

PARENT CONSENT

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST
BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
Month/Date/Year MONTH/DAY/YEAR
PARENT(S): _____
PHONE: (WORK) _____ (HOME) _____ (OTHER) _____
HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY/STATE ZIP

Consent is being requested for the following:

- Initial Evaluation (See page 2 for descriptions of evaluation procedures)
- Reevaluation (See page 2 for descriptions of evaluation procedures)
- Amendment/Modifications to the Individualized Education Program (IEP)
- Access Public Benefits or Insurance (must be annually).
- Other: _____
- Members of outside agency(ies) paying for or providing secondary transition services to attend IEP meetings
_____ to _____
(Agency) (Date) (Date)

PARENT(S):

Evaluation procedures to be utilized in assessing these areas of functioning are explained on page 2 of this form. I have received an explanation of the proposed evaluation and the evaluation procedures to be utilized. I am aware of the protections provided under the procedural safeguards. I have received a copy of *Parents Rights in Special Education: Notice of Procedural Safeguards*.
_____ (Parent Initials)

For additional resources contact your local educational agency (LEA) at the telephone number listed below. You may also contact the Oklahoma State Department of Education (OSDE), Special Education Services (SES) at (405) 521-3351 or by visiting the OSDE-SES Web site located at <www.ok.gov/SDE>.

PARENT SIGNATURE DATE
FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

STREET ADDRESS/POST OFFICE BOX CITY STATE ZIP

SCHOOL USE ONLY:	NOTICE SENT BY:	DATE: _____
Translation/interpretation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify how and when provided: _____		
School/public agency official's signature verifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights.		

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Evaluation procedures to be utilized in assessing these areas of functioning are explained on this form. Qualified professionals will conduct evaluation procedures to provide additional information, to the extent appropriate, on the basis of a review of existing evaluation data and input from the parents. Additional information may be needed to determine whether a child has or continues to have a particular disability; present levels of performance and educational needs; whether the child continues to need special education and related services; or whether any additions or modifications to the special education and related services are needed to meet the annual goals in the IEP and to participate as appropriate in the general curriculum. The appropriate extent of the reevaluation has been reviewed by the IEP team, with opportunity for parent participation and input.

Descriptions of Evaluation Procedures (Check additional areas proposed for this child)

- HEALTH/MEDICAL:** Health and medical history, information about child’s health and medical status or medical diagnostic evaluation to determine a medically related disability.
- VISION:** Assessment of visual acuity, field of vision, and vision functioning as necessary to determine a vision-related disability.
- HEARING:** Assessment of hearing functioning and extent of hearing impairment as necessary to determine a hearing-related disability.
- MOTOR:** Assessment of gross and/or fine motor skills and abilities in relation to educational needs.
- COMMUNICATION/LANGUAGE:** Speech skills (including articulation, voice, fluency, and oral-motor) and/or receptive and expressive language skills and abilities (including phonology, morphology, syntax, semantics, and pragmatics).
- ACADEMIC ACHIEVEMENT:** Assessments to measure academic achievement in such areas as listening comprehension, oral expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, mathematics problem solving, and written expression skills.
- INTELLECTUAL/COGNITIVE:** Individually administered assessment of child’s ability to learn, including overall mental ability and cognitive functioning.
- PERCEPTUAL/PROCESSING:** Child’s abilities to perceive and/or process information through visual, auditory, and sensorimotor means.
- DEVELOPMENTAL:** Assessment of child’s developmental history, skills, and abilities in relationship to expectations for the age group.
- PSYCHOLOGICAL, SOCIAL/EMOTIONAL:** Information collected and assessments of the child’s social skills/emotional status, psychological concerns, and behavior (may include data collection, rating scales, behavioral observations, interviews, personal inventories, and projective tests).
- FUNCTIONAL BEHAVIOR:** Information collected and assessments of the child’s functional behavior (may include data collection, rating scales, behavioral observations, interviews, and personal inventories).
- ADAPTIVE BEHAVIOR:** Assessment of child’s general behavior in the school and home settings (may include adaptive behavior skills and activities in the community).
- SOCIOCULTURAL:** Collection of information and procedures to consider potential influence of sociocultural background or cultural, linguistic diversity.
- OBSERVATION IN CLASSROOM/OTHER ENVIRONMENT:** Observations of child’s performance and functioning in the classroom and/or other appropriate settings.
- VOCATIONAL:** Assessment of vocational interests, aptitudes, and skills.
- ASSISTIVE TECHNOLOGY**
- OTHER CONCERNS AND ASSESSMENTS:** _____

Local Education Agency Initials _____ Date: _____ Parent Initials _____ Date: _____