AUSTIN INDEPENDENT SCHOOL DISTRICT NOTICE & CONSENT FOR SECTION 504 EVALUATION

Student Name:	ID#
Grade:	School:
Date:	
Rehabilitation Act of 1973. The Austin Independent	ation as provided under Section 504 of the dent School District evaluates students suspected abstantially limits a major life activity such as
progress reports, discipline reports, physical/	rent/guardian and teacher observations, grades, medical information, behavior rating scales, nclude language, behavioral, cognitive, and
In addition to reviewing the data described above formalized assessments:	ve, the district proposes to conduct the following
 □ No formal testing needed □ Initial Dyslexia Evaluation completed by □ Initial Dysgraphia Evaluation completed □ Initial ADHD Rating Scale □ Formal Related Service Evaluation: Assis □ Formal Related Service Evaluation: Occu □ Formal Related Service Evaluation: Physical Related Service Ev	by AISD tive Technology upational Therapy
Pop up print IF Dyslexia or Dysgraphia selected:	
→ Previous strategies/interventions tried if a	iny
→ Programming options to consider for the	student include:

- Continued General Education Services Only
- Providing interventions through general education with progress monitoring
- Consideration for evaluation under IDEA

- → While there are no specific state or federal timelines for 504 evaluations, an approximate timeframe is 45 school days.
- → Parent/Guardian Training and resources specific to dyslexia can be found on the AISD Dyslexia Website: https://www.austinisd.org/dyslexia
- → Texas Dyslexia Handbook Link: https://tea.texas.gov/academics/dyslexia/

As the parent/legal guardian of the above	e referenced student,	
☐ I understand that is <i>not</i> an offer o	of a Special Education evaluation.	
☐ I understand that my consent for completion of the evaluation.	for evaluation is voluntary and may be re	evoked prior to
revoke services; however, identification will receive manifestation determination produced as the nondiscrimination produced in the services.	Id be found eligible for Section 504, I refication under Section 504 would remain (mination, procedural safeguards, periodic potections of Section 504).	i.e., the student reevaluation, as
-	y child will be made by the Section 5	
You will be given the opportunity to evaluation results and plan next steps for	meet with the Section 504 Committee ryour child's education.	e to review the
Please check one of the following regard Yes, I CONSENT to an evaluation	_	
☐ No, I do NOT consent to an evalu	uation under Section 504.	
Parent/Guardian Name Par	rent/Guardian Signature	Date
If you have any questions, please feel fre	ee to call the school's 504 Coordinator.	
504 Coordinator:	Phone:	