AUSTIN INDEPENDENT SCHOOL DISTRICT NOTICE & CONSENT FOR SECTION 504 EVALUATION

Student Name:	ID#
Grade:	School:
Date:	

Your child has been referred for an evaluation as provided under Section 504 of the Rehabilitation Act of 1973. The Austin Independent School District evaluates students suspected of a physical or mental impairment which substantially limits a major life activity such as learning, and the student's corresponding needs.

Data may include, but is not limited to: parent/guardian and teacher observations, grades, progress reports, discipline reports, physical/medical information, behavior rating scales, screeners, and/or formal assessments to include language, behavioral, cognitive, and achievement testing.

In addition to reviewing the data described above, the district proposes to conduct the following formalized assessments:

- □ No formal testing needed
- □ Initial Dyslexia Evaluation completed by AISD
- □ Initial Dysgraphia Evaluation completed by AISD
- □ Initial ADHD Rating Scale
- □ Formal Related Service Evaluation: Assistive Technology
- □ Formal Related Service Evaluation: Occupational Therapy
- □ Formal Related Service Evaluation: Physical Therapy

Pop up print IF Dyslexia or Dysgraphia selected:

- → Previous strategies/interventions tried if any
- → Programming options to consider for the student include:
 - Continued General Education Services Only
 - Providing interventions through general education with progress monitoring
 - Consideration for evaluation under IDEA

- → While there are no specific state or federal timelines for 504 evaluations, an approximate timeframe is 45 school days.
- → Parent/Guardian Training and resources specific to dyslexia can be found on the AISD Dyslexia Website: <u>https://www.austinisd.org/dyslexia</u>
- → Texas Dyslexia Handbook Link: <u>https://tea.texas.gov/academics/dyslexia/</u>

As the parent/legal guardian of the above referenced student,

- □ I understand that is *not* an offer of a Special Education evaluation.
- □ I understand that my consent for evaluation is voluntary and may be revoked prior to completion of the evaluation.
- I understand that should my child be found eligible for Section 504, I retain the right to revoke services; however, identification under Section 504 would remain (i.e., the student will receive manifestation determination, procedural safeguards, periodic reevaluation, as well as the nondiscrimination protections of Section 504).
- □ I understand that should my child be found eligible under Section 504, all future eligibility determinations for my child will be made by the Section 504 Committee without the requirement for additional parental/guardian consent.

You will be given the opportunity to meet with the Section 504 Committee to review the evaluation results and plan next steps for your child's education.

Date

Please check one of the following regarding consent for Section 504 evaluation:

- □ Yes, I CONSENT to an evaluation under Section 504.
- □ No, I do NOT consent to an evaluation under Section 504.

Parent/Guardian Name	Parent/Guardian Signature
If you have any quartient along fact	the set of the set of the for the set of the

If you have any questions, please feel free to call the school's 504 Coordinator. 504 Coordinator: _____ Phone: _____