

Re:

Date

Dear

We are requesting an evaluation for our aforementioned child. We would like the assessment to include testing in the following areas:

- Educational (for Reading, Writing, Spelling and Math, including a classroom observation)
- Speech and Language (include: Phonemic Awareness, Problem Solving, etc.)
- Social Skills
- Neuro-Psychological

We understand that we have to give our written permission for these tests to be done. To help expedite the process, I have attached the signed permission slip.

Thank you for your prompt consideration in this matter.

Sincerely,

Cc:

School District Name

**EVALUATION CONSENT FORM
Attachment to N 1**

TYPE OF ASSESSMENTS: <i>A variety of assessment tools and strategies should be used to gather information that determines the educational needs of this student. [Check yes or no for each assessment.]</i>	RECOMMENDED	
	YES	NO
Assessment in All Areas Related to the Suspected Disability(ies) – describes the student’s performance in any area related to the child’s suspected disability(ies). List recommended assessment(s):		
Educational Assessment – includes the history of the student’s educational progress in the general curriculum and includes current information on the student’s performance.		
Observation of the Student – includes the student’s interaction in the student’s classroom environment or in a child’s natural environment or an early intervention program.		
Health Assessment – details any medical problems or constraints that may affect the student’s education.		
Psychological Assessment – describes the student’s learning capacity and learning style in relationship to social/emotional development and skills.		
Home Assessment – details any pertinent family history and home situations that may affect the student’s education and, with written consent, may include a home visit.		

PARENT RESPONSE SECTION

Please indicate your response by checking at least one (1) box and returning a signed copy to the school district. Please keep one copy for your records. Thank you.

I accept the proposed evaluation in full. I reject the proposed evaluation in full.

I accept the proposed evaluation in part and request that only the listed assessments be completed: _____

I additionally request the following assessment(s): assessment(s) listed above: _____ other assessments: (specify) _____

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over* Date
**Required signature once a student reaches 18 unless there is a court appointed guardian.*

PARENT INPUT

We strongly encourage you to share your knowledge of this student with us. If you choose, please provide a written statement (use back of form) or call the indicated contact person. Thank you.