

# Leland School District

## INFORMED PARENTAL CONSENT (Page 1)

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent - The MET has determined your child is in need of an evaluation to determine if a disability exists and special education and related services are needed; therefore, a comprehensive assessment will be conducted by qualified personnel.

INITIAL EVALUATION	REEVALUATION
<input type="checkbox"/> 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.	<input type="checkbox"/> 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 will conduct a reevaluation unless you refuse.
ASSESSMENT AREAS	ASSESSMENT METHODS
<b>PHYSICAL STATUS</b> <input type="checkbox"/> <b>General physical condition</b> , including general health, strength, vitality, and alertness <input type="checkbox"/> <b>Sensory abilities</b> , including hearing and vision acuity <input type="checkbox"/> <b>Fine (small) motor skills</b> , including use of equipment and materials <input type="checkbox"/> <b>Gross (large) motor skills</b> , including mobility and physical fitness <input type="checkbox"/> <b>Sensory processing and/or perceptual-motor function</b>	<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests
<b>COMMUNICATION STATUS</b> <input type="checkbox"/> <b>Articulation</b> , including an orofacial examination and production of speech sounds <input type="checkbox"/> <b>Voice and Fluency</b> , including quality and smoothness of speech <input type="checkbox"/> <b>Language</b> , including ability to understand others (receptive) and express him/herself	<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests
<b>SOCIAL-EMOTIONAL STATUS</b> <input type="checkbox"/> <b>Social development and skills</b> , including ability to build/maintain social relationships <input type="checkbox"/> <b>Emotional development and skills</b> , including ability to manage moods <input type="checkbox"/> <b>Self-management</b> , ability to demonstrate appropriate behaviors across environments	<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests
<b>COGNITIVE AND ACADEMIC STATUS</b> <input type="checkbox"/> <b>Academic Achievement</b> , including school learning on content such as basic reading and comprehension, written and oral expression, and math calculation and reasoning <input type="checkbox"/> <b>Intellectual/Cognitive Functioning</b> , verbal and non-verbal ability to think and learn	<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests
<b>ADAPTIVE STATUS</b> <input type="checkbox"/> <b>Adaptive Behavior</b> , including daily living skills, self-sufficiency, and adjustment <input type="checkbox"/> <b>[Other special assessments]</b>	<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests

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**INFORMED PARENTAL CONSENT (Page 2)**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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).

*Please check the boxes of the statements under "agree" or "refuse" that indicate your choice. Please sign and date.*

<b>Seven Day Notice/Waiver</b>
<input type="checkbox"/> 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 _____. <input type="checkbox"/> 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.
<b>Parent's signature:</b>
<b>Date:</b>

*Please check the boxes of the statements under "agree" or "refuse" that indicate your choice. Please sign and date.*

<b>AGREE</b>	<b>REFUSE</b>
<input type="checkbox"/> I understand the proposed evaluation and <b>DO</b> give my consent to conduct the evaluation as described above. <input type="checkbox"/> I understand that my consent is voluntary and can be revoked at any time. <input type="checkbox"/> I was provided a copy of the Procedural Safeguards Notice, and it was explained to me.	<input type="checkbox"/> I understand the proposed evaluation and <b>DO NOT</b> give my consent to conduct the evaluation as described above. <input type="checkbox"/> I understand the [ <b>Public Agency</b> ] may request mediation or a Due process hearing to override my refusal. <input type="checkbox"/> I was provided a copy of the Procedural Safeguards Notice and it was explained to me.
<b>Parent's signature:</b>	<b>Parent's signature:</b>
<b>Date:</b>	<b>Date:</b>

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