

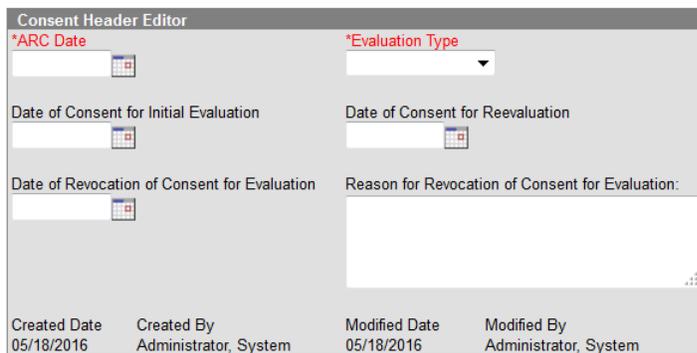
KY Document Workflow/Validations- KY Consent for Evaluation

KY Consent for Evaluation

(Student Information>Special Ed>Student>Documents>New Document>Create New Conference Summary/Evaluation>KY Consent for Evaluation

Consent Header

UI:



Consent Header Editor

*ARC Date: [Calendar icon]
*Evaluation Type: [Dropdown menu]
Date of Consent for Initial Evaluation: [Calendar icon]
Date of Consent for Reevaluation: [Calendar icon]
Date of Revocation of Consent for Evaluation: [Calendar icon]
Reason for Revocation of Consent for Evaluation: [Text area]
Created Date: 05/18/2016
Created By: Administrator, System
Modified Date: 05/18/2016
Modified By: Administrator, System

Print:

Knox County 200 Daniel Boone Dr Barbourville, KY 40906 (555)510-6932	Consent to Evaluate/Reevaluate
Student's Full Name: Marcas Henry Lucas I	SSID: 1942814813
Date of Birth: 05/21/1998	ARC Date: 05/31/2016
DISABILITY or SUSPECTED DISABILITY: Hearing Impairment	School: Knox Central High School

1. ***ARC Date** > This is a red-required calendar date field with MM/DD/YYYY format. If user does not enter a date prior to attempting to save the editor, a validation message will populate that reads: 'ARC Date is required.'
2. ***Evaluation Type** > This is a red-required single-select drop-list with the values 'Initial Evaluation' and 'Reevaluation' and defaults to null. If user does not select one of the values prior to attempting to save the editor, a validation message will populate that reads: 'Evaluation Type is required.' The value saved will check the corresponding checkbox in the 'Consent to Evaluate/Reevaluate' print section.
3. **Date of Consent for Initial Evaluation** > This is a calendar date field with MM/DD/YYYY format.
4. **Date of Consent for Reevaluation** > This is a calendar date field with MM/DD/YYYY format.

- Date of Revocation of Consent for Evaluation > This is a calendar date field with MM/DD/YYYY format. This date appears at the end of the document beneath the Parent/Student Signature Line.
- Reason for Revocation of Consent for Evaluation: > This is an unlimited character text field. This reason text appears at the end of the document beneath the Parent/Student Signature Line.

Student Demographics

UI:

Student Demographics

Note: At the point the plan is generated, a snapshot of the student data is taken. To get a fresh copy, click the button below.

Last Name	First Name	Middle Name	Suffix
<i>Lucas</i>	<i>Marcas</i>	<i>Henry</i>	<i>I</i>
Race, Ethnicity	Gender	Birthdate	
<i>6 : White</i>	<i>M</i>	<i>05/21/1998</i>	
Student Address	Primary Mode of Communication of the Student		
<i>123 Minnesota St #10 Kentucky, KY 12345</i>	<input type="text" value="English"/>		
School Name	School Phone	Student Number	Grade
<i>Knox Central High School</i>	<i>(555)230-5933</i>	<i>1942814813</i>	<i>11</i>
Primary Disability, if currently identified			
<i>None</i>			

Print:

Student's Full Name: Marcas Henry Lucas I	SSID: 1942814813	Grade: 11
Date of Birth: 05/21/1998	ARC Decision Date: 05/18/2016	
	Referred Date: 05/18/2016	
School: Knox Central High School	Suspected Disability: Autism	
Primary Mode of Communication of the Student: English		

- Refresh Student Information** >All fields should populate read-only with the exception of the 'Primary Mode of Communication of the Student'. If this is an Initial Referral (No current Evaluation exists), the field 'Primary Disability, if currently identified' will be blank. All other information is pulled from Census.
- Primary Mode of Communication of the Student:** >The 'Primary Mode of Communication of the Student' field defaults to 'English' but all drop-list values are populated from the Core Language dictionary.

Consent to Evaluate/Reevaluate

UI:

Consent to Evaluate/Reevaluate

Suspected Disability: (Select all suspected disabilities. For Multiple Disabilities, you may choose additional specific disabilities by clicking again in the white area.)

Hearing Impairment |

Select disability area(s) for 'Developmental Delay':

Select disability area(s) for 'Specific Learning Disability':

Select disability area(s) for 'Speech or Language Impairment':

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.

Health, Vision, Hearing, and Motor Abilities

X E

Medical / Health Evaluation

X E

Vision Exam

Functional Vision / Learning Media Assessment

Orientation and Mobility

Braille Skills Inventory

Hearing

Fine Motor

Gross Motor

Occupational Therapy

Physical Therapy

Behavior Observation

Assistive Technology

Other:

Academic Performance

X E

Basic Reading

X E

Reading Comprehension

Reading Fluency

Math Calculation

Math Reasoning

Oral Expression

Listening Comprehension

Written Expression

Performance Based Tests

Criterion Referenced Tests

Curriculum Based Tests

Norm-Referenced Tests

Behavior Observation

Other:

Specify Areas:

General Intelligence

X E

Cognitive / Intellectual Assessment (aptitude and mental processing)

X E

Behavior Observation

Other:

Social and Emotional Status

X E

Adaptive Behavior / Self-Help

Behavior Rating Scale

Other:

X E

Behavior Observation

Functional Behavioral Assessment

Communication Status

X E

Receptive Language

Speech Sound Production

Fluency

Hearing

Augmentative Communication

X E

Expressive Language

Voice

Oral Mechanism

Behavior Observation

Other:

Vocational Evaluation / Transition Needs

X E

Vocational Aptitude

Learning Style

Other:

X E

Interest Inventory

Behavior Observations

Other:

X E

Social and Developmental History

RTI Data

Developmental Assessment

X E

IEP Progress Data

State Assessment Data

Specify:

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 part of the multi-disciplinary assessment.

Print:

Consent to Evaluate/Reevaluate

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.

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

List the recommendations for student needs (e.g., glasses, hearing aids), any modifications/adaptations of evaluation instruments, procedures, or

Student: Marcos Henry Lucas I

SSID: 1942814813

DOB: 05/21/1998

ARC Date: 05/31/2016

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 part of the multi-disciplinary assessment.

- Suspected Disability:** >This is a multi-select field that has all disability categories available. If 'Developmental Delay', 'Specific Learning Disability' or 'Speech or Language Impairment' are selected, the corresponding 'areas' field unlocks for editors to indicate that disability specific area(s). If 'Multiple Disabilities' is selected, users are expected to select additional Disability values from this field.
- Select disability area(s) for 'Developmental Delay':** >This is a multi-select field that lists all areas associated with this disability. This will remain an unlocked/non-editable field unless 'Developmental Delay' is selected in the 'Suspected Disability' multi-select field above. The 'Area(s)' values are as follows: Cognition, Motor development, Self-help/adaptive behavior, Communication, Social-emotional development
- Select disability area(s) for 'Specific Learning Disability':** >This is a multi-select field that lists all areas associated with this disability. This will remain an unlocked/non-editable field unless

'Specific Learning Disability' is selected in the 'Suspected Disability' multi-select field above. The 'Area(s)' values are as follows: Oral Expression, Written Expression, Reading Fluency Skills, Mathematics Calculation, Listening Comprehension, Basic Reading Skills, Reading Comprehension, and Mathematics Reasoning

4. **Select disability area(s) for 'Speech or Language Impairment'** : >This is a multi-select field that lists all areas associated with this disability. This will remain an unlocked/non-editable field unless 'Speech or Language Impairment' is selected in the 'Suspected Disability' multi-select field above. The 'Area(s)' values are as follows: Speech Sound Production and Use, Language, Fluency, Voice
5. **Health, Vision, Hearing, and Motor Abilities, Academic Performance, General Intelligence, Social and Emotional Status, Communication Status, Vocational Evaluation/Transition Needs, & Other:** > These sections have various assessment components and both the 'X' and the 'E' check boxes may be checked. If 'Other' or 'Specify Areas:' are checked, the corresponding text field needs to be completed. These are 50 character limit text fields. If user checks 'X' or 'E' for these 'Other ' and 'Specify Areas' check boxes and does not enter text in the text field, a validation message populates that reads: 'Other text is required.' or 'Specify text is required.'
6. 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). > This is an unlimited character text area.
7. List existing reports/assessment data, which will be used as part of the multi-disciplinary assessment. > This is an unlimited character text area.

Parental Consent

UI:

Parental Consent

Parental Consent

The parent agrees for evaluation in each of the ARC selected area(s) for assessment indicated on the Consent to Evaluate/Reevaluate editor.

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. I have been informed of the reasons no additional data is needed. I understand that I may request further assessment should I feel it is needed.

No, I understand the above information **and do not** give my consent.

Print:

Parental Consent

I agree, based upon the recommendations of the Admissions and Release Committee (ARC), to an individual evaluation for my child/student. I understand the ARC Team has explained and outlined specific evaluation procedures.

I agree for evaluation in each of the ARC selected area(s) of assessment indicated above.

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. The tests are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Assessments will be administered in the child/student’s native language or other mode of communication. [300.532 (a) (1) (ii)] Upon completion of the tests and other evaluation materials an Admissions and Release Committee meeting will be held to determine whether your child is a child with a disability.

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. Should I revoke consent I understand that it is not retroactive. If this is a Reevaluation, failure to respond to a request for consent shall result in the school district proceeding with the special education evaluation.

- 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. I have been informed of the reasons no additional data is needed. I understand that I may request further assessment should I feel it is needed.
- No, I understand the above information **and do not** give my consent.

Parent/Student Signature

Date

Date of Revocation of Consent for Evaluation: 06/10/2016

Reason for Revocation of Consent for Evaluation: test

1. Three single-select check boxes. This editor may be saved blank. It must be saved in order for this section to print.