

**VASHON ISLAND SCHOOL DISTRICT
PARENT NOTICE:
504 SCREENING/EVALUATION DECISION**

Student Name: _____ Date: _____

Birth Date: _____ School: _____ Grade: _____

504 Coordinator: _____ Phone: _____

On _____, your child was referred to the 504 Committee/Student Intervention Team for consideration of needs related to a disability impacting academic success. The team met on _____ to discuss your child's academic progress. Based on the materials the team reviewed, a determination was made that:

_____ Your child **HAS** a disability under Section 504 of the Rehabilitation Act that requires an accommodation plan to ensure your child's full access to all school activities. A copy of the evaluation information considered and the 504 accommodation plan is enclosed for your review. The disability is _____.

_____ Your child **IS NOT** eligible for a Section 504 because:

_____ Your child **MAY HAVE** a disability under Section 504 of the Rehabilitation Act that requires an accommodation plan to ensure your child's full access to all school activities. Further evaluation is needed to make this determination. Please sign the consent below for further assessment and return it to the building 504 coordinator. Your consent is required to continue this process. The screening team reviews the referral, conducts an appropriate student file review, and consults with teachers/parents/guardians, peers, professionals, and or the student.

I consent to my child being further assessed for eligibility for Section 504 services, modification and /or accommodations.

Yes _____ No _____

Parent/guardian signature: _____ Date: _____

If you disagree with the above determination you have the right to request a review by contacting the Director of Student Services at 408-8121.