

Otto-Eldred School District Office of Student Services



143 Sweitzer Drive
Duke Center, PA 16729
Phone 814-817-1388
Fax 814-966-3911

Notice of Parent Initiated Evaluation/Provision of Services for a Chapter 15/Section 504 Protected Handicapped Student

Dear: Mrs. Lindsay Burns
Director of Pupil Services & Special Ed

Date: _____

I/We believe that my/our child, _____ :
Name of Student

- ____ Should be identified as a protected handicapped student. I am requesting an initial evaluation of my child.
- ____ Should no longer be identified as a protected handicapped student.
- ____ Requires a change in or modification of his or her current Service Agreement.
- ____ Other: _____.

The basis for the belief that the student **is** or **is no longer** a protected handicapped student is: _____

If a change in or modification of the current Chapter 15/Section 504 Service Agreement is being requested, the proposed change(s) and/or modification(s) in the Service Agreement is/are: (Be specific)

We are including available relevant medical or other information or medical records which will assist in addressing this request.
 Yes No If yes, describe information included.

Parents have the right to review all relevant school records of their child, as well as to meet with the appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations their child, and to give or withhold their written consent to the evaluation and/or provision of services.

Parent(s)/Guardian Signature

Date