

WRITTEN NOTICE OF PROPOSAL FOR INITIAL EDUCATIONAL EVALUATION AND REQUEST FOR CONSENT

Date Sent _____

Student's name _____ Birth Date _____ Age _____

School Corp. _____ School Attending _____ Grade _____

As the parent of the above-referenced student, you or a school person have made a request for an educational evaluation to determine if the student is eligible for special education and related services. This Written Notice is to advise you that the school proposes to conduct the educational evaluation and to obtain your written consent for the evaluation.

The school based this decision on a review of the following:

- | | | |
|------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Previous evaluation results | <input type="checkbox"/> District & State tests | <input type="checkbox"/> Independent evaluation results |
| <input type="checkbox"/> Classroom work samples | <input type="checkbox"/> Teacher observation and/or report | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> Student's grades | <input type="checkbox"/> Intervention reports | <input type="checkbox"/> First Steps Referral/Records |
| <input type="checkbox"/> Other staff reports | <input type="checkbox"/> Progress reports on goals | <input type="checkbox"/> Information from parent(s) |
- Other information (list here) _____

Other factors that are considered relevant to the school's decision include (if none, indicate none here) _____

The suspected disability or disabilities for which the student will be evaluated are: (check all that apply)

- | | | |
|---------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Blind or Low Vision | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Language/ Speech Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Multiple Disabilities | |
| <input type="checkbox"/> Deaf and Blind | <input type="checkbox"/> Other Health Impairment | |

The school proposes to assess the following areas:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individualized Family Plan | <input type="checkbox"/> Assessment of functional literacy |
| <input type="checkbox"/> Development Assessment | <input type="checkbox"/> Vision and hearing screening |
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Assessment of functional vision |
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Assessment of motor skills and sensory responses as it relates to <i>occupational therapy</i> |
| <input type="checkbox"/> Assessment of progress and interventions | <input type="checkbox"/> Assessment of motor skills including travel skills <i>as it relates to vision</i> |
| <input type="checkbox"/> An observation to document academic progress and behavior in area of difficulty | <input type="checkbox"/> A written report from an optometrist or ophthalmologist |
| <input type="checkbox"/> Assessment of functional skills or adaptive behaviors across various environments from multiple sources | <input type="checkbox"/> A written report from an educational or clinical audiologist, otologist, or otolaryngologist |
| <input type="checkbox"/> An assessment of emotional and behavioral functioning | <input type="checkbox"/> A statement from a physician if an organic cause suspected |
| <input type="checkbox"/> A functional behavioral assessment | <input type="checkbox"/> Available educationally relevant medical information and mental health information |
| <input type="checkbox"/> A systematic observation across various environments | <input checked="" type="checkbox"/> Social developmental history |
| <input type="checkbox"/> Assessment of communication skills...in mode of student | <input checked="" type="checkbox"/> Any other assessments or information necessary to determine eligibility and inform the CCC |
| <input type="checkbox"/> Assessment of the student's receptive, expressive, pragmatic and social communication. | |
| <input type="checkbox"/> Observation of student's speech by an SLP | |
| <input type="checkbox"/> Assessment of articulation, fluency and voice | |

For Physical Therapy Evaluation, check "any medical information" above and state reason here. Script must be attached.

Other areas: _____

As part of the evaluation, the schools are required to obtain information from the parent or guardian on the student's social and developmental history. Please complete the enclosed *Initial Social and Developmental History* form and return it with this signed Written Notice and Consent form. Once these are received, the school will begin the evaluation process.

After the school receives the signed consent, the evaluation will be completed within: (check one)

- 50 school days (for SLD- the student has made adequate progress in RTI)
- 20 school days (for SLD *only* - the student has not made adequate progress in RTI)
- First Steps Student/ Instructional Day prior to 3rd Birthday

After the evaluation is completed a case conference committee (including you as the parent or guardian and school personnel) will meet discuss the evaluation results and determine if the student is eligible for special education and related services.

At least 5 school days before the case conference committee meeting, you will receive a *Written Notice of Initial Findings and Proposed Action*, outlining the evaluation results and the school's proposal regarding the student's eligibility for special education and related services. When you provide your consent for the evaluation you may also indicate your desire to have a copy of the evaluation report at least 5 school days before the case conference committee meets. You may also request a meeting with someone who can explain the evaluation results at least 5 days prior to this conference by checking on the appropriate line below. Once you provide your permission below, return this form to your child's school Principal.

If you have questions about the evaluation process, this form or the Notice of Procedural Safeguards you may contact

_____ (Contact Name) at _____ (Phone Number).

**CONSENT FOR SCHOOL TO CONDUCT
AN INITIAL EDUCATIONAL EVALUATION**

Notice of Procedural Rights: As the parent or guardian, you have protection under the procedural safeguards described in 511 IAC 7-37-1 and contained in the enclosed Notice of Procedural Safeguards. Assistance in understanding the provisions of Indiana's special education rules or the procedural safeguards may be obtained from a variety of agencies and organizations listed on the Notice of Procedural Safeguards.

By my signature below, I consent to the educational evaluation for the student and as described in page one of this Written Notice of Proposal of Educational Evaluation and Request for Consent form. I understand that I may revoke this consent in writing at any time, but that the revocation will have no effect on any testing or evaluations that have already occurred. By my signature I also acknowledge that I have received a copy of the Notice of Procedural Safeguards.

Initial all appropriate lines below, sign and provide contact information:

_____ Permission for the evaluation is voluntarily given as described above. I understand that I may revoke my permission by writing to the _____ Director.

_____ I would like a copy of the evaluation report made available to me at least 5 school days before the case conference committee meeting.

_____ I would like to schedule a meeting prior to the case conference committee meeting with someone who can explain the evaluation results.

_____ I will need the following interpreter service because _____

_____ Deaf _____ Blind _____ Foreign Language (specify) _____

_____ Other Mode of Communication (specify) _____

_____ I have received a written copy of the Notice of Procedural Safeguards and Parent Rights in Special Education. This includes sources where I may contact to obtain assistance for understanding the evaluation process.

Parent or Guardian's Signature _____ Date _____

Address _____ Telephone Number _____

Alternate Phone Number _____ Email Address _____