

**Consent for/Notice of**

☐ **Full and Individual Initial Evaluation**
☐ **Reevaluation**
☐ **Other** _____

Date: ____ / ____ / ____

STUDENT: _____ Birthdate: ____ / ____ / ____
 Last (legal) First (not nickname) M.I.

Gender: ☐ Male ☐ Female Grade: ____ Ethnicity: ____ Teacher/Service Provider: _____

Language in home: ☐ English ☐ Spanish ☐ Sign ☐ Other: _____

☐ Interpreter needed for the child ☐ Interpreter needed for the parents

Resident District/Building: _____

Attending District/Building: _____

Open Enrollment: ☐ Yes ☐ No

| | | |
|--|--|--|
| <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student | Name: _____ Address: _____ _____ | Home Phone: _____ Work/Cell Phone: _____ E-mail address: _____ |
|--|--|--|

| | | |
|--|--|--|
| <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student | Name: _____ Address: _____ _____ | Home Phone: _____ Work/Cell Phone: _____ E-mail address: _____ |
|--|--|--|

Description of the action proposed:

This form is intended to provide notice of an upcoming evaluation of your child and to obtain your consent for this evaluation.

The purpose of an educational evaluation is to determine interventions needed to resolve presenting problem(s) or behavior(s) of concern and to determine whether or not those interventions require special education. The Individualized Education Program (IEP) team, including you, and, as appropriate, other qualified professionals will address the following questions:

- Does your child have a disability or, in case of a reevaluation, does your child continue to have a disability?
- In comparison to peers or standards, what are your child's present levels of performance, rate of progress and educational needs?
- Does your child need special education and related services or, in the case of reevaluation, does your child continue to need special education and related services?
- Are any additions or modifications to the special education and related services needed to enable your child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum or, in the case of preschool children, to participate in appropriate activities?

Explanation of why the school or AEA proposes to initiate an evaluation:**Description of other options the school or AEA considered and the reasons why those options were rejected.**

Description of the evaluation procedures, tests, records, or reports that were used as a basis for the proposed evaluation:

- Results of previous interventions (e.g. general education intervention, current IEP, etc.)
- Reviews of relevant information (school records, work samples, previous evaluations, etc.)
- Interviews of individuals with knowledge of your child (teachers, parents, your child, etc.)
- Observations completed by team members
- Tests (classroom-based, district-wide, and individually administered)

Assessment areas may include: health, vision, hearing, social and emotional status, general intelligence, reading, mathematics, written language, communicative status, adaptive behavior, motor ability, transition, and other areas, as needed.

| Type of Assessment Needed | Person(s)/Position(s) Responsible |
|---------------------------|-----------------------------------|
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For reevaluations:

- ☐ **The IEP team has not recommended additional assessment.** You (as the parent) do not need to sign this form. However, you have the right to request additional assessment to determine whether your child has or continues to have a disability and a need for special education and related services. If you want additional assessment, please contact your child's teacher or service provider.
- ☐ **The IEP team has recommended additional assessment.** Please carefully read the information below and, if you consent to the evaluation, sign and date your signature.

PARENT/GUARDIAN CONSENT TO EVALUATE

I understand that this evaluation may provide useful information for educational planning for my child. I have received a copy of the *Procedural Safeguards Manual for Parents*. I understand that I have certain protections under the procedural safeguards of the Individuals with Disabilities Education Act and that these rights are detailed in the *Procedural Safeguards Manual for Parents*. I understand that this manual contains information about whom to contact to obtain assistance in understanding my rights. I understand that I may also contact my child's school administrator or AEA Director of Special Education if I have any questions or wish to obtain an additional copy of *Procedural Safeguards Manual for Parents*.

Procedural Safeguards were reviewed by: _____ / ____ / ____ ☐ In person ☐ Via Phone
Name Date

**I understand my rights related to this evaluation and
I give my permission for the evaluation to begin as soon as possible.**

(Signature of Parent/Guardian) Date: ____ / ____ / ____