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| **Consent for Evaluation** |
| **PURPOSE:** A school district is required to obtain parental written consent for an initial evaluation or a reevaluation of a student. This form asks your voluntary consent for the evaluation activities described below. If you have questions regarding this request, please contact the district's director of special education. |
| Student Name: | Birthday: | Date: |
| Parent(s) Name: |
| **TYPE OF EVALUATION:** | ⃝ | Initial Evaluation | ⃝ | Reevaluation |
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| **SPECIFIC AREAS FOR ASSESSMENT** |
| ⃝ | **EDUCATIONAL** - To assess the level at which a student is achieving in the areas of reading, math, and written expression; curriculum-based assessments and/or standardized academic achievement tests may be used. ⃝ Reading ⃝ Writing ⃝ Math |
| ⃝ | **MOTOR SKILLS** - To assess fine motor skills, writing skills, functional motor skills, mobility, and/or positioning for accessing and participating in the school environment and curriculum.⃝ Fine ⃝ Gross |
| ⃝ | **VISION** – An assessment visual acuity by a licensed professional *- does not refer to screening information* |
| ⃝ | **HEARING** - To document hearing sensitivity and discrimination of speech (e.g., pure tone audiometry, speech discrimination, aided thresholds) - *does not refer to screening information* |
| ⃝ | **ADAPTIVE** - To assess the student's independent functioning at home, at school and in the community. |
| ⃝ | **COGNITIVE** - To assess general aptitude for school-based learning; standardized intelligence tests may be used. |
| ⃝ | **COMMUNICATION** - To assess how the student verbally communicates and understands language; standardized and informal measures of articulation, language, voice, and fluency may be used.⃝ Speech ⃝ Language |
| ⃝ | **BEHAVIORAL, SOCIAL, EMOTIONAL** - To assess social and/or emotional development, school and home behavior; standardized and informal assessments may be used. |
| ⃝ | **VOCATIONAL EVALUATION** - Age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills. |
| ⃝ | **OTHER:** |
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| I consent to the action(s) selected above. Parent Signature Date Signed by Parent |