**PRAIRIE-HILLS ELEMENTARY SCHOOL DISTRICT NO. 144**

**PARENT/GUARDIAN CONSENT FOR INTIAL PROVISION**

**OF SECTION 504 ACCOMMODATIONS**

Please use this form for student who (a) are eligible for Section 504 rights and protections; AND

(b) require education accommodations to access the educational program.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

 (Parent(s)/Guardian(s) Name)

At a recent conference your child was recommended for the initial provision of Section 504 accommodations and a Section 504 plan was developed. Before a school district may provide the accommodations described in your child’s Section 504 plan, your informed written consent is required. Your consent is voluntary and you may revoke your consent at any time. If you revoke your consent, it does not negate any action that occurred after the consent was given and before it was revoked.

CHECK ONE:

 I give consent For the initial provision of accommodations as included in my child’s

F

 Section 504 plan. The proposed accommodations have been fully

explained to me and are consistent with the Section 504 plan

development for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued Section 504 services and/or accommodations or a change in the services and/or accommodations. At least annually, I will be given an opportunity to meet with my child’s Section 504 team and provide input into my child’s Section 504 plan.

I received a copy of the Parent’s Rights in Brief which have been fully explained to me by school personnel, including the procedures for requesting an impartial hearing.

 I do not give consent For the accommodations included in the Section 504 plan.

F

 I understand that the District will not be in violation of its obligation to

 make available a free appropriate education available for my child if I

 refuse to give consent.

 I have received Copy of the Section 504 Eligibility Summary

F

F

 Copy of the Section 504 Plan

F

 Copy of the Parents’ Rights in Brief

F

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions concerning this process or require additional information regarding your and your child’s rights, please contact:

Name: Carrie Ablin Title: Director of Student Services Phone: 708-210-0281

 Sincerely,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_