

## Notice of Decision to Evaluate for Speech/Language Consent for Initial Evaluation

Student name Jason Patterson Student # 49 DOB 2/6/2002  
Serving school Alder Elementary IEP Mgr Steve Bigelow Grade 1 Age 6 y 9 m  
Home school \_\_\_\_\_ Language \_\_\_\_\_ Interpreter needed?

### Dear Parent/Guardian/Adult Student:

The team, which includes the school psychologist, IEP teacher, speech and language pathologist, physical/occupational therapist, nurse, administrator and classroom teacher, has reviewed the existing information available to us pertinent to this student's referral for a special education evaluation and **have decided that an evaluation is warranted.**

### Procedure(s), test(s), record(s) or report(s) used in making this determination:

- |  |   |
|--|---|
| <input type="checkbox"/> Review of school records                    | <input type="checkbox"/> Review of teacher supplied information |
| <input type="checkbox"/> Review of progress toward goals/benchmarks  | <input type="checkbox"/> Classroom observation                  |
| <input type="checkbox"/> Review of information from outside agencies | <input type="checkbox"/> Team Meeting (date): _____             |
| <input type="checkbox"/> Review of information provided by you       | <input type="checkbox"/> Review of prior testing:               |

### Other options considered and reason(s) for rejecting them:

Not evaluating. In view of the evidence available, would not be in the student's best interest.

### Other relevant factors, if any:

The evaluation may consider one or more of the following areas: academic, adaptive, behavior/social/emotional, cognitive, health, physical/motor, speech/language, and vocation (if age 14 or older). It may include individual testing of achievement and abilities, interviews, rating scales, or other procedures determined necessary by the evaluation team. This determination is made by reviewing existing information, including any information you provide. You will be invited to review the results with us at the completion of the evaluation and participate in determining eligibility and placement recommendations. This evaluation should be completed within 35 school days after the date your permission is received.

You have previously received a copy of the Notice of Procedural Safeguards booklet. If you need another copy or would like help in understanding the content, please contact me at the number below. All information collected during the evaluation will be kept confidential and will be used only by authorized school personnel as required by the Family Education Rights and Privacy Act.

**Please indicate below whether you do or do not give your permission for this evaluation, and sign and return this form regardless of your decision.** If you have any questions or concerns, please call me.

Kate Wheeler 11/21/2008 \_\_\_\_\_  
**Special Ed Teacher** **(Date)** **(Phone)**

Date consent signed: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

As parent/guardian of the named student (or as the named student, if an adult),

I  **Do**  **Do Not** give my consent for the initial evaluation to determine eligibility and need for special education services. I have been fully informed of all information relevant to the proposed evaluation. I understand that my consent is voluntary and may be withdrawn at any time but that withdrawal of consent is not retroactive.

As parent/guardian of the named student (or as the named student, if an adult)

I  **Do**  **Do Not** give my consent for the district to submit the above name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility.

\_\_\_\_\_  
Parent/Guardian/Adult Student Signature Date

