Leland School District

INFORMED PARENTAL CONSENT (Page 1)

special education and related services are needed; therefore, a comprehensive assessment will be conducted qualified personnel. INITIAL EVALUATION	Student:		Date:					
The Multidisciplinary Evaluation Team (MET) requests your consent to conduct an evaluation of your child to determine if s/he is a child with a disability and, if so, his/her educational needs. An initial evaluation will NOT be conducted unless you agree in writing on Page 2. ASSESSMENT AREAS	Dear Parent - The MET has determined your child is in need of an evaluation to determine if a disability exists an special education and related services are needed; therefore, a comprehensive assessment will be conducted by qualified personnel.							
your consent to conduct an evaluation of your child to determine if s/he is a child with a disability and, if so, his/her educational needs. An initial evaluation will NOT be conducted unless you agree in writing on Page 2. ASSESSMENT AREAS		INITIAL EVALUATION	REEVAL	UA	TION			
PHYSICAL STATUS ☐ General physical condition, including general health, strength, vitality, and alertness ☐ Sensory abilities, including hearing and vision acuity ☐ Fine (small) motor skills, including use of equipment and materials ☐ Gross (large) motor skills, including mobility and physical fitness ☐ Sensory processing and/or perceptual-motor function COMMUNICATION STATUS ☐ Articulation, including an orofacial examination and production of speech sounds ☐ Voice and Fluency, including quality and smoothness of speech ☐ Language, including ability to understand others (receptive) and express him/herself ☐ Social development and skills, including ability to build/maintain social relationships ☐ Emotional development and skills, including ability to manage moods ☐ Self-management, ability to demonstrate appropriate behaviors across environments COGNITIVE AND ACADEMIC STATUS ☐ Academic Achievement, including school learning on content such as basic reading and comprehension, written and oral expression, and math calculation and reasoning ☐ Intellectual/Cognitive Functioning, verbal and non-verbal ability to think and learn ADAPTIVE STATUS ☐ Adaptive Behavior, including daily living skills, self-sufficiency, and adjustment ☐ (Other special assessments) ☐ (Other special assessments) ☐ (Other special assessments) ☐ (Interviews ☐ Screening ☐ Interviews ☐ Creening ☐ Interviews ☐ Creening ☐ Interviews ☐ Creening ☐ Interviews ☐ Coshervations ☐ Interviews ☐ Coshervations ☐ (Other special assessments) ☐ (Interviews)		your consent to conduct an evaluation of your child to determine if s/he is a child with a disability and, if so, his/her educational needs. An initial evaluation will NOT be conducted unless you agree in writing on	☐ The IEP Committee requests your consent to conduct a reevaluation of your child to determine if s/he continues to be a child with a disability and, if so, his/her educational needs. The IEP Committee					
□ General physical condition, including general health, strength, vitality, and alertness □ Observations Interviews □ Sensory abilities, including hearing and vision acuity □ Screening □ Fine (small) motor skills, including use of equipment and materials □ Tests □ Gross (large) motor skills, including mobility and physical fitness □ Tests □ Sensory processing and/or perceptual-motor function □ Review of Records COMMUNICATION STATUS □ Review of Records □ Voice and Fluency, including an orofacial examination and production of speech sounds □ Interviews □ Language, including ability to understand others (receptive) and express him/herself □ Screening □ Tests □ Review of Records Observations □ Interviews □ Social development and skills, including ability to build/maintain social relationships □ Review of Records □ Self-management, ability to demonstrate appropriate behaviors across environments □ Review of Records □ Academic Achievement, including school learning on content such as basic reading and comprehension, written and oral expression, and math calculation and reasoning □ Review of Records □ Intellectual/Cognitive Functioning, verbal and non-verbal ability to think and learn □ Review of Records □ Observations □ Review of Records □ Observations <		ASSESSMENT AREAS		AS	SSESSMENT METHODS			
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III IPAN	☐ Adaptive Behavior, including daily living skills, self-sufficiency, and adjustment				Observations Interviews			

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INFORMED PARENTAL CONSENT (Page 2)

School:

Student:

Age	: Date of Birth:	Grade:	Race:				
Name of Parent/Guardian:							
Add	Address:						
Phone Number(s):							
Dear Parent - The Multidisciplinary Evaluation Team (MET) requests your consent to conduct an evaluation of your child to determine if s/he is a child with a disability or to conduct a reevaluation of your child to determine if s/he continues to be a child with a disability and, if so, his/her educational needs. An initial evaluation will NOT be conducted unless you agree in writing below or a reevaluation will be conducted unless you refuse (as noted on Page 1 of this document).							
Plea	Please check the boxes of the statements under "agree" or "refuse" that indicate your choice. Please sign and date.						
	Seven Day No	tice/Waiver					
	I understand that I have 7 days to consider the committee's decision and to provide consent to conduct the evaluation as described above, but I would like to waive the 7 day waiting period so that the evaluation may begin on I understand that I have 7 days to consider the committee's decision and to provide consent to conduct the evaluation as described above. I do not waive the 7 day waiting period so the evaluation may not begin until I give my consent.						
Parent's signature:							
Date:							
Please check the boxes of the statements under "agree" or "refuse" that indicate your choice. Please sign and date.							
	AGREE		REFUSE				
	I understand the proposed evaluation and DO give my consent to conduct the evaluation as described above. I understand that my consent is voluntary and can be revoked at any time. I was provided a copy of the Procedural Safeguards Notice, and it was explained to me.	my consent to condabove. I understand the [F or a Due process here] I was provided a condition of the process here]	roposed evaluation and DO NOT give duct the evaluation as described Public Agency] may request mediation hearing to override my refusal. Dopy of the Procedural Safeguards explained to me.				
Par	ent's signature:	Parent's signature:					
Date:		Date:					

Leland School District