

Informed Notice and Consent for Initial Evaluation

Student Name: _____	Today's Date: _____
Student #: _____ School: _____	Grade: _____
Date of Birth: _____ Sex: _____ Race: _____	Primary Language at Home: _____
Parent/Guardian Name: _____	
Parent/Guardian Address: _____	
Parent/Guardian Home Phone: _____	Work Phone: _____

Your child's Educational Planning Team has met with you on (dates) to review your child's progress in school. Based on a review of your child's records, which include educational performance, response to interventions, test/assessment and reports, observations, conferences, and/or other: _____, a full and complete individual evaluation is recommended to assist us in meeting the educational needs of your child. This evaluation is being requested for the following reason:

- to determine if your child has an educational disability to determine if your child is in need of gifted services.

Other factors which are relevant to this proposal may include: _____

The following educational options have been considered or used with your child: (Please check)

- | | | |
|---|--|---|
| <input type="checkbox"/> Title I | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Response to Interventions/MTSS Model |
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> Community Agency Referral | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Change in level of instruction | <input type="checkbox"/> Change in Instructional Methods | <input type="checkbox"/> Other _____ |

At this time, the option(s) were determined insufficient in meeting the educational needs of your child and have been rejected as the primary method(s) of assisting your child. We must, therefore, have your consent to conduct this evaluation. The evaluator(s) will select specific assessment areas based on your child's needs. The information below describes the tests or procedures which may be used in this evaluation.

- **Developmental** – To assess motor, cognitive, communication and social skills, which may include adaptive behavior.
- **Psycho-Educational** – To assess intellectual, academic, processing, behavioral/social, or language skills. This process may include assessment of gifted characteristics and the student interest survey.
- **Vision** – To assess visual ability and/or functional vision.
- **Hearing** – To assess acuity.
- **Communication** – To assess language abilities, articulation skills, fluency and voice quality. check if for speech only
- **Social/Emotional** – To assess the behavioral, social or emotional factors affecting learning.
- **Motor/Physical** – To assess fine and/or gross motor skills.
- **Other** - _____

After the evaluation is completed, a report will be written based upon the results. Results of the evaluation will be reviewed to determine eligibility for services at a meeting scheduled to occur no later than (date). As parent(s)/guardian(s), 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 Exceptional Students Who Are Gifted*. The document describing these rights has been provided to you and is also available on the School Board website at www.sbac.edu. Should you want additional copies of the Procedural Safeguards or additional information about your rights, you may contact:

_____	at _____	_____	_____
<i>name</i>	<i>title</i>	<i>location</i>	<i>phone</i>
_____	at _____	_____	_____
<i>name</i>	<i>title</i>	<i>location</i>	<i>phone</i>

Please indicate your decision regarding the evaluation by checking the spaces provided below and signing and dating this form. Upon your consent, your child is referred for the evaluation.

Principal/Designee *date*

Procedural Safeguards

- This Informed Notice and Consent form has been explained to me.
 I have received a copy and an explanation of the Procedural Safeguards

Consent (check one)

- Yes, I give my consent for the proposed evaluation.
 No, I would like a conference before giving consent for evaluation.
 No, I do not give my consent for the proposed evaluation.

Signature of Parent/Guardian: _____ Date: _____