
State and Local Option Testing Program

Before implementing accommodations on statewide and local option assessments, the accommodations must have been routinely used in the instructional program.

Additional Service Plans

Please attach appropriate plan(s) -

Health care plan

Transportation plan

Behavior plan

Other

<u>Team Signatures/Title</u>	<u>Date</u>	<u>Area(s) of Expertise</u>
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Parent Response

- I consent** for my son/daughter to receive accommodations and services outlined on his/her EEOP and I understand that:
1. The Section 504 team may be reconvened at least annually and more often at my request or the request of school personnel;
 2. At least every three years a re-evaluation will be conducted; and
 3. My consent is voluntary and may be revoked at any time.
- I do not give my consent** for my son/daughter to receive accommodations and services outlined on his/her EEOP. I understand that my child will not receive the accommodations or safeguards provided by Section 504 of the 1973 Rehabilitation Act.
- I have received a copy of the Notice of Eligibility.
- I have received a copy of the Notice of Parent Rights.
- I understand that I may give consent at a later time.

_____ /____/____
 Parent Signature Date

Please outline and estimate the staffing and/or financial resources you are requesting.

Please send a copy of this completed form to the District 504 Director, Douglas Finch

District Director _____ /____/____

Original: 504 Folder

Attachments: Notice of Eligibility
 Notice of Parent & Student Rights and Safeguards