

School District/Public Agency	<h2 style="margin: 0;">Prior Written Notice Consent for Evaluation</h2> <p style="margin: 0;">34 C.F.R. §§300.300 - 300.305</p>
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Name of Student	WISER ID	DOB	Grade	Date

A. The team is proposing the following:

Indicate the type of evaluation.

To evaluate your child for initial special education eligibility. 34 C.F.R. §300.300(a)

To reevaluate your child for the continued need for special education and related services. 34 C.F.R. §300.300(c) (An evaluation after the initial evaluation.)

To reevaluate your child before a change in eligibility. 34 C.F.R. §300.305(e)

B. Based on the review of existing information: Complete section 1 or 2.

1. No additional assessment data are needed. 34 C.F.R. §§300.305(a) and (d)

No additional assessment data are needed to determine if your child is or continues to be eligible for special education services or to determine your child’s educational needs. (If the parent disagrees, the parent may request additional assessment.)

Reasons:

If the team determines no additional data are needed, your informed consent is not necessary.

2. Additional assessment data are needed. 34 C.F.R. §300.305(a)

The team has determined that additional assessment data are necessary to determine if your child is or continues to be eligible for special education services or to determine your child’s educational needs. (If this box is checked, use page 3 to obtain informed consent.)

• Identify the areas the team proposes to assess. 34 C.F.R. §300.304

<input type="checkbox"/> Academic Performance <input type="checkbox"/> Communication Skills <input type="checkbox"/> General Intelligence <input type="checkbox"/> Functional Behavior <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Social, Emotional <input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Health <input type="checkbox"/> Vision <input type="checkbox"/> Motor Skills <input type="checkbox"/> Hearing <input type="checkbox"/> Postsecondary Transition Needs <input type="checkbox"/> Other _____
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• Describe the proposed assessment process.

CONSENT OR REFUSAL FOR EVALUATION

Name of Child	Date

Please sign, date and return this page as soon as possible.

I have received information relevant to the proposed evaluation of my child. I have read the form and enclosed materials.

Please check one box below to indicate your preference:

- I CONSENT to the evaluation.**
- I REFUSE consent for the evaluation.**

Parent Signature _____ Date _____

For School District or Public Agency Use

Date received by the school district or public agency:

Date received	Signature of School District or Public Agency Official