

**LEWISVILLE INDEPENDENT SCHOOL DISTRICT
Notice and Consent for Section 504 Evaluation**

School: Griffin Middle School **Date sent/mailed:** _____

Student's Name: _____

Parent/Guardian: _____

Address: _____ **Phone #:** _____

DOB: _____ **Student ID#:** _____ **Grade:** _____

TO: Parent / Guardian

Section 504 of the Rehabilitation Act of 1973 is a federal statute intended to eliminate discrimination on the basis of a disability in any program or activity receiving federal financial assistance. Your son/daughter has been referred to the Campus 504 Coordinator for an evaluation for a disability determination. The evaluation will consist of a review of all education records and any other available information that will assist the committee in determining if the student has a physical or mental impairment that substantially limits one or more major life activities. If your son/daughter is found eligible, the Campus 504 Committee will determine if there is a demonstrated need for any individualized supports or services to access his/her education. This is ***not*** an evaluation for special education services as defined by the Individuals with Disabilities Education Act.

A copy of Notice of Rights regarding Section 504 of the Rehabilitation Act of 1973 and Title II is enclosed.

I give my permission for the evaluation recommended for my child.

Parent Signature

Date

Please return the written consent to the Campus 504 Coordinator.

If you wish further information, or if you have any questions, please contact:

Bradley Kralik, M.Ed.
Campus 504 Coordinator
Email: KralikB@lisd.net
Telephone #: 972-219-6218 or 972-219-6276

Copy: School
 Parent