



Exceptional Student Education
Informed Notice and Consent for Initial Placement

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_
Other ID: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language at Home: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Home Phone: \_\_\_\_\_
Parent/Guardian Address: \_\_\_\_\_

Your child is eligible for special education and services. In order to meet your child's educational needs, we are proposing placement in the special education program(s): \_\_\_\_\_

You were invited to participate as a member of the Individual Educational Plan (IEP) team that made this proposal based upon a review of your child's performance on the following evaluation procedures, tests and/or records:

Intellectual Evaluations:

- Wechsler Intelligence Scale for Children
Wechsler Nonverbal Scale of Ability
Kaufman Assessment Battery for Children
Other:
Developmental Profile
Naglieri Nonverbal Abilities Test
Reynolds Intellectual Assessment Scales

Process Tests:

- Woodcock-Johnson Cognitive
Beery-Buktenika Visual Motor Integration Test
Other:
Comp. Test of Phono. Processing
Bender Visual-Motor Gestalt Test

Physical/Occupational Therapy Assessments:

- Occupational Therapy Evaluation
Physical Therapy Evaluation
Other:
Criteria for Educational Relevant Therapy
Assistive Technology Evaluation

Academic Assessments:

- Gray Oral Reading Test
Kaufman Test of Ed. Achievement
Woodcock-Johnson Test of Achievement
Progress Monitoring - RtI Tier 3 Interventions
Other:
Wechsler Individual Achievement Test
Kaufman Survey of Early Academic/Language Skills
Diagnostic Assessment of Reading
Young Children's Achievement Test

Adaptive Scales:

- Adaptive Behavior Assessment System
Vineland Adaptive Behavior Scales
Other:
Developmental Profile
Battelle Developmental Inventory

Behavioral/Projective Assessments:

- Behavior Assessment System for Children
Child Behavior Checklist
Autism Spectrum Rating Scale
Other:
RtI/Behavior Intervention
Functional Behavior Assessment
Autism Diagnostic Observations Schedule

Speech Tests:

- Goldman-Fristoe Test of Articulation
Stuttering Severity Instrument
Other:
Oral-Peripheral Exam

**Language Tests:**

- |   |  |
|---|--|
| <input type="checkbox"/> Test of Lang. Dev. – Prim./Interm.     | <input type="checkbox"/> Compr Recept and Express Vocab Test |
| <input type="checkbox"/> Express./Recept. One-Word Pict. Vocab. | <input type="checkbox"/> Social Lang. Dev. Test – Elem./Adol |
| <input type="checkbox"/> Oral and Written Language Scales       | <input type="checkbox"/> Compr Assess of Spoken Language     |
| <input type="checkbox"/> Clinical Eval. of Lang. Fundamentals   | <input type="checkbox"/> Comprehensive Test of Phon Process  |
| <input type="checkbox"/> Battelle Developmental Inventory       | <input type="checkbox"/> Word Test                           |
| <input type="checkbox"/> Other: _____                           |  |

**Other:**

- |  |   |
|--|---|
| <input type="checkbox"/> Checklist of Gifted Characteristics | <input type="checkbox"/> Social/Developmental History |
| <input type="checkbox"/> Student Interest Survey             | <input type="checkbox"/> Medical Information          |
| <input type="checkbox"/> Other: _____                        |   |

**The team developed an IEP on** (date) \_\_\_\_\_ to meet your child’s special education and service needs. (A copy of the plan is being provided to you.) The education program placement options for implementing the plan are described below. Each option was considered by the team and the recommended option has been checked.

- Regular Class (more than 79% with non-disabled)
- Resource Room (more than 40%, but less than or equal to 79% with non-disabled)
- Separate Class (less or equal to 40% with non-disabled)
- Hospital/Homebound
- Other:

**The other placement options** were rejected by the committee because they:

- Did not provide the least restrictive environment for your child.
- Did not provide the amount of individual or small group instruction required by your child.
- Did not provide the amount of academic challenge required by your child.
- Other:

Any other factors relevant to the placement option recommendation include: \_\_\_\_\_

Your written consent for the recommended initial placement is required prior to implementation of the plan for your child. Upon consent for initial placement, you will receive written notice if any placement change is recommended in the future. As parent(s)/guardian(s) of a child with a disability you have protections under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, FAC, *Procedural Safeguards for Students with Disabilities* and/or Rule 6A-6.03313, FAC, *Procedural Safeguards for Students Who Are Gifted*. These documents are also available on the School Board website at [www.sbac.edu](http://www.sbac.edu). Should you want additional copies of the Procedural Safeguards or additional information about your rights, you may contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Location: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Placement Consent**

- Yes, I consent to the educational placement proposed for my child.
- No, I do not give my consent to the educational placement for my child.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_