

# NOTICE AND CONSENT FOR INITIAL EVALUATION

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

The IEP Team met to discuss the request and/or referral for an evaluation for your child. The IEP Team, after reviewing existing information, has determined that an individual evaluation is needed to determine possible eligibility for special education and related services.

The LEA/agency proposes to conduct this evaluation for the following checked reasons:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> To determine developmental level  | <input type="checkbox"/> Behavior concerns                     | <input type="checkbox"/> To determine current academic performance |
| <input type="checkbox"/> To determine functional level   | <input type="checkbox"/> Speech/language inconsistent with age |  |
| <input type="checkbox"/> To determine eligibility under <i>Alabama Administrative Code</i> for out of state transfer |  |  |

Descriptions of other options considered and why the options were rejected.

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The following evaluation procedures, assessments, records, and/or reports were used in making the decision:

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The evaluation may also include assessments indicated in the following checked areas:

- |                                       |   |                                |       |
|---------------------------------------|---|--------------------------------|-------|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation          | <input type="checkbox"/> Motor | _____ |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech               | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language             | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Interview            | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other | _____ |

*If you consent to an evaluation the LEA/agency will provide the evaluation at no cost to you. Giving consent for an evaluation does not give consent for services. If you refuse consent for an initial evaluation, the LEA/agency may request a mediation and/or a due process hearing. If you give consent, you may revoke your consent at any time but not after the evaluation has been conducted.*

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- I **GIVE PERMISSION** for the evaluation that has been proposed.  
 I **DO NOT GIVE PERMISSION** for the evaluation that has been proposed. Please explain.
- \_\_\_\_\_
- \_\_\_\_\_

**Signature of Parent or Student (Age 19)**

**Date of Signature**

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you have information that can assist in this evaluation, have questions regarding this evaluation, wish to schedule a conference, or need another copy of your rights please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please return this form to: Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Education Agency Official \_\_\_\_\_

Date Provided/Sent \_\_\_\_\_

Results of 1<sup>st</sup> Attempt: \_\_\_\_\_

2<sup>nd</sup> Attempt Date \_\_\_\_\_ Action \_\_\_\_\_

Results of 2<sup>nd</sup> Attempt: \_\_\_\_\_

Date Signed Consent Received by Public Agency \_\_\_\_\_