



TORRINGTON PUBLIC SCHOOLS
NOTICE AND CONSENT TO CONDUCT A SECTION 504 EVALUATION/RE-EVALUATION

Date: _____

Dear _____

Your child, _____, _____ has been referred for an evaluation to
(student's name) (DOB)
determine eligibility for services under Section 504. The school district must obtain the consent of parents before conducting such an evaluation.

The tests/evaluation procedures listed below were recommended:

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adaptations/accommodations required for this evaluation are:

If the student requires physical adaptations in order for testing/evaluations to be completed, the following adaptations are required: _____

If the student's native language is other than English, the following adaptations are required: _____

No adaptations/accommodations required

PARENTAL CONSENT

I give my consent for the Torrington Public Schools to conduct the evaluations described above. I understand that this consent may be revoked at any time.

Parent/Guardian Signature Date

I do not give my consent for the Torrington Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include requesting an impartial hearing, to ensure that my child receives or continues to receive a free appropriate public education.

Parent/Guardian Signature Date