



**Morgan Hill Unified School District  
15600 Concord Circle  
Morgan Hill, CA 95037  
504 Assessment Plan Consent Form**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Primary Language: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Referred by: \_\_\_\_\_ Role: \_\_\_\_\_

The purpose of this assessment is to provide additional information to determine eligibility under Section 504 of the Rehabilitation Act of 1973. Assessments will be done by staff members appropriately qualified in the area(s) identified. The assessments may include student observation in a group setting, interviews with you and a review of any reports you have authorized us to request or that already exist in current school records.

Please list below the assessment(s) that will be completed and who will complete them.

<b>Name of assessor(s)</b>	<b>Title</b>	<b>Assessment Tool</b>
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Please call the SST/504 coordinator at your school if you have any questions at

\_\_\_\_\_ I do give permission for the assessment(s) to be completed

\_\_\_\_\_ I do **NOT** give my permission for the assessment(s) indicated above.

Parent Signature: \_\_\_\_\_

Please return this form to the school.

**504 Consent Evaluation Form (Revised April, 2012)**

The Governing Board of the Morgan Hill Unified School District is committed to equal opportunity for all individuals in education. Morgan Hill Unified School District programs and activities do not discriminate on the basis of gender, gender identity, age, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation or the perception of one or more of such characteristics. The Board shall promote programs, which ensure that discriminatory practices are eliminated in all district activities.

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