

Consent to Evaluate/Reevaluate

Student's Full Name:	SSID:	
Date of Birth:	Date:	
DISABILITY or SUSPECTED DISABILITY:		School:

FOR EACH EVALUATION (INITIAL OR REEVALUATION), mark 'X' for the assessment components determined to be addressed within the multidisciplinary assessment. Mark 'E' if the assessment exists within the educational records of the student and will be considered.

Area	Needs	Area	Needs
Health, Vision, Hearing, and Motor Abilities	<input type="checkbox"/> Medical/Health Evaluation <input type="checkbox"/> Vision Exam <input type="checkbox"/> Functional Vision/Learning Media Assessment <input type="checkbox"/> Orientation and Mobility <input type="checkbox"/> Braille Skills Inventory <input type="checkbox"/> Hearing <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other _____	Academic Performance	<input type="checkbox"/> Basic Reading <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Reasoning <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression <input type="checkbox"/> Performance Based Tests <input type="checkbox"/> Criterion Referenced Tests <input type="checkbox"/> Curriculum Based Tests <input type="checkbox"/> Behavior Observations: Specify Areas: _____ <input type="checkbox"/> Other _____
General Intelligence	<input type="checkbox"/> Cognitive / Intellectual Assessment (aptitude and mental processing) <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Other _____	Social and Emotional Status	<input type="checkbox"/> Adaptive Behavior/Self-Help <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Behavior Rating Scale <input type="checkbox"/> Functional Behavioral Assessment <input type="checkbox"/> Other _____
Communication Status	<input type="checkbox"/> Receptive Language <input type="checkbox"/> Expressive Language <input type="checkbox"/> Speech Sound Production <input type="checkbox"/> Voice <input type="checkbox"/> Fluency <input type="checkbox"/> Oral Mechanism <input type="checkbox"/> Hearing <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Augmentative Communication <input type="checkbox"/> Other _____	Vocational Evaluation/ Transition Needs	<input type="checkbox"/> Vocational Aptitude <input type="checkbox"/> Interest Inventory <input type="checkbox"/> Learning Style <input type="checkbox"/> Behavior Observations <input type="checkbox"/> Other: _____
Other	<input type="checkbox"/> Social and Developmental History <input type="checkbox"/> RTI Data <input type="checkbox"/> Specify: _____		
		<input type="checkbox"/> IEP Progress Data <input type="checkbox"/> State Assessment Data	

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List the recommendations for student needs (e.g., glasses, hearing aids) any modifications/adaptations of evaluation instruments, procedures, or settings to be used for the evaluation (i.e., native language, mode of communication, cultural factors).

List existing reports/assessment data, which will be used as a part of the multi-disciplinary assessment:

Parental Consent

I agree, based upon the recommendations of the Admission and Release Committee (ARC), to an individual evaluation for my child/student. I understand the attached ARC Conference Summary explains this proposal and outlines specific evaluation procedures.

I agree for evaluation in each of the ARC selected areas for assessment indicated below:

- Health, Hearing, General Intelligence, Communication Status, Vocational Evaluation, Other (Specify)
Vision, Social and Emotional Status, Academic Performance, Motor Abilities, Functional Vision/Learning Media Assessment, Other (Specify)

I understand that the evaluation will be conducted by a multidisciplinary team of qualified staff from the school district or by agencies/professionals with whom the local education agency contracts, through the use of a variety of assessment tools and strategies which may include norm-referenced and performance based testing, behavior observations, interviews, and rating scales.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency as described in the sending district's policies and procedures.

I have been advised in my native language or other mode of communication and understand the contents of the consent. A copy and explanation of procedural safeguards has been provided to me. I understand that my consent is voluntary and may be revoked at any time.

- Yes, I understand the above information and do give my consent for a full individual evaluation in the area(s) listed above.
For Reevaluation purposes, I acknowledge that there is no additional data needed to determine that my child/student continues to be a child/student with an educational disability.
No, I understand the above information and do not give my consent.

Parent/Student Signature _____ Date _____