

Mason County Schools

Consent to Evaluate/Re-Evaluate

Student's Full Name: Write the student's name	Date: ___ Current date (mm/dd/yy)
Date of Birth: The student's date of birth	SSID: Student ID Number, if applicable

I agree, based upon the recommendations of the Admission and Release Committee (ARC), to an individual evaluation for my child/student. I understand the attached ARC Conference Summary explains this proposal and outlines specific evaluation procedures.

I agree for evaluation in each of the ARC selected areas for assessment indicated below:

Check the appropriate boxes that correspond to the areas the ARC selected for evaluation, as indicated on the Evaluation Planning Form.

- | | |
|--|--|
| <input type="checkbox"/> Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Social and emotional status |
| <input type="checkbox"/> General intelligence | <input type="checkbox"/> Academic Performance |
| <input type="checkbox"/> Communication status | <input type="checkbox"/> Motor abilities |
| <input type="checkbox"/> Vocational Evaluation | <input type="checkbox"/> Functional Vision/Learning Media Assessment |
| <input type="checkbox"/> Other (Specify) | |

I understand that the evaluation will be conducted by a multidisciplinary team of qualified staff from the school district or by agencies/professionals with whom the local education agency contracts, through the use of a variety of assessment tools and strategies which may include norm-referenced and performance based testing, behavior observations, interviews, and rating scales. The tests are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Assessments will be administered in the child/student's native language or other mode of communication. [300.532 (a)(1)(ii)] Upon completion of the tests and other evaluation materials an Admissions and Release Committee meeting will be held to determine whether your child is a child with a disability.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency as described in the sending district's policies and procedures.

I have been advised in my native language or other mode of communication and understand the contents of the consent. A copy and explanation of procedural safeguards has been provided to me. I understand that my consent is voluntary and may be revoked at any time. Should I revoke consent I understand that it is not retroactive. If this is a re-evaluation, failure to respond to a request for consent shall result in the school district proceeding with the special education evaluation.

- Yes, I understand the above information and do give my consent for a full individual evaluation in the area(s) listed above. Check "Yes" if the parent agrees to the evaluation as described above and on the Evaluation Planning Form.
- For re-evaluation purposes, I acknowledge that there is no additional data needed to determine that my child/student continues to be a child/student with an educational disability. I have been informed of the reasons no additional data is needed. I understand that I may request further assessment should I feel it is needed. Do not use this box for Initial Evaluations. This is for re-evaluation only.
- No, I understand the above information **and do not** give my consent. Check "No" if the parent does not agree to the evaluation as described above and on the Evaluation Planning Form.

Parent/Student Signature Obtain Signature

Date signed by parent or student Date