

Dear Parent/Guardian/Surrogate:

On ____/____/____ (date), _____ was referred for a comprehensive assessment for determination of eligibility and need of special educational services. This referral is based upon a review of current classroom performance, past educational records, and/or screening information. We are requesting permission to assess you child in order to provide additional information to help us plan a more effective educational program. Also, as the parent of a child who may be eligible for special education, the *Notice of Procedural Safeguards* brochure is being provided for your information.

The reason(s) to request your permission to assess your child is (are):

- child is working above grade level or below grade level in one or more basic skills
- child's behavior is inconsistent with that expected for children of student's age
- child's rate of progress has increased decreased
- child's speech/language skills are inconsistent with those expected for children of student's age
- child has entered our school system with an out of date and/or incomplete evaluation
- parent preschool referral

The areas/ procedures to be considered for your child's assessment are checked below. The extent of the assessment will depend upon the severity of the problem.

- | | |
|--|--|
| <input type="checkbox"/> 1. Vision/Hearing Screening | <input type="checkbox"/> 10. Audiological Evaluation |
| <input type="checkbox"/> 2. Classroom Observation | <input type="checkbox"/> 11. Functional Vision Assessment |
| <input type="checkbox"/> 3. Academic Achievement | <input type="checkbox"/> 12. Personality Assessment |
| <input type="checkbox"/> 4. Intellectual Functioning | <input type="checkbox"/> 13. Vocational Assessment |
| <input type="checkbox"/> 5. Speech/Language Skills | <input type="checkbox"/> 14. Assistive Technology Assessment |
| <input type="checkbox"/> 6. Gross/Fine Motor Skills | <input type="checkbox"/> 15. Self-Help/Adaptive Behavior |
| <input type="checkbox"/> 7. Visual/Auditory Skills | <input type="checkbox"/> 16. Functional Behavior Assessment |
| <input type="checkbox"/> 8. School and/or Home Behaviors | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 9. Early Childhood Development | <input type="checkbox"/> 18. Other _____ |

Please sign this form and return it to the school. Your signature shall not be construed as consent for placement in any special education program. When the assessment has been completed, you will be invited to an IEP team meeting in order to discuss the findings, determine your child's eligibility for special education services and, if need, plan an appropriate educational program for your child. If you have any information you would like to share pertaining to your child's assessment, please forward it to the person named below or bring it to the meeting.

I HAVE REVIEWED THE BROCHURE CONCERNING *THE NOTICE OF PROCEDURAL SAFEGUARDS*

- Yes No

Please check one of the following:

- I give permission for an individual assessment.
- I do not give permission for an individual assessment.

Date ____/____/____ Signature of Parent or Guardian _____
 Phone _____ Address _____

If you have any questions, you may contact one of the following:

Name	Department/Position	Telephone Number
_____	_____	_____
_____	_____	_____

School _____	Teacher _____
Date Received From Parent ____/____/____	Grade _____