



Student:	Student UID#	DOB:
School:	Grade:	Age:

Commented [CAH1]: This is the student's PowerSchool number.

## CONSENT FOR EVALUATION/REEVALUATION

Dear \_\_\_\_\_:

Commented [CAH2]: Parent/Guardian/Student

The IEP Team has recognized the need for gathering more information about the student through a formal evaluation. Each LEA must conduct a full and individualized initial evaluation prior to determining eligibility for special education and related services if the review of existing data is insufficient. You will be provided a copy of the evaluation report(s) and the results of evaluation will be shared with you.

**Purpose:**  Evaluation  Reevaluation

Commented [CAH3]: Determine if this evaluation plan corresponds to an initial "Evaluation" or a "Reevaluation"

### Evaluation Plan

Commented [CAH4]: The items selected must match the evaluation plan determined during the initial referral or the reevaluation process.

<input type="checkbox"/>	<b>Adaptive Behavior:</b> The adaptive behavior evaluation refers primarily to the effectiveness with which the individual generally meets the standards of personal independence and social responsibility expected of his/her age and cultural group.
<input type="checkbox"/>	<b>Audiological:</b> An audiological evaluation is an examination by a licensed audiologist to determine auditory acuity, auditory perception, and amplification needs.
<input type="checkbox"/>	<b>Braille Skills Inventory/Learning Media Assessment:</b> The inventory/assessment is an appraisal of the student's most efficient reading medium (Braille and/or print).
<input type="checkbox"/>	<b>Functional Vision Assessment:</b> A functional vision assessment is an assessment conducted by a licensed teacher of children with visual impairments, or other qualified personnel, which provides information on how a student uses vision in familiar and unfamiliar educational and functional settings. It is intended to inform about the impact of a vision condition on a student's learning.
<input type="checkbox"/>	<b>Educational Evaluation:</b> An educational evaluation is an evaluation of a child's educational functioning in relation to his/her current educational program. The results of this evaluation are expressed in terms of both the child's academic and/or developmental strengths and needs.
<input type="checkbox"/>	<b>Health Screening:</b> Health screening may include, but is not necessarily limited to, as many of the following areas as may be appropriate: vision screening, hearing screening, dental screening, review of health history, review of developmental milestones, assessment of physical growth and assessment of nutritional status.
<input type="checkbox"/>	<b>Medical Evaluation:</b> Medical evaluations must be conducted by appropriately trained and/or licensed health professionals.
<input type="checkbox"/>	<b>Motor Screening:</b> Motor screening includes reviewing written and verbal information, observing the child in a variety of settings and/or administering screening instruments to determine adequacy of motoric functioning and need for further evaluation.
<input type="checkbox"/>	<b>Motor Evaluation:</b> A motor evaluation obtains and provides information to assess a student's current level of motoric functioning and any problems encountered in performing motor tasks.
<input type="checkbox"/>	<b>Observation:</b> Observations of school aged children usually occur in the regular classroom and/or settings related to the area(s) of concern and must document areas of strength as well as areas of need. Observations of school aged children shall assess academic skills and functional skills, which includes behavior. Observations of preschool children should occur in the natural environment; that is, the setting within the community where preschool children without disabilities usually are found (home, child care, preschool classes, Head Start, etc.) and must document areas of strength and areas which are the focus of concern.
<input type="checkbox"/>	<b>Ophthalmological/Optometric:</b> An ophthalmological or optometric evaluation is an evaluation by an ophthalmologist or optometrist to determine visual acuity and function and whether or not magnification is needed.
<input type="checkbox"/>	<b>Otological:</b> An otological evaluation is an evaluation by a licensed otologist to determine the presence or absence of ear pathology and the need for medical treatment.
<input type="checkbox"/>	<b>Progress Monitoring:</b> Progress monitoring refers to a systematic, frequent collection of individual performance data. The measures are repeated over time and charted for the purposes of documenting and quantifying rates of improvement, and to evaluate the effectiveness of the instruction.

C: EC File, Parent/Guardian

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<input type="checkbox"/>	<b>Psychological:</b> A psychological evaluation is an assessment of cognitive functioning and may also include, but not be limited to, assessments of educational performance, social/emotional/behavioral functioning, and adaptive behavior.
<input type="checkbox"/>	<b>Social/Developmental History:</b> A social history documents normal and abnormal developmental and/or medical events and includes a review of information gathered during the screening process. For preschool children, a social history must include an assessment of family composition, support systems, stressors, and environment as they correlate with the child's need or special services.
<input type="checkbox"/>	<b>Speech-Language Screening:</b> Speech-language screening quickly and reliably provides information in the areas of articulation, expressive and receptive language, voice and fluency for determining which students have communication within normal limits and which ones need to be referred for further evaluation.
<input type="checkbox"/>	<b>Speech-Language/Communication Evaluation:</b> A speech-language evaluation includes the following aspects of speech-language: articulation, fluency, voice, and language (form, content, and function).
<input type="checkbox"/>	<b>Vocational:</b> Vocational evaluation is a process involving an interdisciplinary team approach in assessing an individual's vocational potential, training and work placement needs.
<input type="checkbox"/>	<b>Other:</b>
<input type="checkbox"/>	<b>Other:</b>
<input type="checkbox"/>	<b>Other:</b>
<input type="checkbox"/>	<b>*Summary of Conference(s) with Parents:</b> This item is required for specific disability categories. However, this data is existing data and does not require parental consent. This information must be documented on the eligibility worksheet.
<input type="checkbox"/>	<b>*Review of Existing Data:</b> This item is required for specific disability categories. However, this data is existing data and does not require parental consent. This information must be documented on the eligibility worksheet.
<input type="checkbox"/>	<b>*Review of Rtl Documentation of Problem-Solving:</b> This item is required for specific disability categories. However, this data is existing data and does not require parental consent. This information must be documented on the eligibility worksheet.

\* Required but does not require parental consent.

### PARENT/GUARDIAN/STUDENT CONSENT

I have received the *Parents Rights and Responsibilities in Special Education: Notice of Procedural Safeguards*. I understand the purpose of an evaluation/reevaluation is to determine whether a student has or continues to have a disability and the nature and extent of the special education and related services that the student needs. I understand that providing my consent for an evaluation/reevaluation can be revoked, in writing, at any time.

<input type="checkbox"/>	<b>I agree</b> to provide my consent to conduct the evaluation(s) listed on the Evaluation Plan.
<input type="checkbox"/>	<b>I do not agree</b> to provide my consent to conduct the evaluation(s) listed on the Evaluation Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Commented [CAH5]: This is the signature of the parent/guardian/student providing or not providing written consent.

Please return to:  
 EC Case Manager: \_\_\_\_\_ School: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Copy given/sent on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Commented [CAH6]: This is the date that a signed copy of consent was provided to the parent/guardian/student.

C: EC File, Parent/Guardian

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