

PARENTAL CONSENT FOR INITIAL EVALUATION

Date: _____

School: _____

To the Parent(s)/Guardian(s) of _____:

Results of preliminary educational screening indicate that an individual evaluation would help us determine whether (Student's Name) is a child with a disability. The information obtained from the evaluation will be used to determine whether extra help under federal and state laws is available. However, your permission is required to begin the evaluation process (see attached Permission page). Once your written permission is received, the evaluation will begin and must be completed within sixty (60) business days. You may withdraw your permission for the evaluation at any point during the process.

Qualified professionals will assess (Student's Name)'s educational performance. The evaluation will include, at a minimum, the items checked below:

- Vision and/or Hearing Screening, if not previously conducted.
- A review and analysis of all screening information, which includes school attendance, educational history, social history, and medical history.
- Interviews with the student, the family, and teachers (if in school).
- Observations of the student during daily activities: in the classroom, on the playground, at lunch, etc.
- Curriculum-based assessment to determine the most effective instructional level for the student.
- Behavioral or instructional interventions which are designed to determine if sufficient improvement can be made in the student's behavior or academic progress in the regular education program.
- Appropriate tests which are designed to measure different types of abilities may include individually administered tests of general knowledge and/or academic ability.
- Speech and language assessment.
- Functional behavior assessment.
- Medical assessment.
- Motor assessment.

- Other assessments, if needed during the course of the evaluation.

If you would like to have additional information considered in the evaluation process, please notify the person named below or write your request on the permission form.

Upon completion of the administration of assessments and other evaluation materials as noted above, you will be invited to a meeting to discuss the findings and determine if (Student's Name) is a child with a disability. A copy of the evaluation results and the determination of eligibility will be provided to you after the meeting.

You are strongly encouraged to participate in meetings at which decisions will be made about your child's educational needs. As a participant, you will be involved in setting the time and date of each meeting as well as who will be in attendance.

Parents of a child with a disability have rights, called procedural safeguards, under the *Regulations for Implementation of the Children with Exceptionalities Act, Subparts A and B*. Parental rights are described in the enclosed copy of *Louisiana's Educational Rights of Children with Disabilities*.

If you have any questions during the course of the evaluation, please contact:

Name: _____

Title: _____

Telephone No: _____

Sincerely,

Enclosure

PERMISSION TO CONDUCT AN INITIAL INDIVIDUAL EVALUATION

Date: _____

School: _____

To the Parent(s)/Guardian(s) of _____:

Please check the appropriate statements and return this form to the school as soon as possible to:

Name: _____

School: _____

I give permission for you to conduct an individual evaluation of my child, (Student's Name).

I would like you to consider the additional information listed below in the evaluation process. (List name or describe the additional tests/information.)

I refuse to give permission for you to conduct an individual evaluation of my child, (Student's Name).

I have received a copy of *Louisiana's Educational Rights of Children with Disabilities*.

Signature of Parent(s)/Guardian(s): _____

Date: _____

Date form received by the school system: _____