

## Clarksville-Montgomery County School System Section 504 of the Rehabilitation Act

Screening Determination for Section 504 Evaluation (INS-F152)			
Student's Name:	Birthdate:		
Date Sent:	School:	Grade:	
Parent/Guardian Name:			
We have carefully reviewed your child's parents/guardians and teachers regarding classroom under Section 504.			
This letter is to inform you that the Clarks  □ ACCEPT □ DECLINE the request		em has decided to	
The reasons for this decision regarding to	the Section 504 evaluation are the follo	wing:	
Attached is a copy of the Notice of Proced 504. Keep a copy of this letter and the No	otice of Parents Rights for future referen	ce.	
Sincerely,			
Section 504 Coordinator E-mail: Phone:			
Enclosure: Notice of Section 504 Parent	s Rights		