VALLEY SCHOOL DISTRICT 555 West Valley Rd, Yakima, WA 98902

SPECIAL EDUCATION Phone: (509) 456-8596 Fax: (509) 658-9856

Notice of Action/Consent

Student name Jason Patterson	Student #	DOB	2/6/2002	Date	9/21/2010
Serving school	Home school	Vine Maple Mi	iddle Schoo	l	
Grade 1 Age 8 y 7 m					
То:					
Parent/guardian/adu	lt student		-		
Re: Jason Patterson					
Student nam	е		-		
Notice of Action: The purpose of this prior wr	itten notice is to ir	form you that	we are		
1 proposing	2 init	tiate			
refusing to	Cha	ange a/an			
Mark all items below that apply:					
3 evaluation reevaluation					
eligibility disciplinary ad					
Section 504 plan other (specify)):				
Description of the proposed or refused action:					
The reason we are proposing or refusing to take action is:					
Kate Wheeler Resource M	Iodel Teacher				
(Name) (Positi	on)	Date			
Parent Consent (only required for initial evaluation of the second secon	uation and initial j	placement):			
Yes, I do consent to an initial evaluation for n	ny child.				
No, I do not consent to an initial evaluation	on for my child.				
Yes, I do consent for initial placement for my	child for a Section 5	04 nlan			
		-			
\square No, I do not consent for initial evaluation	for my child for a	Section 504 pla	an.		
Parent/guardian/adult student signature		Date			
Parent/guardian/adult student signature		Date			
			1		
Section 504 Coordinator signature			hone		
Distribution: One copy to \Box School Section 504 file	District Section 50-	4 Coordinator 🛛 🗀	Parent/guard	lian/adult	student

Distribution: One copy to