

# **501.01E2 No Response on Consent to Evaluate and Form**

Friday, August 11, 2023

## **No Response on Consent to Evaluate and Form**

[LETTERHEAD]

January 19, 2018

[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: \_\_\_\_\_