

Yellowstone/West Carbon County Special Services Cooperative

2016 Grand Avenue, Suite C

Billings, MT 59102

406-839-2339

FAX: 406-839-2345

Parental/Guardian Consent for Additional Evaluation

I give permission for additional evaluation of _____, birth date _____
in the following area(s):

Presenting concerns/problems:

The evaluation is to be conducted for the purposes of obtaining additional information for planning, implementing and monitoring an appropriate educational program.

Date _____ Signature of Person Giving Consent _____
Relationship to Child _____

To be completed by Case Manager:

Most Recent Evaluation Report Date: _____ Most Recent IEP Date: _____
School of Attendance: _____ Grade: _____
Case Manager: _____

For Office Use Only:

Date Received by Coop Office: _____
Date Submitted to Coop Staff, if appropriate: _____
Staff Member Assigned: _____
Date Report Received: _____

Please note:

- This form is to be used when eligibility has already been established and is not being questioned.
- Case managers are reminded to upload signed permission in Infinite Campus.
- If a potential behavior plan is under consideration, the case manager is advised to use an Evaluation Plan and conduct a Functional Behavior Assessment.