SECTION 504 CONSENT TO CONDUCT EVALUATION

Wellington School District 221 S Washington Wellington, KS 67152

Student's Name:	DOB:	Age:	
School:	Grade:	·	
Parent/Guardian:			
Case Manager/Contact Person	า:		
_	iew and obtain copies of evalu	o evaluate your child. You will be notiful items is at ion summaries or other reports to b	
	•	aluation and discuss its significance to bout these procedures, please call	o your at
•	avior and academic functioning	h, fine and gross motor skills, social o g. The following evaluation(s) are	r
that my consent is voluntary	y and may be revoked at any t	ations identified above. I further unde ime. I also understand that I will be plus be communicated to me at a 504 Tea	rovided
YES, I give my o	consent for the above noted ev	valuations(s).	
☐ NO, I DO NOT g	give my consent for the above	noted evaluation(s).	
Parent/Guardian Signature		Date:	
C		Please return form to:	
Printed Name			