

Student ID:  
FTE Number:  
Student Testing ID:  
Date of Birth:

**Parental Consent to Evaluate**

Date Sent: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student No: \_\_\_\_\_  
*First Middle Last*

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand that parental consent is not required before reviewing existing data as part of an evaluation or administering a test or other evaluation that is administered to all children, unless parental consent is required before administration to all children. Parental consent for initial evaluation shall not be construed as consent for initial provision of special education and related services. (34 CFR 300.300)

I understand that a variety of assessment tools and strategies will be used to gather relevant functional, developmental, and academic information about my child.

**Areas of Evaluation:**

- |   |  |
|---|--|
| <input type="checkbox"/> Educational                      | <input type="checkbox"/> Developmental             |
| <input type="checkbox"/> Audiological                     | <input type="checkbox"/> Medical                   |
| <input type="checkbox"/> Speech and Language              | <input type="checkbox"/> Vision                    |
| <input type="checkbox"/> Sociocultural                    | <input type="checkbox"/> Hearing Screening         |
| <input type="checkbox"/> Occupational Therapy             | <input type="checkbox"/> Psychological             |
| <input type="checkbox"/> Observation                      | <input type="checkbox"/> Physical Therapy          |
| <input type="checkbox"/> Physical Examination             | <input type="checkbox"/> Assistive Technology      |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Current Class Performance |
| <input type="checkbox"/> Other                            | <input type="checkbox"/>                           |

I consent for \_\_\_\_\_ (Local Education Agency) to conduct or administer the evaluation components listed above. The results of these evaluations will be used to determine:

1. whether my child is or continues to be a child with a disability
2. my child's educational needs
3. the other matters set forth on the attached Review of Existing Data Summary

I understand that the evaluation reports will be available to me two business days prior to the eligibility meeting. I understand that the evaluation will be completed at no cost to me and a written copy of the evaluation report(s) shall be provided to me, at no cost, prior to or at the meeting where the eligibility group reviews the evaluation report(s) or immediately following the meeting, but no later than ten days after the meeting.

Procedural Safeguards: I understand my right to withhold consent for the school division to evaluate my child. I understand that my permission is voluntary and may be revoked at anytime.

- I give consent for the evaluation.
- I do not give consent for the evaluation.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date