



ADMINISTRATION

Dr. John Hakonson, Superintendent
Mrs. Julie Myers, Curriculum Director
Mrs. Angela Kovarik, Student Services Director
Mr. Andrew Welch, Finance Director
Mrs. Kristi Jergensen, Technology Director
Mr. Bo Berry, Buildings, Grounds & Transportation Supervisor

300 S Washington Street P.O. Box 890 Lexington, NE 68850 P: (308)324-4681 F: (308)324-2528

Date: _____

Parent Name: _____

Parent Address: _____

Parent Address: _____

Re: Request to Evaluate _____ for Section 504 Services
[child's name]

Dear Parent,

Section 504 of the Rehabilitation Act is a federal anti-discrimination law that prohibits school districts from discriminating against students with disabilities. A student may be identified with a disability under Section 504 if the student has a physical or mental impairment that substantially limits one or more major life activity, including but not limited to learning. The school district has specific responsibilities under the Section 504, including the obligation to identify, evaluate and if the student is determined to be eligible, to afford access to appropriate educational services.

Your child _____ [name] has been referred for evaluation to determine whether he/she is eligible for accommodations/interventions under Section 504. The evaluation is designed to determine whether you child is disabled, which the act defines as a student who has a substantial limitation in a major life activity.

The student assistance team would like to evaluate your child in the following areas: _____.

Your signed consent is required to complete this evaluation. I have enclosed a "Consent to Evaluate" Form. The results of the evaluation will be reported, recorded, filed and communicated in strict accordance with applicable district policies and state and federal law.

A copy of your Parent Rights under Section 504 of the Rehabilitation Act of 1973 will be provided to you. I will inform you in a separate communication when the team will meet to determine whether the evaluations reveal that your child is eligible under Section 504.

Following the evaluation, you will be given the opportunity to meet with appropriate school staff to review the evaluation results and plan next steps for your child's education. If you have any questions about your child's educational progress or about the Rehabilitation Act, please contact my office.

Sincerely,

Section 504 School Coordinator
Angie Kovarik, Ed.S.
Student Services Director
300 So Washington
Lexington, NE 68850
308-324-4681

**Consent to Evaluate
Under Section 504 of the Rehabilitation Act**

School: Lexington Public Schools Date: _____

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

I DO ____ DO NOT ____ consent to the assessment of my child to determine whether he/she qualifies as a student with a disability under Section 504 of the Rehabilitation Act. I understand that my consent may be revoked at any time prior to the completion of this assessment.

Parent or Guardian Signature: _____

Date: _____

**Please return this document to the school district*

FOR SCHOOL DISTRICT USE ONLY:

Received by: _____

Date: _____