

Parental Consent for Evaluation for Special Education Services

District/LEA: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

The school system is proposing to conduct an individual evaluation to gather more information about how to better meet your child's needs and determine whether your child is eligible for special education services. Once the evaluation is completed, you will be invited to a meeting to discuss the evaluation and possible eligibility for Special Education services. No changes will be made in your child's educational program until we hold the meeting, and you provide any necessary consent. Providing this consent to evaluate does not allow the system to provide special education services.

The individual evaluation may include these areas:

**HEARING/VISION** – Screenings of a student's vision and hearing acuity. Hearing screenings involve an audiometric screening that may include pure-tone or impedance audiometry. If additional testing is indicated, the student may be referred to an audiologist or medical specialist. If additional tests are needed after a vision screening, the student may be referred to a medical eye specialist. If a vision or hearing problem is indicated, specific tests will be selected to be nondiscriminatory of the hearing or visual impairment. A visual impairment may postpone testing until the visual problem can be corrected.

**ACHIEVEMENT** – Achievement tests may be group or individual tests given to students to determine the student's current levels of academic functioning. Areas that may be assessed are oral expression, listening comprehension, written expression, basic reading skills, reading fluency, reading comprehension, mathematics calculation and mathematics reasoning.

**MOTOR** – Testing may involve the determination of the student's gross and fine motor skill development, including abilities to perform functional school-related tasks and any deficits experienced in physical activities related to the educational program.

**INTELLIGENCE** – These tests are individually administered tests of general intelligence. The tests are used to measure different types of cognitive abilities such as comprehension, visual and auditory perception, visual and auditory memory, vocabulary, etc. Results of these tests are required to determine eligibility for some special education programs. These tests may also include assessment of a student's learning styles, academic strengths and weaknesses that may be helpful in determining classroom modifications and adaptations.

**SPEECH/LANGUAGE** – Testing includes assessment of a student's articulation, language, fluency, voice, and adequacy of the oral mechanism. For the non-verbal student, evaluation will use alternative communication methods/systems.

**SOCIAL/EMOTIONAL** – Testing includes an assessment of the student's ability to interact appropriately in everyday situations within the family, school and community. Such evaluations may include checklists, observations, parent and teacher interviews, and other means to assess a student's behavioral and emotional growth.

**VOCATIONAL** – Factors related to expected vocational levels are examined. These include assessments that measure career/post-school interests, aptitudes and skills, scholastic abilities, manual dexterity, clerical/technology skills, mechanical reasoning, spatial reasoning and functional motor skills. If you have information that you would consider helpful (e.g., evaluations, medical reports, etc.), please provide this information to assist in determining your child's educational needs. Your parental rights are included, which show that you have certain rights regarding consent and evaluation procedures. The term psychological evaluation refers to a comprehensive assessment that may include tests in several areas that are listed below. The list does not include every area that may be tested, and some areas may not be tested during an evaluation. Certain tests may be administered only by specially trained, certified, or otherwise qualified examiners. The evaluator(s) will choose specific tests that are thought to be best for the student's age, grade, and physical growth.

Parents will be given specific information on the tests used at the time the results are reviewed and at special education Individualized Education Program (IEP)/Placement meetings.

Please sign to let us know whether you agree for the evaluation to take place and return this letter to:

\_\_\_\_\_, \_\_\_\_\_  
Name Position

If you do not return this form by, we will contact you about your decision. Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
Name Phone Number

Yes, I agree for my child, \_\_\_\_\_ to be evaluated. I have received a copy of my parental rights.

No, I do not agree for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Personnel receiving this form

\_\_\_\_\_  
Date