

**Parent Acknowledgment of Section 504  
Evaluation Committee Meeting Notice**

By my signature below, I verify that I have received:

The "Parental Notice of Section 504 Evaluation Committee Meeting"  
and the "Parent/Student Rights Afforded by Section 504."

Regarding the Section 504 Evaluation Committee Meeting that has been scheduled for my child: *(Please check the appropriate boxes below)*

- I intend to be there. Do not conduct the meeting in my absence.
- I intend to be there. However, you may proceed without me if I am unable to attend. Please forward to me a copy of the completed Section 504 Evaluation form for my review and signature.
- I will not attend. Please forward to me a copy of the completed Section 504 Evaluation form for my review and signature.
- Please provide an interpreter for the Section 504 Evaluation Committee meeting that has been scheduled.

\_\_\_\_\_  
*(Please specify language, include signing)*

**MUST CHECK:**

- I have received and do provide consent for the 504 Committee to proceed with the evaluation plan for considering my child's eligibility under Section 504. I understand if I withhold my consent, the district may file for a due process hearing.

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
*(Home) (Work)*

Date: \_\_\_\_\_

Please read, sign and return this form as soon as possible to:  
Section 504 School Designee listed:

Person: \_\_\_\_\_  
School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_