

**ORLEANS PARISH SCHOOL BOARD
PARENT PERMISSION
Section 504**

Date: _____

To the parent of _____

Parent/Guardian/Name _____

Your child has been referred to the school's Section 504 Chairperson by:

_____ Parent request _____ Teacher identified concern _____ Other

_____ For the following reason (s) _____

We would like to gather information that will help us identify and address any needs your child may have. In order to do this, we will observe your child in his/her classroom, collect information from teachers, and may conduct one or more screenings/checklists to help us better serve your child.

We will need your written permission to determine if your child has an eligible disability under Section 504 of the Rehabilitation Act of 1973. We will meet with you at a later date to discuss the results.

_____ Yes, I give permission for my child to be assessed for a Section 504 disability.

_____ No, I do not give permission for my child to be assessed for a Section 504 disability.

Parent Signature

Date

Thank you for your cooperation.

Section 504 Chairperson

Attachment: **Parent/Student Rights and Grievance Procedures Under Section 504**