

Form #3a - Consent for a Special Education Evaluation

Student's Name: _____ Student #: _____

Date of Birth: _____ Date Sent: _____

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

Student name: _____

I give my consent for the special education evaluation detailed in Form 3. 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: _____ Date: _____

Printed Name: _____

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: _____

Concern or area evaluated: _____

Assessment Area: _____

Assessment(s)/Evaluation(s) To Be Used: _____

Professional to administer assessment/evaluation: _____

Role of Professional: _____

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: _____

Assessment Area: _____

Assessment(s)/Evaluation(s) To Be Used: _____

Professional to administer assessment/evaluation: _____

Role of Professional: _____

Concern or area evaluated: _____

Assessment Area: _____

Assessment(s)/Evaluation(s) To Be Used: _____

Professional to administer assessment/evaluation: _____

Role of Professional: _____

Concern or area evaluated: _____

Assessment Area: _____

Assessment(s)/Evaluation(s) To Be Used: _____

Professional to administer assessment/evaluation: _____

Role of Professional: _____

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: _____

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: _____

Email: _____

Postal Address: _____

Sincerely,

Signature: _____

Printed Name: _____

Position: _____

Date Received by School District: _____