

CONSENT FOR ASSESSMENT

Date of Referral: _____

Date of Assessment Plan: _____

Delivered/Mailed: _____

Date of Receipt: _____

Date IEP Due: _____

To Parent/Guardian of _____ Birthdate: _____ Grade: _____

District of residence: _____ School: _____

Language(s) of Home: _____ Language(s) of Pupil (Primary) - or

Other Mode of Communication (Primary) _____ (Other) _____ EL

This notice is to inform the parent(s) regarding the school district's proposal to initiate or change the: identification
 Evaluation of the above named student:

The student has been referred and/or recommended for an assessment by the following individual(s):

Parent Nurse Teacher Special Ed Teacher Other: _____

This prior written notice includes a description of the proposed evaluation, an explanation of why the district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine initial or continued eligibility for special education services. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of a meeting to discuss the results of the evaluation. If your child is found eligible for special education services, a full range of program options will be discussed.

Reason(s) for proposed assessment:

Description of other options considered and reasons for rejecting them:

Other factors relevant to the proposal:

The purpose of this assessment is to determine individual education needs. Assessment in areas checked below will be completed by appropriately qualified staff and, when appropriate, with an interpreter for the student's primary language. No single procedure may be used as the sole criterion for determining appropriate educational program(s). The assessment may include student observation in class or other settings, interview with you and a review of any reports you have authorized or that exist in current school records.

Suspected Disability _____

Assessment: Annual Initial Three-year review Transfer Other _____

ASSESSMENT AREA

ACADEMIC ACHIEVEMENT

ADAPTIVE BEHAVIOR
/SELF-HELP

MOTOR DEVELOPMENT

LANGUAGE, SPEECH &
COMMUNICATION
DEVELOPMENT

INTELLECTUAL (COGNITIVE)
DEVELOPMENT

HEALTH (INC. VISION &
HEARING)

AUDIOLOGICAL
ASSESSMENT

DESCRIPTION OF MATERIALS AND PROCEDURES

PURPOSE: These tests measure pre-academic, reading, spelling, arithmetic, oral and written language skills, and/or general knowledge.

PURPOSE: These scales indicate how your child takes care of personal needs at home, school, and in the community.

PURPOSE: These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured.

PURPOSE: These tests measure your child's ability to understand and use language and communicate clearly and appropriately.

PURPOSE: These tests measure how well your child thinks, remembers, processes information, and solves problems.

PURPOSE: Health information and testing is gathered to determine how your child's health affects school performance. (Vision and hearing screening will be completed for all initial assessments and three-year reviews.)

PURPOSE: These tests measure the nature and degree of possible hearing loss. Test measures how well your child hears, understands, and listens to speech.

PERSONNEL

ALTERNATIVE MEANS

PURPOSE: This is a multi-purpose category of assessment. (Describe alternative methods of assessing the child, if applicable.)

VOCATIONAL ABILITIES/
INTERESTS

PURPOSE: These tests and procedures will provide information on vocational interests and needs.

SOCIAL/EMOTIONAL

PURPOSE: This area will indicate how your child feels about him/herself, gets along with others, and their ability to regulate his/her emotions.

OTHER AREAS OF ASSESSMENT: Family History; Other _____

Steps taken to accommodate assessment in student's primary language or mode of communication: Does not apply

Describe: _____

PLEASE CHECK THE FOLLOWING ITEM IF APPROPRIATE:

Other evaluations that should be considered/reports to be reviewed (Please include copies) _____

If you have any questions about Consent for Assessment, or would like to meet to discuss it, please contact the following person before signing:

Name _____ Phone _____



PARENT CONSENT FOR ASSESSMENT (Please initial next to the approved statements below)

_____ I understand the assessment plan and I have received a copy of the parental rights. I understand that no individualized education program will result from this assessment without my consent. [Ed Code Section 56321(b)(4)]

_____ Yes, I give my permission to conduct this assessment as described.

_____ No, I do not give my permission for this assessment.

Parent Signature _____ Date _____

Parent Guardian Surrogate

Address _____ Phone _____