

# PERMISSION TO EVALUATE

\*\*\*\*\* School Age

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Name and Address of Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

Your child has been referred for evaluation for the following reason(s):

We request your consent to conduct an evaluation of your child. We must have your consent before we can begin. Giving your consent for evaluation does not mean you give consent to special education placement or services. In the evaluation, we will review your child's educational needs and strengths (as shown by academic achievement, functional performance, a review of existing data, current classroom-room based observations and evaluations, local and state assessments, and information from you). Specific types of assessment tools, tests and procedures that will be used in the evaluation include the following:

A multidisciplinary team will conduct the evaluation. As parent(s), you are a member of the team. If a team meeting is held you will be invited. Information from you is to be considered by the team as part of the evaluation process. If you want to send written comments, please do so. You are entitled to participate in any meetings with respect to the identification and evaluation of your child.

The multidisciplinary team must determine whether your child is a child with a disability and will prepare recommendations regarding your child's educational program, and whether your child is in need of, and is eligible for special education and related services. This information will be outlined in an Evaluation Report (ER). If your child is in need of special education, you will be invited to participate in developing an IEP. The ER is to be completed and a copy of the ER is to be presented to you no later than 60 school days (60 calendar days for charter schools) after we have received your written permission for the evaluation.

The evaluation is proposed for the following date(s): \_\_\_\_\_

Please read the enclosed **Procedural Safeguards Notice**\* that includes parent resources such as state or local advocacy organizations. If you have any questions, or if you need the services of an interpreter, please contact me.

\_\_\_\_\_  
Name Position Phone

**DIRECTIONS FOR PARENTS:** Please check the appropriate item(s) and sign below.

- I give consent to start an initial evaluation as you propose.
- I object to the proposed initial evaluation; I would like to schedule:
  - An informal meeting to discuss this request with school personnel
  - Pre-hearing conference (not applicable for Charter Schools)
  - Mediation
  - Due Process Hearing

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Parent/Guardian Signature	Date	Daytime Phone
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Please return this entire form to: \_\_\_\_\_  
 Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* The enclosed *Procedural Safeguards Notice* provides information on the options listed above.