's educational needs which may include, if appropriate:

- A psychological evaluation, which assesses such areas as development, organization, memory, learning and other personality characteristics
- An educational assessment of the student's academic achievement
- A functional behavioral assessment (FBA) will be included if a student displays interfering behaviors in school which distract from the learning process
- Completion of Section 504 Medical Evaluation Form by your child's physician or medical professional
- A social history, which is a report of information about the student, the student's family and environment that may be influencing performance at school
- An observation of the student in the student's classroom or current program
- A speech and language evaluation to assess the student's ability to understand and use language
- An assessment of motor abilities that may be influencing performance in school

I understand that my child has been referred to the Section 504 Committee to determine if my child has a disability that substantially limits one or more major life activities. I understand that I must give written consent to the district for my child to be evaluated.

Please sign and date:

My signature below indicates that I have consented for my child to be evaluated.

Name of Parent _____

Signature of Parent _____

Date _____