Enter District Name Here

Consent to Evaluate/Re-Evaluate

1

|  |  |
| --- | --- |
| Student’s Full Name: Write the complete date (mm/dd/yy). The date on the invitation to the ARC meeting is at least seven (7) calendar days prior to the date of the ARC meeting unless the meeting is for disciplinary change in placement or a safety issue. If the parent(s) requested or agreed to meet earlier, document this on the ARC Meeting Invitation.There is documentation of the district’s attempts to arrange a mutually-agreed-on time and place. Check the box to indicate First Notice or Second Notice. One notice must be the ARC Meeting Invitation Form. The other notice may be documented as: * a phone call prior to sending the notice;
* a follow up phone call (after sending the notice);
* a handwritten note to the parent;
* a returned copy of the Notice with the parent(s) signature;
* another copy of the notice;
* a home visit;
* documentation on the Parent Contact Sheet;

**Note:** If the parent does not attend the meeting and there is no documentation of a second attempt, the ARC must send another Notice of Invitation, giving the parent(s) 7 calendar days notice.Insert the name of the student representative.Insert the student’s full name and date of birth.The purpose of the meeting may include several reasons; check all of the reasons that apply. **For students who are in 8th grade or age 14 and older**, the purpose of the meeting indicates the ARC discussion of postsecondary needs and/or services.Document the date, time, and location of the meeting. Include the address if it will benefit the parent.Check the titles of the participants invited to attend the meeting. Invite only the participants who can contribute the purpose of the meeting (as stated above). **There must be a Regular Education Teacher and a Special Education Teacher invited to the meeting.** **For students who are in 8th grade or age 14 and older**, ensure the student is invited. **For children transitioning from First Steps**, ensure an invitation is sent to the First Steps Service Coordinator or other representatives of the Part C system.**For students who are age 16 or older** who have a Consent for Release of Information on file for agency representatives to attend the ARC meeting, check the appropriate boxes.An option for the parent(s) to note the need for alternative meeting times, dates, locations, and means of participation;A statement informing the parent(s) they may bring persons to assist them in the meeting;105Write the name of the Chairperson. It does not have to be a signature. Include the telephone number of the Chairperson. | Date:   |
| Date of Birth:  | SSID:  |

I agree, based upon the recommendations of the Admission and Release Committee (ARC), to an individual evaluation for my child/student. I understand the attached ARC Conference Summary explains this proposal and outlines specific evaluation procedures.

I agree for evaluation in each of the ARC selected areas for assessment indicated below:

2

[ ]  Health [ ]  Vision

[ ]  Hearing [ ]  Social and emotional status

[ ]  General intelligence [ ]  Academic Performance

[ ]  Communication status [ ]  Motor abilities

[ ]  Vocational Evaluation [ ]  Functional Vision/Learning Media Assessment

[ ]  Other (Specify)

I understand that the evaluation will be conducted by a multidisciplinary team of qualified staff from the school district or by agencies/professionals with whom the local education agency contracts, through the use of a variety of assessment tools and strategies which may include norm-referenced and performance based testing, behavior observations, interviews, and rating scales. The tests are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Assessments will be administered in the child/student’s native language or other mode of communication. [300.532 (a)(1)(ii)] Upon completion of the tests and other evaluation materials an Admissions and Release Committee meeting will be held to determine whether your child is a child with a disability.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency as described in the sending district’s policies and procedures.

I have been advised in my native language or other mode of communication and understand the contents of the consent. A copy and explanation of procedural safeguards has been provided to me. I understand that my consent is voluntary and may be revoked at any time. Should I revoke consent I understand that it is not retroactive. If this is a re-evaluation, failure to respond to a request for consent shall result in the school district proceeding with the special education evaluation.

3

[ ]  Yes, I understand the above information and do give my consent for a full individual evaluation in the area(s) listed above.

4

[ ]  For re-evaluation purposes, I acknowledge that there is no additional data needed to determine that my child/student continues to be a child/student with an educational disability. I have been informed of the reasons no additional data is needed. I understand that I may request further assessment should I feel it is needed.

5

[ ]  No, I understand the above information **and do not** give my consent.

7

6

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Student Signature Date

Consent to Evaluate/Re-evaluate

This form is used to obtain informed consent from parents(s), guardian(s), or other legally specified student representatives to evaluate or re-evaluate the student to determine eligibility for special education and related services.

1

Write the student’s name; the current date (mm/dd/yy); the student’s date of birth; and the student’s identification number, if applicable.

2

Check the appropriate boxes that correspond with the areas the ARC selected for evaluation or re-evaluation.

3

Check the YES box if the parent agrees to the evaluation as described in the Conference Summary and on the Consent to Evaluate/Re-evaluate form and, if appropriate, the Evaluation Planning Form.

4

Check the “For re-evaluation purposes” box if the parent acknowledges that additional data is not needed for a re-evaluation.

5

Check the NO box if the parent does not agree to the evaluation as described in the Conference Summary and on the Consent to Evaluate/Reevaluate.

6

Secure the parent’s or student’s signature.

7

Enter the date on the form on which it was signed by the parent or student.