

Form #3a - Consent for a Special Education Evaluation

Student's Name: Wesley SchillingStudent #: 234567Date of Birth: 02/13/2010Date Sent: 11/1/2023

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

Student name: Wesley Schilling

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: Joe and Lisa SchillingDate: 11/1/2023Printed Name: Joe and Lisa Schilling

Initial Evaluation

The tests/evaluation procedures listed below were recommended.

Concern or area evaluated: Executive FunctioningAssessment(s)/Evaluation(s) Used: Behavior Rating Inventory of Executive Functioning (BRIEF)Professional who administered assessment/evaluation: Ray McDougalRole of Professional: School PsychologistConcern or area evaluated: Social PragmaticsAssessment(s)/Evaluation(s) Used: Behavior Assessment System for Children (BASC)Professional who administered assessment/evaluation: Eliza McDonaldRole of Professional: Special Education TeacherRole 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](#).

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: Parents requested to minimize testing when possible due to Wesley's processing needs.

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: 802-355-2308

Email: SBeach@Agency.edu

Postal Address: Agency Middle School 1267 College Street Montpelier, VT

Sincerely,

Signature: Stacy Beach

Printed Name: Stacy Beach

Position: Special Education Coordinator

Date Received by School District: 11/1/2023