

PARENT/GUARDIAN CONSENT FOR INITIAL EVALUATION

DATE: _____ STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

Dear _____
(Parent(s)/Guardian(s) Name)

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The purpose of an evaluation is to determine:

- Whether the child has one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability is adversely affecting the child's education; and,
- Whether the child needs special education and related services.

An evaluation considers domains (areas related to the suspected disability) that may be relevant to the educational problems experienced by the individual child under consideration. The nature and intensity of the evaluation, including which domains will be addressed, will vary depending on the needs of your child and the type of existing information already available. The IEP Team, of which you are a member, determines the specific assessments needed to evaluate the individual needs of your child. Within 60 school days from the date of parent/guardian consent, a conference will be scheduled with you to discuss the findings and determine eligibility for special education and related services.

The IEP team must complete pages 2 and 3 of this form prior to obtaining parental consent for evaluation.

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I understand the school district must have my consent for the initial evaluation. If I refuse consent for an initial evaluation, the school district may, but is not required to, pursue override procedures through due process. If the school district chooses not to pursue such procedures, the school district is not in violation of providing free appropriate public education to my child. I understand my rights as explained to me and contained in the **Explanation of Procedural Safeguards**. I understand the scope of the evaluation as described on pages 2 and 3 of this form.

I give consent I do not give consent to collect and/or review the evaluation data as described on pages 2 and/or 3 of this form.

I agree to waive the ten (10) calendar day notice prior to evaluation. Parent initials _____.

Date: _____ Parent/Guardian Signature: _____

I have received a copy of the Explanation of Procedural Safeguards.

Date: _____ Parent/Guardian Signature: _____

Student Name: _____ Date: _____ Birthdate: _____

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Identification of Needed Assessments

This form must be completed by the IEP team.

DOMAIN	RELEVANT	EXISTING INFORMATION ABOUT THE CHILD	ADDITIONAL EVALUATION DATA NEEDED	SOURCES FROM WHICH DATA WILL BE OBTAINED
	Yes or No			
<p>Academic Achievement Current or past academic functioning data pertinent to current educational performance.</p>	_____			
<p>Functional Performance Current or past functional performance data pertinent to current functional performance.</p>	_____			
<p>Cognitive Functioning Data regarding cognitive ability, how the child takes information, understands information, and expresses information.</p>	_____			
<p>Communication Status Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance.</p>	_____			

Student Name: _____ Date: _____ Birthdate: _____

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Identification of Needed Assessments

This form must be completed by the IEP team.

DOMAIN	RELEVANT	EXISTING INFORMATION ABOUT THE CHILD	ADDITIONAL EVALUATION DATA NEEDED	SOURCES FROM WHICH DATA WILL BE OBTAINED
	Yes or No			
<p align="center">Health</p> <p>Current or past medical difficulties affecting educational performance.</p>	_____			
<p align="center">Hearing/Vision</p> <p>Auditory/visual problems that would interfere with testing or educational performance. Dates and results of last hearing/visual test.</p>	_____			
<p align="center">Motor Abilities</p> <p>Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.</p>	_____			
<p align="center">Social/Emotional Status</p> <p>Information regarding how the environment affects educational performance (life history, adaptive behavior, independent functioning, personal and social responsibility, cultural background).</p>	_____			