

PERMISSION TO EVALUATE: ANNOTATED

***** School Age

Date:

Student's Name:

Name and Address of Parent/Guardian:

Dear _____ :

Your child has been referred for evaluation for the following reason(s):

ANNOTATION:
This section should indicate specific reasons why the student has been referred for an evaluation. Reasons might include: persistent academic or behavioral difficulties and parent-initiated evaluation requests. The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation is not considered to be an evaluation for eligibility for special education and related services and, as such, does not require parental permission. Parental consent is not required before reviewing existing evaluation data as part of an evaluation or a reevaluation, or before administering a test or other evaluation that is administered to all children unless consent is required of parents of all children.

We request your consent to conduct an evaluation of your child. We must have your consent before we can begin. Giving your consent for evaluation does not mean you give consent to special education placement or services. In the evaluation, we will review your child's educational needs and strengths (as shown by academic achievement, functional performance, a review of existing data, current classroom-room based observations and evaluations, local and state assessments, and information from you). Specific types of assessment tools, tests and procedures that will be used in the evaluation include the following:

ANNOTATION:
This section should include specific types of tests, not the names of the tests. Types of assessment tools, tests and procedures may include, but are not limited to: a test of cognitive ability, reading and/or math assessments, functional behavior assessment (FBA), classroom observation, age-appropriate vocational assessment. The information in this section should be individualized for each child and should directly relate to the reason(s) for referral.

A multidisciplinary team will conduct the evaluation. As parent(s), you are a member of the team. If a team meeting is held you will be invited. Information from you is to be considered by the team as part of the evaluation process. If you want to send written comments, please do so. You are entitled to participate in any meetings with respect to the identification and evaluation of your child.

The multidisciplinary team must determine whether your child is a child with a disability and will prepare recommendations regarding your child's educational program, and whether your child is in

need of, and is eligible for special education and related services. This information will be outlined in an Evaluation Report (ER). If your child is in need of special education, you will be invited to participate in developing an IEP. The ER is to be completed and a copy of the ER is to be presented to you no later than 60 school days (60 calendar days for charter schools) after we have received your written permission for the evaluation.

The evaluation is proposed for the following date(s):

ANNOTATION:
The LEA must provide an indication of when the evaluation (not just a particular test or assessment) will be conducted naming a specific date or a range of dates. School districts must complete the evaluation within 60 school days of receipt of this form giving consent. Charter schools must complete the evaluation within 60 calendar days of receipt of this form giving consent.

Please read the enclosed *Procedural Safeguards Notice** that includes parent resources such as state or local advocacy organizations. If you have any questions, or if you need the services of an interpreter, please contact me.

Name	Position	Phone

DIRECTIONS FOR PARENTS: Please check the appropriate item(s) and sign below.

- I give consent to start an initial evaluation as you propose.
- I object to the proposed initial evaluation; I would like to schedule:
 - An informal meeting to discuss this request with school personnel
 - Pre-hearing conference (not applicable for Charter Schools)
 - Mediation
 - Due Process Hearing

Parent/Guardian Signature	Date	Daytime Phone

Please return this entire form to:
Name:
Address:

* The enclosed ***Procedural Safeguards Notice*** provides information on the options listed above.

ANNOTATION

Reasonable efforts must be made to obtain informed parental consent from the parent before conducting the evaluation. These reasonable attempts must be documented. If the parent does not give consent or does not respond to a request for consent, the public agency does not violate its obligation to provide FAPE if it does not pursue due process to obtain consent.

Consent for an evaluation must not be construed as consent for provision of services.