## Evaluation Consent Form

## Attachment to Notice of Proposed School District Action

|  |
| --- |
| **Student Information**  |
| Student Name:        | Student Date of Birth:        |
| Student ID#:        | Grade Level:        |

|  |
| --- |
| **Assessment Information** |
| **Type of Assessments: *The school district uses a variety of assessment tools to gather information about the educational needs of your student. This table includes the different types of assessments and whether your school district recommends them for your student.***  | **RECOMMENDED** |
| **Yes** | **No** |
| **Assessment in All Areas Related to the Suspected Disability or Disabilities\*** – describes the student’s performance in any area related to the child’s suspected disability or disabilities. 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 academic performance.  |  |  |
| **Observation of the Student** – includes an observation of the student’s interactions in the classroom environment, in the student’s natural environment, or in an early intervention program.  |  |  |
| **Health Assessment** – details any medical problems or constraints that may affect the student’s education.  |  |  |
| **Psychological Assessment** – helps to identify a student’s strengths and weaknesses as it relates to academics and social-emotional learning, as well as their individual learning style.  |  |  |
| **Home Assessment** – details any family history and home situations that may affect the student’s education and, with written consent, may include a home visit.  |  |  |

\**This assessment is required for initial evaluations and re-evaluations.*

**RESPONSE SECTION**

|  |
| --- |
| **Please indicate if you accept or reject the proposed assessments above by checking at least one box below. This section also gives you the opportunity to request additional assessments. Please return a signed copy to the district.**  |
|[ ]  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 assessment(s): specify
 |
|[ ]  I request to access all summaries of assessment reports at least two days in advance of the Team discussion [603 CMR 28.04(2)(c)] |

|  |  |
| --- | --- |
| **X** |  |
| **Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over\***\**student signature is required once a student reaches 18 unless there is a court-appointed guardian* | **Date** |

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