

MONTGOMERY COUNTY PUBLIC SCHOOLS

Authorization for Section 504 Evaluation

Office of Well-Being and Student Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20852

PART I. STUDENT INFORMATION

Student Name _____

Student ID# _____ Date of Birth ____/____/____ Grade _____

School _____

Parent/Guardian Name _____ Daytime Telephone ____ - ____ - ____

PART II. TYPE OF ASSESSMENT BEING AUTHORIZED

Check each category with Yes or No

Yes No

- Psychological
- Functional Behavioral Assessment (FBA)
- Auditory
- Other (please specify) _____

PART III. AUTHORIZATION

The criteria for eligibility under *Section 504 of the Rehabilitation Act of 1973* requires that a student have a physical or mental impairment that substantially limits a major life activity. In order for Montgomery County Public Schools (MCPS) to evaluate the student's eligibility under *Section 504 of the Rehabilitation Act of 1973*, I give permission to MCPS staff members to conduct assessment activities. I give permission to the school community health nurse or school health room technician to contact any medical personnel and to share such information with the designated staff members (when necessary). I understand that in carrying out assessment activities designated staff members will review the student's records; may observe the student; may interview the student, the student's teacher, or myself; and/or may conduct additional functional or normative assessment activities, as necessary. I understand further that the results of the assessments will be included in a confidential student file that MCPS staff members may access on a need-to-know basis and that I may authorize release of the information to another agency or professional.

Signature, Parent/Guardian (or Eligible Student) _____ Date ____/____/____

Authorization obtained by: Name _____ Position _____ Date ____/____/____