

FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM

Prior Notice to Initiate Evaluation: Parental Consent

Name of Student:	DOB:	Grade:	School:
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Dear Parent(s)/Guardian(s):

We are proposing to conduct an evaluation of your child and request your permission to conduct this individual assessment to help us address your child's unique needs. The reason for the proposed action is:

Initial Evaluation

Your child has been experiencing difficulties in school. We met and discussed ways to meet his/her needs and decide that a referral to determine the need for special education and related services is appropriate at this time.

- Additional data **IS** needed to determine whether your child is a child with a disability. Your parental consent is required below to conduct the assessments. See areas checked below.
- Additional data **IS NOT** needed to determine whether your child is a child with a disability. Your parental consent is not required below. If you disagree, you have the right to request an assessment to determine whether your child is a child with a disability and to determine the child's educational needs.

Reasons for the determination: _____

Reevaluation

We are conducting an evaluation to determine whether or not your child continues to be eligible to receive special education services.

Reevaluation due date: _____ (Date of the last eligibility determination)

- Additional data **IS** needed to determine whether your child continues to be a child with a disability. Your parental consent is required below to conduct the assessments. See areas checked below.
- Additional data **IS NOT** needed to determine whether your child continues to be a child with a disability. Your parental consent is not required below. If you disagree, you have the right to request an assessment to determine whether your child is a child with a disability and to determine the child's educational needs.

Reasons for the determination: _____

As a result of the review of existing data, the evaluation will include assessment in the following areas:

- Vision
- Hearing
- Health
- Intellectual/cognitive
- Academic Achievement
- Speech and Language
- Vocational
- Adaptive Behavior
- Social Emotional

The following procedures will also be conducted to gather information:

- Parent Interview
- Teacher(s) Interview
- Review of School Records
- Behavioral
- Other _____
- Other _____

Principal/Administrator	Date
Case Manager: _____	Contact No.: _____

TURN OVER FOR PARENT CONSENT

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PARENT CONSENT

My Parent rights have been provided and fully explained to me in my native language or other mode of communication.

Check ALL that apply.

- Yes, I understand my rights.** **I give my consent for the initial evaluation.**
- No, I do not understand my rights.** **I do not give my consent for the initial evaluation or reevaluation.**

Print Name

Signature/Date

Received By:

Special Education Representative:	Date Received:
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