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	EUFAULA CITY SCHOOLS		
	333 State Docks Road - Eufaula, AL 36027 (334) 687,1100 - Ew (334) 687,1150		

(334) 687-1100 • Fax (334) 687-1150		333 State Docks Rd, Eufaula, Alabama, 36027, 334-687-1100		
WRITTEN NOTICE/CONSENT				
Student Name:	ID:	Date of Birth:		
Serving School:		Grade:		
Parent/Guardian:		Relationship:		
Address: , , ,		Email:		
Home Phone:				
Subject: Notice of Refusal				
Federal financial assistance. Stu	dents who are covered by rment, which substantially	imination on the basis of disability in any program or activity receiving the non-discrimination provisions of Section 504 are those who: (1) limits one or more major life activities; (2) have a record of		
This is to notify you that the Sch	ool District proposes to ini	itiate an evaluation.		
1. A description of the action proposed by the School District:				
		d information from teachers. Additional information may be necessary ther your child needs accommodations in the general education		
Purpose of Evaluation				
		ted for each child being considered or reconsidered for Section 504 determine whether your child has a disability and a need for services		
The purpose of an evaluation m	ay be to determine:			
,	ical impairment substantia continues to need, accom lures; nance and educational nee	ally limits a major life activity; modations, aids and services, and/or reasonable modification of eds of the child; and/or		
Sources of Evaluation Informa	ition to be Collected and	Examined		
academic records (grades/pi	ogress reports/test scores			
achievement test(s)		medical reports/health information		
 □ adaptive functioning assess □ attendance records 	nent(s)	motor assessment(s) parent input		
behavior rating scales		 parent input social developmental study 		
\Box cognitive assessment(s)		speech/language assessment(s)		

- □ cognitive assessment(s)

- social developmental study
 speech/language assessment(s)

discipline records	teacher/other staff observation(s)			
□ other (specify)				
Parent/Guardian Consent	uation under Section 504 and I understand my rights as explained in the			
	d. In addition, I understand the nature and scope of the evaluation to be			
-	of my child's evaluation, a 504 Team meeting will be scheduled to discuss			
the findings and determine my child's eligibility and need				
(Please check all that apply)				
I have received a copy of the Parent Rights in Brief (A	TTACHED).			
I consent to the Section 504 evaluation.				
\Box I do not give consent for the Section 504 evaluation.				
Signature of Parent/Guard	lian Date			
Please return this form to:				
	/ ·			
1.1.1				
This is to notify you that the School District refuses to ini	tiate an evaluation.			
1. A description of the action refused by the School D	listrict [.]			
The description of the deton refused by the school b				
2. An explanation of why the School District refuses to take action:				
3. A description of other options that the 504 team co	onsidered and the reasons why those options were rejected:			
4 A description of each evaluation procedure assess	sment, record or report the School District used as a basis for the			
refused action:				
1				

5. A description of other factors that are relevant to the School District's refusal: