
MINNETONKA SCHOOL DISTRICT

**VERIFICATION OF CONSENT TO INITIAL
SECTION 504 EVALUATION**

And Receipt of Notice of Procedural Safeguards

Student's Name: _____

_____ I consent to the initial Section 504 evaluation of my child

_____ I do not consent to the initial Section 504 evaluation of my child

_____ I received The Notice of Procedural Safeguards

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Date received by school: _____