

PLYMOUTH COMMUNITY SCHOOL CORPORATION

PARENTAL PERMISSION FOR 504 EVALUATION

I give my permission for the school to conduct an evaluation of my child because of a suspected disability under Section 504 of the Rehabilitation Act of 1973. I understand that the school will be obtaining and reviewing information from a variety of sources in order to make a proper evaluation of my child's condition.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_