



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

Date: 11/20/09

**STUDENT:** EC Example James Birthdate: 8/30/2005  
Last (legal) First (not nickname) M.I.

Gender:  Male     Female    Grade: PK    Ethnicity: W    Teacher/Service Provider:

Language in home:  English     Spanish     Sign     Other: \_\_\_\_\_  
 Interpreter needed for the child     Interpreter needed for the parents

Resident District/Building: Happytime Community School District

Attending District/Building: Rainbows and Lollipops Preschool

Open Enrollment:  Yes     No

<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input checked="" type="checkbox"/> Student	Name: <u>Emily and Eric Example</u> Home Phone: <u>555-5555</u> Address: <u>1221 Punkinseed Lane</u> Work/Cell Phone: <u>222-2222</u> <u>Anytown, Iowa</u> 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: _____    Home Phone: _____ Address: _____    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:

- Does your child have a disability or, in case of a reevaluation, does your child continue to have a disability?
- In comparison to peers or standards, what are your child's present levels of performance, rate of progress and educational needs?
- 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?
- 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?

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

Information was gathered through the review of records, interviews, and observation to consider all performance domains. These data indicate that James persistently performs below standards and expectations in the communication domain and that his performance is unique when compared to his peer group.

Additionally, based on the information gathered, the team determined that evaluation of the following performance domains was not warranted at this time: Academic, Behavior, Physical, Health, Hearing/Vision, Adaptive Behavior.

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

Because the team suspects that James may have a disability, no other options were considered.

**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.

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

Domain	For <i>all</i> evaluations: Additional assessments will be completed in the domains indicated:
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- |                   |                          |
|-------------------|--------------------------|
| 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"/> |

**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)

**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: Sally American 11/20/09  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.**

*Emily Example*

(Parent/Guardian Signature)

Date: 11/20/09