# Parent/Guardian Consent For Evaluation/Reevaluation

## Identification of Needed Assessments

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

***This form must be completed by the IEP Team***

| DOMAIN | RELEVANT YES/NO ? | EXISTING INFORMATION ABOUT THE CHILD | ADDITIONAL EVALUATION DATA NEEDED | SOURCES FROM WHICH DATA WILL BE OBTAINED |
|---|---|---|---|---|
| **Health**<br>Current or past medical difficulties affecting educational performance. | | | | |
| **Hearing/Vision**<br>Auditory/visual problems that would interfere with testing or educational performance. Date and results of last hearing/vision test. | | | | |
| **Social/Emotional Status**<br>Information regarding how the environment affects educational performance (life history, adaptive behavior, independent functioning, personal and social responsibility, cultural background). | | | | |
| **Cognitive Functioning**<br>Data regarding cognitive ability, how the child takes in information, understands information and expresses information. | | | | |
| **Academic Achievement**<br>Current or past academic functioning data pertinent to current educational performance. | | | | |
| **Functional Performance**<br>Current or past functional performance data pertinent to current functional performance. | | | | |
| **Communication Status**<br>Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance. | | | | |
| **Motor Abilities**<br>Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance. | | | | |
| **Transition Assessment** | | | | |