

## Form #3a - Consent for a Special Education Evaluation

Student's Name: Mateo Velez Student #: 123456

Date of Birth: 07/09/2012 Date Sent: 10/1/2023

This form is to request your written consent to a special education evaluation of:

Student name: Mateo Velez

I give my consent for the special education evaluation detailed in Form 2. Giving your consent for an evaluation does not mean you give consent for your child to receive special education and related services. If your child is eligible for special education, you will be asked to provide written consent for the initial provision of special education services following the development of an Individualized Education Program.

The evaluation process and my parental rights have been explained to me. I understand that giving my consent is voluntary and may be revoked at any time. If I do choose to withdraw my consent, I understand this withdrawal will not apply to any testing that may have already been completed.

Signature: Tara and Douglas Velez Date: 10/1/2023

Printed Name: Tara and Douglas Velez

### Initial Evaluation

The tests/evaluation procedures listed below were recommended.

The EPT has decided that the available evaluation information listed below is sufficient to determine eligibility:

Reason: Mateo's team of teachers and grandparents are concerned about his reading fluency and written expression and the impact it has on his access to cross curricular content and multilingual instruction.

Concern or area evaluated: Reading Fluency, Math Reasoning, and Written Expression

Assessment(s)/Evaluation(s) Used: WJIII

Professional who administered assessment/evaluation: Eliza McDonald

Role of Professional: School Psychologist

### **Contact Information:**

If you have questions about this document or would like additional information, please contact:  
the [Special Education Monitoring Team](#)

Concern or area evaluated: Functional and Behavioral Skills

Assessment(s)/Evaluation(s) Used: Behavior Assessment System for Children (BASC)

Professional who administered assessment/evaluation: Willow Jones

Role of Professional: School Psychologist

Re-Evaluation

Evaluation Procedures:

The tests/evaluation procedures listed below were recommended.

The IEP has determined that no additional tests/evaluations are needed to determine continuing eligibility for special education services (and no parent consent is required):

Reason: \_\_\_\_\_

Concern or area evaluated: \_\_\_\_\_

Assessment Area: \_\_\_\_\_

Assessment(s)/Evaluation(s) To Be Used: \_\_\_\_\_

Professional to administer assessment/evaluation: \_\_\_\_\_

Role of Professional: \_\_\_\_\_

I do not give my consent for a special education evaluation as detailed in Form 3. I understand that not granting my consent is voluntary and that I may change my decision at any time. If I do not grant this consent to determine whether there is eligibility for an individual education program, I understand that should my child (or myself) be involved in a major disciplinary situation my child (or myself) would not receive the protections available only to those students with a disability or suspected of having a disability and are in the process of being evaluated.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status.

Adaptations/accommodations required for this evaluation are: Tara and Douglas will receive a copy of the BASC checklist in both Spanish and English. The school psychologist is trained in testing students who are Multilingual and Mateo will have the support of his multilingual teacher.

No adaptations/accommodations required

If this is an evaluation to determine if a student continues to be eligible for special education services, my failure to respond to this request for consent will result in the school district proceeding with the special education evaluation as described in the Evaluation Plan.

If you have any questions or would like to discuss this further, please contact me at:

Phone: Clay Naughton

Email: CNaughton@AgElem.edu

Postal Address: Agency Elementary 1267 College Street Montpelier, VT

Sincerely,

Signature: Clay Naughton

Printed Name: Clay Naughton

Position: Assistant Principal and LEA

Date Received by School District: 10/1/2023