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# Parent/Guardian Consent For Evaluation

**Date:** **Name of Student:** **Date of Birth:**

**Dear**

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The purpose of an evaluation is to determine:

- Whether the child has one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability is adversely affecting the child's education; and,
- Whether the child needs special education and related services.

An evaluation considers domains (areas related to the suspected disability) that may be relevant to the educational problems experienced by the individual child under consideration. The nature and intensity of the evaluation, including which domains will be addressed, will vary depending on the needs of your child and the type of existing information already available. The IEP Team, of which you are a member, determines the specific assessments needed to evaluate the individual needs of your child. Within 60 school days from the date of parent/guardian consent, a conference will be scheduled with you to discuss the findings and determine eligibility for special education and related services.

The IEP Team must complete page 2 of this form prior to obtaining parental consent for evaluation.

**PARENT/GUARDIAN CONSENT FOR INITIAL EVALUATION**

I understand the school district must have my consent for the initial evaluation. If I refuse consent for an initial evaluation, the school district may, but is not required to pursue override procedures through due process. If the school district chooses not to pursue such procedures, the school district is not in violation of providing free appropriate public education to my child. I understand my rights as explained to me and contained on the **Explanation of Procedural Safeguards**. I understand the scope as described on page 2 of this form.

☐ **I give consent** ☐ **I do not give consent** ***to collect the evaluation data as described on page 2 of this form.***

*Date:* _____ *Signature of Parent/Guardian:* _____