PASADENA UNIFIED SCHOOL DISTRICT

Child Welfare and Attendance

NOTICE OF SECTION 504 EVALUATION							
Date							
Date							
Dear							
	Parent(s)/Guardian(s)						
RE: I	RE: Requested Section 504 Evaluation for:						
Student	tequested section es	E y unu unon 1011	Date of	Birth			
School			Grade				
As part of our on-going effort to assist your child to be a better learner, members of our Section 504 team would like to complete an evaluation. The results of the evaluation will be used to determine the best ways to meet your child's educational needs in his or her classroom/classes. School staff will be involved in observations, interviews, a review of cumulative records, work samples, and other data collection. If you have any current medical, psychological, or outside tutoring records and you wish the team to consider them, please provide copies of these records to the School Section 504 Designee prior to the scheduled meeting. This letter is to provide you with written notice that a Section 504 Evaluation meeting will be held:							
This letter is to provide you with written house that a Section 304 Evaluation meeting will be field.							
Date		Time			Place		
Although your participation in this evaluation meeting is not required by law, your attendance at the meeting would be greatly appreciated. You may also provide any of the informational records (mentioned above) that you feel might assist the Section 504 team members in making decisions about your child's instructional program.							
you feel	greatly appreciated.	You may also provide any of the in	nformatic	nal record		ed above) that	
you feel i program.	greatly appreciated. You might assist the Section eck one of the choices I will atte	You may also provide any of the in on 504 team members in making	nformatic	nal record		ed above) that	
you feel in program. Please che	greatly appreciated. Manight assist the Sections of the choices I will attend I will be each the following, sign and the date of the planned not be present of I have rec	You may also provide any of the in on 504 team members in making below: end the meeting. unable to attend the meeting. below, and return the signed copy neeting: nd that a copy of the results of the interpretation.	of this formation	onal record ns about a form to the	your child's school as so	ed above) that instructional boon as possible whether I am	
you feel in program. Please che Please che before the	greatly appreciated. Manight assist the Sections of the choices I will attend I will be each the following, sign and the date of the planned not be present of I have rec	You may also provide any of the into on 504 team members in making below: end the meeting. unable to attend the meeting. below, and return the signed copy neeting: nd that a copy of the results of the root. eived a copy of the "Parent/Guardi	of this formation	onal record ns about a form to the	your child's school as so	ed above) that instructional boon as possible whether I am	

Attachment: "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)

School Section 504 Designee:

Telephone Number:

Form D - English Rev. 7/2022 CWA

See "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)