

PROGRAMS FOR STUDENTS WITH DISABILITIES EXHIBIT

Consent to Evaluate - Initial Evaluation

CHAZY CENTRAL RURAL SCHOOL
Committee on Special Education
609 Miner Farm Road
Chazy, NY 12921
Telephone: (518) 846-8885 Fax: (518) 846-8515

Please check the appropriate areas below, sign and return this form to the Section 504 Committee promptly. Your response is needed no later than _____.

_____ I hereby grant consent for my child, _____, to be evaluated by the Section Committee.

_____ I do NOT grant consent for my child, _____, to be evaluated. I would like to discuss the proposed evaluation of my child at a time convenient to both of us. Please call me at _____.

Signature of Parent/Guardian

Date

Adoption date: April 17, 2007