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| **STUDENT NAME:**         | **SIMS:**      |
| **PARENT/GUARDIAN NAME:**         | **DATE SENT:**      |
| **MAILING ADDRESS:**      | **SECONDARY ADDRESS:**      |
| **HOME PHONE NUMBER:**      | **SECONDARY PHONE NUMBER:**      |
| **SCHOOL DISTRICT:**      | **SCHOOL:**      |
| **DOB:**      | **AGE:**      | **GRADE:**      |
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| **Purpose of Notification:** The school district must give you a written notice and seek your informed consent whenever the school district proposes to conduct an evaluation or reevaluation of your child. |

☐ Initial evaluation to determine:

* Whether your child is a child with a disability,
* The educational strengths and needs of your child and
* Whether your child needs special education or special education and related services.

☐ 3-Year Reevaluation to determine:

* Whether your child continues to be a child with a disability,
* The educational strengths and needs of your child and
* Whether your child continues to need special education or special education and related services

☐ Reevaluation request by you.

☐ Reevaluation request by the school district.

☐ Additional Evaluation: (specify)

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| 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, existing evaluation information will be used (Note: Skill-based assessment data in the suspected areas of disability will be gathered as part of the evaluations administered below):*

☐ Academic Achievement ☐ Articulation ☐ Audiological

☐ Ability ☐ Language ☐ Ophthalmological

☐ Observation ☐ Fluency ☐ Chronic/Acute Health (Diagnosis)

☐ Adaptive Behavior (to include social) ☐ Voice ☐ Current Medical Data/Records

☐ Behavior ☐ Fine Motor ☐ Autism Specific Instrument

☐ Transition ☐ Gross Motor ☐ Orientation/Mobility

☐ Developmental (Cognitive, Adaptive, Motor, Communication, Personal/Social) ☐ Braille

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| List other areas to be evaluated: (Might include areas such as: ☐ vision screen, ☐ hearing screen, ☐ sensory motor,☐ visual motor, ☐personality, ☐social/emotional, ☐ functional behavior assessment, etc...) |

Existing Evaluation Data: If existing evaluations are to be used, document the following:

Evaluation Area: Test Administered: Date:

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

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| 1. Explanation of why the district proposed or refused to take the action:
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| 1. Description of other options that the IEP team considered and the reasons why those options were rejected:
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| 1. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:
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| 1. Description of other factors that are relevant to district’s proposal or refusal:
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| If you have questions or concern about the proposed plan, please contact        at       .**Parental Rights Resources:**You have protections under procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your protections, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553. |

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| **STUDENT NAME:**         | **SIMS:**      |
| **PARENT/GUARDIAN NAME:**         | **DATE SENT:**      |
| **DOB:**      | **AGE:**      | **GRADE:**      |
| **SCHOOL DISTRICT:**      | **SCHOOL:**      |
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| **(Sign and return this page to the District, page 1 and 2 should be kept for your records.)**☐ **I CONSENT1** 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 CONSENT1** 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:        |

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| 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)        |

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| **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        |

**Note:** Parents must be given a copy of their procedural safeguards upon initial or parent request for evaluation. If this notice is not an initial referral for evaluation, a copy of procedural safeguards may be obtained from district administration.

 Consent definition can be found in Administrative Rules of South Dakota (ARSD) 24:05:13:01

**For Re-evaluations Only:**

Annual IEP Date:        3-Year Re-evaluation Date: