

Parental Consent for Evaluation for Special Education Services

Today's Date

(Date)

Dear Parent or Guardian,

Se recomendó que se le realice una evaluación a su hijo/a, Ingrese el nombre del/la estudiante, por parte del Equipo de Apoyo Estudiantil u otra fuente adecuada. We would like to conduct an individual evaluation to gather more information about how to better meet your child's needs. If you have any questions about the evaluation process or want to know more details about the evaluation, please contact:

Contact Name	Contact Title	Contact Phone
Name	Title	Phone Number

You will also 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: learning ability, vision, hearing, motor skills, social/emotional, achievement, speech/language, or others. An explanation of these areas is included. 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.

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

Name to return form to	Title	Phone
Name	Title	Phone Number

Yes, I agree for my child. Enter students' name to be evaluated.

No, I do not agree for the following reasons:

List Reasons:

Enter reasons for non-agreement

Parent/Guardian Parent Signature Date: Parent signature date.

If you do not return this form by Enter return by date we will contact you about your decision.

(Date)

[LEA INFORMATION]

Thank you for your cooperation.

Sincerely,

Attachment(s)