CONSENT FOR EVALUATION

PURPOSE: A school district is required to obtain parental consent for an initial evaluation or a reevaluation of a child.

This form asks your consent for the evaluation activities described below. If you have questions regarding this request, please contact the district's director of special education.

Student's Legal Name: _____

(Last/First/Middle)

Birth Date: _____

(mm/dd/yyyy)

To:_____

Date: _____

(mm/dd/yyyy)

Type of Evaluation: [ ]-Initial [ ]-Reevaluation [ ]-Other_____

Proposed Actions Include the Following:

[ ]-EDUCATIONAL

[ ]-Reading [ ]-Writing [ ]-Math

To assess the level at which a student is achieving in the areas of reading, mathematics, and written expression; curriculum based assessments and standardized academic achievement tests may be used.

[ ]-VISION

To assess visual acuity.

[ ]-COGNITIVE

To assess general aptitude for school-based learning; standardized intelligence tests may be used.

[ ]-READINESS

To assess pre-academic school readiness skills such as prereading, pre-math and other areas as appropriate.

[ ]- COMMUNICATION

[ ]-Speech [ ]-Language

To assess how the student verbally communicates and understands language; standardized and informal measures of articulation, language, voice and fluency may be used.

[ ]-BEHAVIORAL, SOCIAL, EMOTIONAL

To assess social/emotional development, school and home behavior; standardized and informal assessments may used.

[ ]-MOTOR SKILLS

[ ]-Fine [ ]-Gross

To assess fine motor skills, writing skills, functional motor skills, mobility, and/or positioning for accessing and participating in the school environment and curriculum.

[ ]-ADAPTIVE

To assess the student's independent functioning at home, at school and in the community.

[ ]-HEARING

To document hearing sensitivity and discrimination of speech (e.g., pure tone audiometry, speech discrimination, aided thresholds).

[ ]-VOCATIONAL EVALUATION

Age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills.

[ ]-OTHER *(describe below)*

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I consent to the action(s) checked above.

_____ _____

Parent Signature **Date (mm/dd/yy)**