

# WRITTEN NOTICE OF PROPOSAL FOR INITIAL EDUCATIONAL EVALUATION AND REQUEST FOR CONSENT

Date Sent \_\_\_\_\_

Student's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

School Corp. \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

As the parent of the above-referenced student, you or a school person have made a request for an educational evaluation to determine if the student is eligible for special education and related services. This Written Notice is to advise you that the school proposes to conduct the educational evaluation and to obtain your written consent for the evaluation.

The school based this decision on a review of the following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Previous evaluation results | <input type="checkbox"/> District & State tests            | <input type="checkbox"/> Independent evaluation results |
| <input type="checkbox"/> Classroom work samples      | <input type="checkbox"/> Teacher observation and/or report | <input type="checkbox"/> Medical records                |
| <input type="checkbox"/> Student's grades            | <input type="checkbox"/> Intervention reports              | <input type="checkbox"/> First Steps Referral/Records   |
| <input type="checkbox"/> Other staff reports         | <input type="checkbox"/> Progress reports on goals         | <input type="checkbox"/> Information from parent(s)     |
- Other information (list here) \_\_\_\_\_

Other factors that are considered relevant to the school's decision include (if none, indicate none here) \_\_\_\_\_

The suspected disability or disabilities for which the student will be evaluated are: (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Developmental Delay         | <input type="checkbox"/> Orthopedic Impairment        |
| <input type="checkbox"/> Blind or Low Vision      | <input type="checkbox"/> Emotional Disability        | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability     | <input type="checkbox"/> Language/ Speech Impairment | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Deaf or Hard of Hearing  | <input type="checkbox"/> Multiple Disabilities       |   |
| <input type="checkbox"/> Deaf and Blind           | <input type="checkbox"/> Other Health Impairment     |   |

The school proposes to assess the following areas:

- |  |  |
|--|--|
| <input type="checkbox"/> Individualized Family Plan  | <input type="checkbox"/> Assessment of functional literacy   |
| <input type="checkbox"/> Development Assessment  | <input type="checkbox"/> Vision and hearing screening  |
| <input type="checkbox"/> Cognition   | <input type="checkbox"/> Assessment of functional vision   |
| <input type="checkbox"/> Academic Achievement  | <input type="checkbox"/> Assessment of motor skills and sensory responses as it relates to <i>occupational therapy</i>         |
| <input type="checkbox"/> Assessment of progress and interventions  | <input type="checkbox"/> Assessment of motor skills including travel skills <i>as it relates to vision</i>                     |
| <input type="checkbox"/> An observation to document academic progress and behavior in area of difficulty                         | <input type="checkbox"/> A written report from an optometrist or ophthalmologist   |
| <input type="checkbox"/> Assessment of functional skills or adaptive behaviors across various environments from multiple sources | <input type="checkbox"/> A written report from an educational or clinical audiologist, otologist, or otolaryngologist          |
| <input type="checkbox"/> An assessment of emotional and behavioral functioning   | <input type="checkbox"/> A statement from a physician if an organic cause suspected  |
| <input type="checkbox"/> A functional behavioral assessment  | <input type="checkbox"/> Available educationally relevant medical information and mental health information                    |
| <input type="checkbox"/> A systematic observation across various environments  | <input checked="" type="checkbox"/> Social developmental history   |
| <input type="checkbox"/> Assessment of communication skills...in mode of student   | <input checked="" type="checkbox"/> Any other assessments or information necessary to determine eligibility and inform the CCC |
| <input type="checkbox"/> Assessment of the student's receptive, expressive, pragmatic and social communication.                  |  |
| <input type="checkbox"/> Observation of student's speech by an SLP   |  |
| <input type="checkbox"/> Assessment of articulation, fluency and voice   |  |

For Physical Therapy Evaluation, check "any medical information" above and state reason here. Script must be attached.

Other areas: \_\_\_\_\_

As part of the evaluation, the schools are required to obtain information from the parent or guardian on the student's social and developmental history. Please complete the enclosed *Initial Social and Developmental History* form and return it with this signed Written Notice and Consent form. Once these are received, the school will begin the evaluation process.

