

**NOTICE OF DISTRICT-INITIATED EVALUATION AND PROVISION OF SERVICES
FOR QUALIFIED STUDENTS WITH DISABILITIES**

Dear _____:
(Parent/Guardian)

The school district believes that _____:

1. _____ should be identified as a qualified student with a disability.
2. _____ should no longer be identified as a qualified student with a disability.
3. _____ requires a change or modification of his/her Service Agreement.

The basis for the belief that the student is or is no longer a qualified student with a disability is:

The procedures and types of tests that will be used in the evaluation are:

The proposed change or modification in the Service Agreement is:

If you have any additional information or medical records which will assist in this evaluation, please forward them to me or call me at _____ to discuss this information.

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the evaluation and/or the provision of services.

Directions: Please check the applicable option and sign the form.

Evaluation – complete this section if the district checked item 1 above.

_____ I give my permission to proceed with the evaluation.

_____ I do not give my permission to proceed with the evaluation.

My reason for disapproval is: _____

_____ I request an informal conference to discuss the evaluation.

Termination – complete this section if the district checked item 2 above.

_____ I give my permission to proceed with the termination of services.

_____ I do not give my permission to proceed with the termination of services.

My reason for disapproval is: _____

_____ I request an informal conference to discuss the termination of services.

Modification – complete this section if the district checked item 3 above.

_____ I give my permission to proceed with the modification of the Service Agreement.

_____ I do not give my permission to proceed with the modification of the Service Agreement.

My reason for disapproval is: _____

_____ I request an informal conference to discuss the modification of the Service Agreement.

Parent(s)/Guardian(s) Signature

Date

Section 504 Building Administrator Signature

Date