



[LOCAL SCHOOL SYSTEM INFORMATION]
Parental Consent for Evaluation for
Special Education Services

(Date)

Dear Parent of _____.
(Child's Name)

Your child was referred by _____ and was recommended for evaluation by the Student Support Team or other appropriate source. 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:

_____ Name	_____ Title	_____ Phone Number
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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.



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Please sign to let us know whether or not you agree for the evaluation to take place and return this letter to:

Name

Title

Phone Number

If you do not return this form by _____, we will contact you about your decision.
(Date)

Thank you for your cooperation.

Sincerely,

Name

Title

Phone Number

Yes, I agree for my child _____ to be evaluated.

No, I do not agree for the following reasons:

Signature of Parent

Date

Attachment