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

Please read through this form, sign, an	id return last the pag					
SCHOOL DISTRICT:		DATE SENT:				
STUDENT NAME *)) k-ox						
PARENT/GUARDIAN NAME:	ACE:	CDA	ADF.			
DOB:	AGE:	GRA	ADE:			
	Purpose of	Notification				
Initial/Referral for an evaluation. Re-evaluation of the student's continued need for special education or special education and related services. 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:						
Academic Achievement	Observation		Fine Motor			
Ability	Articulation		Gross Motor			
Adaptive Behavior (to include	Language		Audiological			
social) Behavior	Fluency		Ophthalmological			
Social	Voice	H	Chronic/Acute Health (Diagnosis)			
Transition	Braille		Current Medical Data/Records			
Developmental (Cognitive,	Autism		Orientation/Mobility			
Adaptive, Motor,			, , , , , , , , , , , , , , , , , , , ,			
Communication, Personal-Social)						
List Any Other Areas to be Evaluated: (May include areas su	ch as vision screen hearir	ng screen, sensory motor, visual			
motor, personality, emotional, etc)						
Previous Evaluation Data: If previous evaluations are to be used, document the following:						
Evaluation Area:	<u>Test Administ</u>	<u>:ered:</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.

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Explanation of Action Proposed or Refused: (Must address each section below)

a. Explanation of why the district proposed or refused to take the action:	
b. Description of other options that the IEP team considered and the reasons why those options were rejected:	
c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:	
d. Description of other factors that are relevant to district's proposal or refusal:	
If you have questions or concern about the proposed plan, please contactat	
Parents Rights Resources: The information provided on this form will remain confidential. If you need a copy of the procedural safeguards or assistance understanding your protections, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553.	on
Note: If this notice is not an initial referral for evaluation, a copy of procedural safeguards may be obtained from dis administration.	trict

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Sign, Date and Return to the District

SCHOOL DISTRICT:		DATE SENT:				
STUDENT NAME:						
PARENT/GUARDIAN NAME:						
DOB:	AGE:		GRADE:			
Purpose of Notification						
Initial/Referral for an evaluation. Re-evaluation of the student's continued need for special education or special education and related services. 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: /						
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: 1st Contact Date Method Response 2nd Contact Date Method Response 3rd Contact Date Method Response						