

Tucson Unified School District

PARENT NOTICE AND CONSENT FOR CONSIDERATION OF SECTION 504 PROTECTIONS

Student Name: _____ Student #: _____

School: _____ Grade: _____

Date: _____

To The Parent/Guardian of: _____

I have received a Section 504 Evaluation Referral regarding your child. As part of our efforts to improve your child's access to his or her education, we would like to meet as a Team to determine if your child may qualify for the protections under Section 504 of the Rehabilitation Act. For a student to qualify for Section 504 protection, the student must meet three criteria: **(1) have a mental or physical impairment, (2) which substantially limits, (3) one or more major life activities.** Major life activities include, but are not limited to, breathing, concentrating, walking and/or learning. If a student has an impairment that **substantially limits** a major life activity, the impairment is a qualifying disability if it creates **a significant barrier** to the student's ability to access the same opportunities afforded to students without disabilities in the school setting.

In order to determine if your child qualifies, the District would like to conduct an evaluation regarding your child. Members of the Section 504 team will collect and review information. You, along with your child's teacher(s) and the school's guidance counselor, school psychologist, and other staff members may be involved in observations, assessments and other data collection activities.

Evaluations for consideration of Section 504 protections may simply consist of the Team reviewing existing records. Records could include school records, anecdotal evidence, observations, prior testing, grades, standardized test scores, medical records, discipline records and other data, in order to determine if your child qualifies for accommodations, services or supports in the classroom and/or to access the educational environment.

**PARENT CONSENT / PERMISSION TO REVIEW DATA AS PART OF SECTION 504
INITIAL ELIGIBILITY DETERMINATION**

I understand that my consent is voluntary and may be revoked at any time. I also understand that if I do not provide consent for the District to review existing data, the District will not have sufficient information to make a determination of eligibility of Section 504 protections for my child. I understand that the action of gaining my consent to review existing data of my child is being proposed and:

- I give my consent for the District to review existing data and make an eligibility determination for Section 504 protections.**
- I do not give my consent for the District to review existing data and make an eligibility determination for Section 504 protections.**

(Signature of parent or legal guardian or adult student)

Date

I have included a Section 504 Parent Input Form, as well as a Student Input Form, to help us obtain information about your child. Your input and observations of your child, as well as his/her own insights into learning styles and needs, are valuable to us. Having this information will help the Team in completing its evaluation. Please return the form to the Campus 504 Coordinator at your earliest convenience.

Section 504 provides you with specific rights which are designed to keep you fully informed concerning decisions about your child. These rights are summarized on the "Parent's Rights and Safeguards Under Section 504" document enclosed with this letter. If you have any questions or concerns, please do not hesitate to contact me. We look forward to meeting and working with you.

Campus 504 Coordinator

Telephone Number

Enclosure: Parent's Rights and Safeguards Under Section 504
Section 504 Parent Input Form
Section 504 Student Input Form