



BUREAU OF INDIAN EDUCATION

Doing What's Best for Students!



Student's Name:

DOB: / /

Grade:

NASIS #:

School:

Parent or Guardian:

Home Address:

Home Phone:

Alternate Phone:

504 CONSENT FOR INITIAL EVALUATION

_____ **YES**, I AGREE to an evaluation of my child under Section 504 of the Rehabilitation Act of 1973 to determine if he or she has physical or mental impairment which may substantially limit one or more major life activities.

_____ **NO**, I DO NOT agree to an evaluation of my student under Section 504 of the Rehabilitation Act of 1973 to determine if he or she has physical or mental impairment which may substantially limit one or more major life activities.

Parent or Guardian Signature

____/____/_____
Date

RECEIPT OF 504 RIGHTS AND PROCEDURAL SAFEGUARDS

_____ Please initial and date to show that you have received a copy of the 504 Rights and Procedural Safeguards.

An interpreter was _____ needed _____ not needed to explain the 504 Rights and Procedural Safeguards.