



Consent for/Notice of **Full and Individual Initial Evaluation**

Reevaluation

Date: ____ / ____ / ____

- *Please ensure that the student's birthday and spelling of name are accurate. If an inaccuracy occurs, there will be a duplicate IEP on the IMS system.*

STUDENT: _____ Birthdate: ____ / ____ / ____
Last (legal) First (not nickname) M.I.

Gender: Male Female Grade: ____ Ethnicity: ____ Teacher/Service Provider: _____

Language in home: English Spanish Sign Other: _____

Interpreter needed for the child Interpreter needed for the parents

Resident District/Building: _____

Attending District/Building: _____

Open Enrollment: Yes No

<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student	Name: _____ Address: _____ _____	Home Phone: _____ Work/Cell Phone: _____ E-mail address: _____
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<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student	Name: _____ Address: _____ _____	Home Phone: _____ Work/Cell Phone: _____ E-mail address: _____
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Description of the action proposed:

This form is intended to provide notice of an upcoming evaluation of your child and to obtain your consent for this evaluation.

The purpose of an educational evaluation is to determine interventions needed to resolve presenting problem(s) or behavior(s) of concern and to determine whether or not those interventions require special education. The Individualized Education Program (IEP) team, including you, and, as appropriate, other qualified professionals will address the following questions:

The conversation should be framed around meeting the student's needs. The explanation of the evaluation should include: clarifying the purpose of the activity, determining the need for interventions to address the concern(s), and whether or not interventions require special education resources.

- Does your child have a disability or, in case of a reevaluation, does your child continue to have a disability?
A disability is a skills deficit, a health or physical condition, a functional limitation, or a pattern of behavior that adversely affects educational performance. A disability 1) results in educational performance that is significantly and consistently different, diminished, or inappropriate when compared to the expectations for peers and 2) significantly interferes with: a) access to general education settings and opportunities b) developmental progress c) involvement and progress in general curriculum d) interpersonal relationships or personal adjustment.
- In comparison to peers or standards, what are your child's present levels of performance, rate of progress and educational needs?

Eligibility for special education services requires both disability (discrepancy + progress) and need. Both disability and need must be present in order to be eligible for services. Analyzing this information will be done to determine how to best meet the needs of the student.

-Discrepancy: point in time data; consider magnitude and significance of discrepancy

-Rate of progress: data observed over time; this documents intervention efforts and the students' response to those efforts

-Educational need: assessment will be gathered in the areas of instruction, curriculum, and environment

- Does your child need special education and related services or, in the case of reevaluation, does your child continue to need special education and related services?

Outcomes of the evaluation will be to determine what interventions are required to address the areas of concern and whether special education services are required.

- Are any additions or modifications to the special education and related services needed to enable your child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum or, in the case of preschool children, to participate in appropriate activities?

Analyzing RIOT and functional data will help determine least restrictive environment and services.

Explanation of why the school or AEA proposes to initiate an evaluation:

Suggested phrases for an **initial evaluation**:

- Based on [your child's performance, a developmental screening, etc.], we (school or AEA) believe there is reason to suspect that your child has a disability and special education services need to be considered.*
- General education interventions have not been effective in solving problems your child is experiencing and special education services may be needed.*

Suggested phrases for a **reevaluation**:

- It has been three years since your child's last evaluation: Date due: ___/___/___*
- The IEP team including you, the parent(s), believes that your child's services needs warrant a reevaluation.*

Description of other options the school or AEA considered and the reasons why those options were rejected:

Suggested phrase for an **initial evaluation**:

- Because there was a suspicion of a disability, no other options were considered.*

Suggested phrase for a **reevaluation**:

- There were no other options.*

Description of the evaluation procedures, tests, records, or reports that were used as a basis for the proposed evaluation:

- All available information was reviewed, including the results of previous interventions, educational records, information provided by individuals with knowledge of your child (e.g., you, the parents; teachers; caregivers; your child; etc.), observations of your child in learning environments, and any tests or other assessments.
- Based on that review, areas of suspected disability (if this is an initial evaluation) and areas needing additional assessments were identified.

The purpose is to complete a full and individual evaluation. Although all domains must be considered, not all domains must be evaluated. The conversation regarding consideration of all domains should involve parents, teachers, and adults who have meaningful involvement in the child's life. As the team considers each domain, a consensus must be reached about whether there are additional domains of concern that were not identified during the disability suspected decision and if additional assessment will be needed. If there is no consensus or if questions are raised about the need to evaluate a particular domain the same standards applied to whether or not a disability is suspected should be applied (persistently behind, unique, no other more plausible explanation).

Domain	For initial evaluations: Disability is suspected in the domain(s) indicated:
Academic	<input type="checkbox"/>
Behavior	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Health	<input type="checkbox"/>
Hearing/Vision	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Adaptive Behavior	<input type="checkbox"/>

Domain	For all evaluations: Additional assessments will be completed in the domains indicated:
Academic	<input type="checkbox"/>
Behavior	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Health	<input type="checkbox"/>
Hearing/Vision	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Adaptive Behavior	<input type="checkbox"/>

Left column

- This column is intended to focus the evaluation into the domains(s) of suspected need based on information that is already available.*
- This does not need to be a direct alignment with the Disability Suspected form; however, the boxes marked in this column need to connect with what was documented on the Disability Suspected form.*

- *In other words, domains identified on the Disability Suspected form should be recorded here, as well as domains that warrant additional consideration.*

Right column

- *This indicates domains where additional assessment (review, interview, observations, tests) needs to occur based on the team's conversation and professional judgment at the time of consent.*
- *This conversation requires identification of areas where unanswered questions remain regarding progress, discrepancy and need.*

Evaluation methods will be determined by the individual professionals involved in the evaluation and may include:

- Review of the results of previous interventions (e.g., general education data, IFSP data, current IEP, etc.)
- Reviews of relevant records (school or Early ACCESS records, work samples, previous evaluations, etc.)
- Interviews of individuals with knowledge of your child (teachers, parents, your child, etc.)
- Observations completed by team members
- Tests (classroom-based, district-wide, and individually administered)
The AEA representative determines how these areas are assessed and evaluated for each individual student. The evaluation process must be individualized based upon domains checked. Assessment data collected through any combination of RIOT (Review, Interview, Observe, Test) must provide information about the effectiveness of the selected intervention(s), and then documented on the EER (Educational Evaluation Report). There should be alignment with the domains checked and the EER. When analyzing the convergence of data and answering eligibility questions, discussions shift beyond just "Is the student eligible?" to also include "What does the student need?"

For reevaluations:

- The IEP team has not recommended additional assessment.** You (as the parent) do not need to sign this form. However, you have the right to request additional assessment to determine whether your child has or continues to have a disability and a need for special education and related services. If you want additional assessment, please contact your child's teacher or service provider.
- The IEP team has recommended additional assessment.** Please carefully read the information below and, if you consent to the evaluation, sign and date your signature.

PARENT/GUARDIAN CONSENT TO EVALUATE

I understand that this evaluation may provide useful information for educational planning for my child. I have received a copy of the *Procedural Safeguards Manual for Parents*. I understand that I have certain protections under the procedural safeguards of the Individuals with Disabilities Education Act and that these rights are detailed in the *Procedural Safeguards Manual for Parents*. I understand that this manual contains information about whom to contact to obtain assistance in understanding my rights. I understand that I may also contact my child's school administrator or AEA Director of Special Education if I have any questions or wish to obtain an additional copy of *Procedural Safeguards Manual for Parents*.

Procedural Safeguards were reviewed by: _____ / ____ / ____ In person Via Phone
Name Date

I understand my rights related to this evaluation and I give my permission for the evaluation to begin as soon as possible.

(Signature of Parent/Guardian) Date: ____ / ____ / ____