

**PARENTAL PRIOR WRITTEN NOTICE/CONSENT FOR EVALUATION
ARSD 24:05:25**

<i>Please read through this form, sign, and return last the page to the school.</i>		
SCHOOL DISTRICT:	DATE SENT:	
STUDENT NAME () k-∞:		
PARENT/GUARDIAN NAME:		
DOB:	AGE:	GRADE:

Purpose of Notification	
<input type="checkbox"/>	Initial/Referral for an evaluation.
<input type="checkbox"/>	Re-evaluation of the student’s continued need for special education or special education and related services.
<input type="checkbox"/>	Additional Evaluation: _____

Per our conversation/visit on _____, it was agreed that the areas listed below will be evaluated and/or previous evaluation information will be used to determine eligibility or continued eligibility for special education services.

Documented Parent Input:

Comprehensive evaluation data must be collected to assist the team in determining if your child is a child with a disability and whether the child is in need of services. The following areas of evaluation are needed and will be administered or if noted, previous evaluation information will be used:

<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Observation	<input type="checkbox"/> Fine Motor
<input type="checkbox"/> Ability	<input type="checkbox"/> Articulation	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Adaptive Behavior (to include social)	<input type="checkbox"/> Language	<input type="checkbox"/> Audiological
<input type="checkbox"/> Behavior	<input type="checkbox"/> Fluency	<input type="checkbox"/> Ophthalmological
<input type="checkbox"/> Social	<input type="checkbox"/> Voice	<input type="checkbox"/> Chronic/Acute Health (Diagnosis)
<input type="checkbox"/> Transition	<input type="checkbox"/> Braille	<input type="checkbox"/> Current Medical Data/Records
<input type="checkbox"/> Developmental (Cognitive, Adaptive, Motor, Communication, Personal-Social)	<input type="checkbox"/> Autism	<input type="checkbox"/> Orientation/Mobility

List Any Other Areas to be Evaluated: (May include areas such as vision screen hearing screen, sensory motor, visual motor, personality, emotional, etc...)

Previous Evaluation Data: If previous evaluations are to be used, document the following:		
<u>Evaluation Area:</u>	<u>Test Administered:</u>	<u>Date:</u>

Note: Skill-based assessment data in the suspected areas of disability will be gathered as part of the evaluations administered above.

PARENTAL PRIOR WRITTEN NOTICE/CONSENT FOR EVALUATION
ARSD 24:05:25

Sign, Date and Return to the District

SCHOOL DISTRICT:		DATE SENT:
STUDENT NAME:		
PARENT/GUARDIAN NAME:		
DOB:	AGE:	GRADE:

Purpose of Notification	
<input type="checkbox"/>	Initial/Referral for an evaluation.
<input type="checkbox"/>	Re-evaluation of the student's continued need for special education or special education and related services.
<input type="checkbox"/>	Additional Evaluation: _____

I CONSENT for my child to be evaluated in the areas identified on this consent form. I have a copy of my procedural safeguards that explains due process procedures.

I DO NOT CONSENT for my child to be evaluated in the areas identified on this consent form. I have a copy of my procedural safeguards that explains due process procedures.

Parent/Guardian Signature: _____

Date Signed: _____

I am willing to extend the 25 school day timeline for the completion of all my student's evaluations to the following date:

_____/_____/_____. (Parent Initials) _____
(Month) (Day) (Year)

For District Use:		
Date consent was received by the district: _____.		
Evaluations must be conducted within 25 school days or by the extension date. Date to be completed by: _____		
Determination of eligibility made within 30 calendar days. Eligibility must be determined by: _____		
Reasonable effort was made to gain parent consent:		
1 st Contact Date _____	Method _____	Response _____
2 nd Contact Date _____	Method _____	Response _____
3 rd Contact Date _____	Method _____	Response _____