Re:[Name of Student and other necessary identifying information] Notice Date: [Date from N 1]

**School District Name**

## EVALUATION CONSENT FORM

**Attachment to N 1**

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| **TYPE OF ASSESSMENTS: 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.]** | **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. |  |  |

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| 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)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I request access to all summaries of assessment reports at least two days in advance of the Team discussion.[603 CMR 28.04(2)(c)]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **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. |