



Exceptional Student Education  
**Informed Notice and Consent for Initial Placement – for Pre-Kindergarten**

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 Cognitive:**

- |  |   |
|--|---|
| <input type="checkbox"/> Battelle Developmental Inventory        | <input type="checkbox"/> Developmental Profile                              |
| <input type="checkbox"/> Kaufman Assessment Battery for Children | <input type="checkbox"/> Primary Test of Nonverbal Intelligence             |
| <input type="checkbox"/> Reynolds Intellectual Assessment Scales | <input type="checkbox"/> Wechsler Preschool & primary Scale of Intelligence |
| <input type="checkbox"/> Other: _____                            |   |

**Processing:**

- |  |  |
|--|--|
| <input type="checkbox"/> Woodcock-Johnson Test of Cognitive            | <input type="checkbox"/> Comp. Test of Phono. Processing |
| <input type="checkbox"/> Beery-Buktenika Visual Motor Integration Test | <input type="checkbox"/> Other: _____                    |

**Motor:**

- |  |   |
|--|---|
| <input type="checkbox"/> Battelle Developmental Inventory          | <input type="checkbox"/> Occupational Therapy Evaluations |
| <input type="checkbox"/> Developmental Profile                     | <input type="checkbox"/> Physical Therapy Evaluation      |
| <input type="checkbox"/> Considerations for Educ. Relevant Therapy | <input type="checkbox"/> Assistive Technology Evaluation  |
| <input type="checkbox"/> Other: _____                              |   |

**Academic/Pre-Academics:**

- |  |  |
|--|--|
| <input type="checkbox"/> Bracken Basic Concept Scale: Expressive       | <input type="checkbox"/> Bracken Basic concept Scale: Receptive  |
| <input type="checkbox"/> Kaufman Survey – Early Academics/Lang. Skills | <input type="checkbox"/> Kaufman Test of Educational Achievement |
| <input type="checkbox"/> Woodcock-Johnson Tests of Achievement         | <input type="checkbox"/> Other: _____                            |

**Adaptive:**

- |  |   |
|--|---|
| <input type="checkbox"/> Adaptive Behavior Assessment System | <input type="checkbox"/> Developmental Profile            |
| <input type="checkbox"/> Vineland Adaptive Behavior Scales   | <input type="checkbox"/> Battelle Developmental Inventory |
| <input type="checkbox"/> Other: _____                        |   |

**Social-Emotional/Behavior:**

- |  |  |
|--|--|
| <input type="checkbox"/> Achenbach System of Empirically Based Assess. | <input type="checkbox"/> Autism Spectrum Rating Scales           |
| <input type="checkbox"/> Battelle Developmental Inventory              | <input type="checkbox"/> Behavior Assessment System for Children |
| <input type="checkbox"/> Conners Early Childhood                       | <input type="checkbox"/> Developmental Profile                   |
| <input type="checkbox"/> Other: _____                                  |  |

**Speech:**

- |  |   |
|--|---|
| <input type="checkbox"/> Ala. Co. Intelligibility Rating Scale, Articulation Phonology Severity Rating and Summary Scale | <input type="checkbox"/> Goldman Fristoe Test of Articulation       |
| <input type="checkbox"/> Iowa Severity Rating for Fluency  | <input type="checkbox"/> Hodson Assessment of Phonological Patterns |
| <input type="checkbox"/> Oral-Peripheral Exam  | <input type="checkbox"/> Khan-Lewis Phonological Analysis           |
| <input type="checkbox"/> Stuttering Prediction Instrument for Young Child.   | <input type="checkbox"/> Presch Typical Learning Environment Check. |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Stuttering Severity Instrument             |

**Language:**

- |   |   |
|---|---|
| <input type="checkbox"/> Children's communication Checklist               | <input type="checkbox"/> Clinical Eval Lang. Fund. Descriptive Prag. Pro. |
| <input type="checkbox"/> Clinical Eval. of Language Fundamental Preschool | <input type="checkbox"/> Informal Language Sample                         |
| <input type="checkbox"/> Iowa Severity                                    | <input type="checkbox"/> Oral and Written Language Scales                 |
| <input type="checkbox"/> Preschool Language Scales                        | <input type="checkbox"/> Preschool Typical Learning Environment Checklist |
| <input type="checkbox"/> Rating Scale for Language                        | <input type="checkbox"/> Receptive Expressive Emergent Language Test      |
| <input type="checkbox"/> Other: _____                                     |   |

**Other:**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Social/Developmental History |
| <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)  
☐ 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.  
☐ 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: \_\_\_\_\_