SECTION 504 Prior Written Notice

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| NAME: | DATE OF BIRTH: date |
| SCHOOL: | AGE: |
| DATE: date | GRADE: |

**This is to notify you of the District's action regarding your student’s educational program.**

**1. Description of the action**:

Refusal to Consent to 504 Evaluation

Initial 504 Evaluation

Ineligible for 504 Plan

Development of 504 Plan

504 Review

504 Reevaluation

Change of 504 Services

504 Issues/meetings where the parent(s) disagree with the District

Other:

**2. An explanation of why the School District is taking the action described above:**

**3. A description of any other options the School District considered and the reasons/data why those**

**options where rejected**:

**4. A description of each evaluation procedure, test, record or report the School District used as a**

**basis for the proposed or refused action:**

**5. Other factors that are relevant:**

**6. Provision of procedural safeguards:**

As a parent of a child with a suspected or identified disability, you have procedural safeguard protections. Please contact me if you have any questions about the action(s) described above, your rights, as described in the **Notice of Section 504/ADA Procedural Information and Rights**, or other related concerns.

Name :       Title:

School District:       Telephone:

***Enclosure: Notice of Section 504/ADA Procedural Information and Rights***