



## Prior Notice about Evaluation/Consent for Evaluation

Dear \_\_\_\_\_

Date \_\_\_\_\_

Student Name: \_\_\_\_\_ has been referred for an evaluation.

The Team is proposing the following:

<input type="checkbox"/> To evaluate your child. <input type="checkbox"/> To reevaluate your child.	<input type="checkbox"/> Based on a review of existing information, no additional evaluation data are needed to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs.
Reason:	Reason:  If you disagree, you may request an assessment.

This proposal is based on the following evaluation procedures, tests, records or reports:

Other options we considered were:

We decided against these options because:

Any other factors considered by the team:

Sincerely, \_\_\_\_\_

Name/Title

Phone

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above.

### Consent for Evaluation

#### We request your consent because:

- ☐ This is an initial evaluation and will be used to determine whether your child is a child with a disability and to determine special education needs.
- ☐ This evaluation will include intelligence or personality testing.
- ☐ This is a reevaluation and will be used to decide your child's continued eligibility and/or education needs. (Except for tests of intelligence and personality, if you do not respond to a request for written consent for a reevaluation, that evaluation may be conducted without your consent.)

#### We plan to use the following evaluation procedure(s), assessments and/or test(s):

If the evaluation includes release of student educational records requiring parental consent, the "Records Release Form(s)," dated \_\_\_\_\_, identifies the records to be released and to whom.

- ☐ I give my consent for the evaluation or re-evaluation. I understand my consent is voluntary and may be revoked for any evaluation or reevaluation that has not yet been conducted.
- ☐ I refuse consent for the evaluation.

Signature (Parent/Guardian/Surrogate Parent)

Date (mm/dd/yyyy)

- ☐ For initial evaluations, a copy of the *Notice of Procedural Safeguards* has been given to the parent.



Student ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

## **PRIOR NOTICE ABOUT EVALUATION/CONSENT FOR EVALUATION**

**Academic, developmental and perceptual abilities assessments** such as the Woodcock-Johnson Psycho-Educational Battery-III, the Kaufman Test of Educational Achievement Second Edition and observations.

**Intelligence assessments** such as the Wechsler Intelligence Scale for Children-IV Edition or Wechsler Adult Intelligence Scale-IV, the Universal Nonverbal Intelligence Test, Differential Abilities Scale, Woodcock-Johnson Test of Cognitive Abilities-III, which are designed to measure mental abilities, and adaptive behavior tests such as the Vineland Adaptive Behavior Scale, Adaptive Behavior Assessment System, and observations.

**Social/Emotional/Personality assessments** such as the Piers-Harris Children's Self Concept Scale and parent/teacher checklists such as the Achenbach Child Behavior Checklist, Behavior Assessment System for Children, and observations.

**Communication assessments** such as Photo Articulation Test for Articulation, the Stuttering Severity Instruments for fluency; the Wilson Voice Assessment for voice, the Word Test, Peabody Picture Vocabulary Tests for language.

**Motor-Development Assessment** such as Developmental Test of Visual Perception, the Test of Gross Motor Development, and observations designed to determine the need for adapted PE, occupational and/or physical therapy. The evaluation procedures the IEP team will use may include the following:

**Hearing tests** for hearing acuity.

**Vision tests** designed to measure visual acuity.

**Vision, Hearing, Motor Screen.**