

# Data Standard KY Consent for Evaluation

Rev. 5/17/2018

## Overview

**Standard prepared by:**

Amy Patterson, Joseph McCowan

**Data steward(s)**

[Amy Patterson](#), (502) 564-4970 ext. 4513

[Joseph McCowan](#), (502) 564-4970 ext. 4121

**Office(s)**

Office of Teaching and Learning

**Revision history:**

May 17, 2018

- Accessibility modifications added for 2018-19 school year.

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### **Description**

The purpose of the Special Education Data Standards document is to give Kentucky schools and districts a set of guidelines for entering data into the student information system. This document provides a series of screen shots and an explanation of the data elements required for state and federal reporting needs. Data standardization is important to ensure consistency in the data across schools in districts and across districts throughout the state

### **Regulation citation(s)**

- [The Kentucky Administrative Regulations](#)

### **Data use**

Data are used to meet Federal Reporting Requirements under Sec. 618 of the IDEA:

- December 1 Child Count
- Special Education Exit Report
- Special Education Behavior/Safe Schools Report
- Consolidated Coordinated Early Intervening Services (CCEIS)
- Annual Determinations
- State Performance Plan/Annual Performance Report (SPP/APR)

### **Related ad-hoc filters and reports**

- KY State Reporting
  - IDEA Dec 1 Count Extract
  - Special Ed Exit Report
  - SpEd\_Evaluation\_Detail
- KY State Reporting > KDE Reports
  - Alternate Assessment Tracking Report
  - QA SPED
- Student Information > Reports
  - Caseload Summary Report
  - Testing Accommodations (KY)

### **Training**

Additional resources can be found on the [Special Education Resources for Using Infinite Campus \(IC\)](#) webpage.

### **Campus path**

Student Information / Special Ed / General / Documents

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### Section A – KY Consent for Evaluation

The KY Consent for Evaluation document is one of the lockable editor-based documents.

To create a KY Consent for Evaluation:

1. Go to Student Information > Special Ed > General > Documents
2. Click the New Document button
3. Select Create New Conference Summary/Evaluation
4. Select KY Consent for Evaluation
5. Click the Create Document button

**Create New Document Wizard**

Please select one of the following documents:

- Create New Conference Summary/Evaluation:**  
*Conference Summary, Referral, Consent for Evaluation, Evaluation/Eligibility Determination*
  - KY Conference Summary
  - KY Referral
  - KY Consent for Evaluation
  - KY Evaluation/Eligibility Determination
- Create New Plan:**  
*Goals and Objectives, Services, Accommodations, Transition, and Other Information*
- Create New Progress Report:**  
*Report measurable progress against ongoing Plan Goals*
- Create New Simple Form:**  
*Notices, checklists, and supplemental forms*
- Create KY Summary Report:**  
*Overview of Special Education services including service-related dates.*

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**DOCUMENT SELECTED FOR CREATION: KY Consent for Evaluation**

# Data Standard KY Consent for Evaluation

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## Editor: Consent Header

**ARC Date:** This is the initial date the ARC met to plan the evaluation or reevaluation. **This field is required.**

**Evaluation Type:** The choices are “*Initial Evaluation*” or “*Reevaluation*”. If the student is not currently receiving special education services in Kentucky, choose “*Initial Evaluation*”. If the student is in special education, choose “*Reevaluation*”, even if the student is being evaluated for a separate or different disability. **This field is required.**

**\*NOTE:** When an additional disability category is being considered for students receiving services for Speech/Language Impairment (SLI), a reevaluation for speech must be conducted. If the student is determined eligible in the new category, speech/language will become a related service.

**\*NOTE:** If a student transfers from out of state, the evaluation type must be “*Initial Evaluation*”.

**Date of Consent for Initial Evaluation:** This is the date the Consent to Evaluate/Reevaluate form was signed by the parents to conduct an Initial Evaluation. This is the start of the 60 school day period for evaluation. **This must be populated for the record to be identified in the SpEd\_Evaluation\_Detail report for Indicator 11.**

**Date of Consent for Reevaluation:** This is the date the Consent to Evaluate/Reevaluate form was signed by the parents to conduct the Reevaluation.

**Date of Revocation of Consent for Evaluation:** This is the date the parent revokes consent for evaluation. When a date is entered, this will auto-populate to the bottom of the Consent Form.

**Reason for Revocation of Consent for Evaluation:** Enter the parent/guardian reason for revoking consent to evaluate. This text field will print to the bottom of the Consent Form.



**Note:** The Save button **MUST** be clicked before proceeding.



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## Editor: Student Demographics

 Save  Print

Evaluation Outline
Consent Header
<b>Student Demographics</b>
Consent to Evaluate/Reevaluate
Parental Consent

### 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
SAMPLE	STUDENT	ONE	
Race, Ethnicity	Gender	Birthdate	
6 : White	F	07/01/2009	

Student Address: 123 MAIN STREET, ANYWHERE, KY 40000

Primary Mode of Communication of the Student:

School Name	School Phone	Student Number	Grade
SAMPLE SCHOOL	(859)123-4567	123456789	01

Primary Disability, if currently identified

**Refresh Student Information:** Click **Refresh Student Information** to populate the fields with current information. **This is required.**

**Primary Mode of Communication of the Student:** This is the only editable field in this editor. Select the student's preferred language.

**Note:** The Save button **MUST** be clicked before proceeding.

 Save

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## Editor: Consent to Evaluate/Reevaluate

The screenshot shows the top navigation bar with 'Save' and 'Print' buttons. On the left is a vertical menu with the following items: 'Consent Outline', 'Consent Header', 'Student Demographics', 'Consent to Evaluate/Reevaluate' (highlighted in blue), and 'Parental Consent'. The main content area on the right is titled 'Consent to Evaluate/Reevaluate' and contains the following text: 'Suspected Disability: (Select all suspected disabilities)', an empty text input field, 'Select disability area(s) for 'Developmental Delay':', an empty text input field, 'Select disability area(s) for 'Specific Learning Disability':', an empty text input field, and 'Select disability area(s) for 'Speech or Language Impairment':', followed by another empty text input field.

**Suspected Disability:** Select all suspected disabilities. If *“Speech or Language Impairment”* will be considered as either a primary disability or a related service, choose it as a **Suspected Disability**.

This screenshot shows the 'Suspected Disability' dropdown menu open. The menu lists the following options: Autism, Deaf-Blindness, Developmental Delay, Emotional-Behavioral Disability, Functional Mental Disability, Hearing Impairment, Mild Mental Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Specific Learning Disability, Speech or Language Impairment, Traumatic Brain Injury, Visual Impairment, and No Disability Suspected. Below the dropdown, the form contains the following text: 'Health, Vision, Hearing, and Motor Abilities', followed by two columns of checkboxes. The first column has checkboxes for 'Medical / Health Evaluation' and 'Functional Vision / Learning'. The second column has checkboxes for 'Vision Exam' and 'Orientation and Mobility'. There are also 'X' and 'E' labels above each column of checkboxes.

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If Multiple Disabilities are suspected, select “*Multiple Disabilities*” as well as the specific underlying disability categories.

The screenshot shows a form titled "Consent to Evaluate/Reevaluate" with a section for "Suspected Disability: (Select all suspected disabilities)". A dropdown menu is open, listing various disability categories. The categories listed are: Multiple Disabilities, Visual Impairment, Orthopedic Impairment, Autism (highlighted), Deaf-Blindness, Developmental Delay, Emotional-Behavioral Disability, Functional Mental Disability, Hearing Impairment, Mild Mental Disability, Other Health Impairment, Specific Learning Disability, Speech or Language Impairment, Traumatic Brain Injury, and No Disability Suspected. To the right of the dropdown, there are labels for "Developmental Delay:", "Specific Learning Disability:", and "Speech or Language Impairment:". At the bottom of the form, there are checkboxes for "Health, Vision, Hearing, and Motor Abilities" with "X" and "E" next to them.

**Reminder:** Please be aware that some combinations are not appropriate for MD.

**Select disability area(s) for ‘Developmental Delay’:** If Suspected Disability is “*Developmental Delay*”, select all areas that are suspected.

The screenshot shows the same "Consent to Evaluate/Reevaluate" form. In this view, "Developmental Delay" is selected in the "Suspected Disability" dropdown. Below it, a new dropdown menu is open for "Select disability area(s) for 'Developmental Delay':". The areas listed are: Cognition, Motor development, Self-help/adaptive behavior, Communication, and Social-emotional development. To the right of this dropdown, there are labels for "Specific Learning Disability:", "Speech or Language Impairment:", and "Health, Vision, Hearing, and Motor Abilities". At the bottom of the form, there are checkboxes for "Medical / Health Evaluation" and "Vision" with "X" and "E" next to them.



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**Select disability area(s) for 'Specific Learning Disability':** If Suspected Disability is "*Specific Learning Disability*", select all areas that are suspected.

**Consent to Evaluate/Reevaluate**  
**Suspected Disability: (Select all suspected disabilities)**

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

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

- Oral Expression
- Written Expression
- Reading Fluency Skills
- Mathematics Calculation
- Listening Comprehension
- Basic Reading Skills
- Reading Comprehension
- Mathematics Reasoning

**Speech or Language Impairment**

**INITIAL OR REEVALUATION**  
to be addressed within the next 90 days  
within the educational record

**and Motor Abilities**

	X	E
Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
/ Learning	<input type="checkbox"/>	<input type="checkbox"/>

Media Assessment

Braille Skills Inventory

**Select disability area(s) for 'Speech or Language Impairment':** If Suspected Disability is "*Speech or Language Impairment*", select all areas that are suspected.

**Consent to Evaluate/Reevaluate**  
**Suspected Disability: (Select all suspected disabilities)**

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

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

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

- Speech Sound Production and Use
- Language Fluency
- Voice

**Speech or Language Impairment**

**INITIAL OR REEVALUATION**  
to be addressed within the next 90 days  
within the educational record

**and Motor Abilities**

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**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.**

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.

<b>Health, Vision, Hearing, and Motor Abilities</b>	
<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>	<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>
<input type="checkbox"/> <input type="checkbox"/> Medical / Health Evaluation	<input type="checkbox"/> <input type="checkbox"/> Vision Exam
<input type="checkbox"/> <input type="checkbox"/> Functional Vision / Learning Media Assessment	<input type="checkbox"/> <input type="checkbox"/> Orientation and Mobility
<input type="checkbox"/> <input type="checkbox"/> Braille Skills Inventory	<input type="checkbox"/> <input type="checkbox"/> Hearing
<input type="checkbox"/> <input type="checkbox"/> Fine Motor	<input type="checkbox"/> <input type="checkbox"/> Gross Motor
<input type="checkbox"/> <input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> <input type="checkbox"/> Physical Therapy
<input type="checkbox"/> <input type="checkbox"/> Behavior Observation	<input type="checkbox"/> <input type="checkbox"/> Assistive Technology
<input type="checkbox"/> <input type="checkbox"/> Other: <input type="text"/>	
<b>Academic Performance</b>	
<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>	<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>
<input type="checkbox"/> <input type="checkbox"/> Basic Reading	<input type="checkbox"/> <input type="checkbox"/> Reading Comprehension
<input type="checkbox"/> <input type="checkbox"/> Reading Fluency	<input type="checkbox"/> <input type="checkbox"/> Math Calculation
<input type="checkbox"/> <input type="checkbox"/> Math Reasoning	<input type="checkbox"/> <input type="checkbox"/> Oral Expression
<input type="checkbox"/> <input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> <input type="checkbox"/> Written Expression
<input type="checkbox"/> <input type="checkbox"/> Performance Based Tests	<input type="checkbox"/> <input type="checkbox"/> Criterion Referenced Tests
<input type="checkbox"/> <input type="checkbox"/> Curriculum Based Tests	<input type="checkbox"/> <input type="checkbox"/> Norm-Referenced Tests
<input type="checkbox"/> <input type="checkbox"/> Behavior Observation	<input type="checkbox"/> <input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> Specify Areas: <input type="text"/>	
<b>General Intelligence</b>	
<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>	<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>
<input type="checkbox"/> <input type="checkbox"/> Cognitive / Intellectual Assessment (aptitude and mental processing)	<input type="checkbox"/> <input type="checkbox"/> Behavior Observation
<input type="checkbox"/> <input type="checkbox"/> Other: <input type="text"/>	

<b>Social and Emotional Status</b>	
<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>	<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>
<input type="checkbox"/> <input type="checkbox"/> Adaptive Behavior / Self-Help	<input type="checkbox"/> <input type="checkbox"/> Behavior Observation
<input type="checkbox"/> <input type="checkbox"/> Behavior Rating Scale	<input type="checkbox"/> <input type="checkbox"/> Functional Behavioral Assessment
<input type="checkbox"/> <input type="checkbox"/> Other: <input type="text"/>	
<b>Communication Status</b>	
<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>	<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>
<input type="checkbox"/> <input type="checkbox"/> Receptive Language	<input type="checkbox"/> <input type="checkbox"/> Expressive Language
<input type="checkbox"/> <input type="checkbox"/> Speech Sound Production	<input type="checkbox"/> <input type="checkbox"/> Voice
<input type="checkbox"/> <input type="checkbox"/> Fluency	<input type="checkbox"/> <input type="checkbox"/> Oral Mechanism
<input type="checkbox"/> <input type="checkbox"/> Hearing	<input type="checkbox"/> <input type="checkbox"/> Behavior Observation
<input type="checkbox"/> <input type="checkbox"/> Augmentative Communication	<input type="checkbox"/> <input type="checkbox"/> Other: <input type="text"/>
<b>Vocational Evaluation / Transition Needs</b>	
<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>	<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>
<input type="checkbox"/> <input type="checkbox"/> Vocational Aptitude	<input type="checkbox"/> <input type="checkbox"/> Interest Inventory
<input type="checkbox"/> <input type="checkbox"/> Learning Style	<input type="checkbox"/> <input type="checkbox"/> Behavior Observations
<input type="checkbox"/> <input type="checkbox"/> Other: <input type="text"/>	
<b>Other:</b>	
<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>	<input type="checkbox"/> <input type="checkbox"/> <b>X E</b>
<input type="checkbox"/> <input type="checkbox"/> Social and Developmental History	<input type="checkbox"/> <input type="checkbox"/> IEP Progress Data
<input type="checkbox"/> <input type="checkbox"/> RTI Data	<input type="checkbox"/> <input type="checkbox"/> State Assessment Data
<input type="checkbox"/> <input type="checkbox"/> Developmental Assessment	<input type="checkbox"/> <input type="checkbox"/> Specify: <input type="text"/>

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.

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.

**Note:** The Save button **MUST** be clicked before proceeding.



## Data Standard KY Consent for Evaluation

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### Editor: Parental Consent

Consent Outline
Consent Header
Student Demographics
Consent to Evaluate/Reevaluate
<b>Parental Consent</b>

<b>Parental Consent</b>
<b>Parental Consent</b>
The parent agrees for evaluation in each of the ARC selected area(s) for assessment indicated on the Consent to Evaluate/Reevaluate editor.
<input type="checkbox"/> Yes, I understand the above information and do give my consent for a full individual evaluation in the area(s) listed above.
<input type="checkbox"/> 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.
<input type="checkbox"/> No, I understand the above information and do not give my consent.

Select the appropriate option.

**Note:** The Save button MUST be clicked before proceeding.



Once the KY Consent to Evaluate is completed, select the Documents tab.

Select the KY Consent to Evaluate document and then select the Lock/Unlock button to lock it

