

PRIOR NOTICE AND PARENT/GUARDIAN CONSENT FOR EVALUATION/REEVALUATION

Check Purpose () Initial Referral () Reevaluation () Other: _____

First Notice: Date Sent: ___/___/___ Date Returned: ___/___/___

Second Notice: Date Sent: ___/___/___ Date Returned: ___/___/___

Student: _____ Grade: _____ School: _____

Dear _____: School personnel have recognized the need for gathering more information about your child. The proposed screening(s) and evaluation(s) by qualified personnel will include the use of tests in one or more of the areas below to help determine strengths, areas of concern and eligibility for special education services.

Table with 2 columns: AREA and INFORMATION. Rows include Physical Health, Educational abilities, Psychological, Social Appraisal, Communication Skills, Intellectual, Motor, Adaptive Behavior, and Other.

A summary of these evaluations will be shared with you. If you have questions, please contact:

_____ at _____ (Name) (School)

PARENTAL CONSENT

Please sign A or B and return to:

A. YES. I give my permission for my child to receive evaluation or reevaluation services. I have received the Handbook on Parents' Rights that explains due process procedures.

_____/_____/_____ (Signature) (Date) (Relationship)

B. NO, I do not give my permission for my child to receive evaluation or reevaluation services. I have received the Handbook on Parents' Rights that explains due process procedures.

_____/_____/_____ (Signature) (Date) (Relationship)