

Yazoo County School District, Office of Special Education

INFORMED PARENTAL CONSENT

- | | |
|---|---|
| <input type="checkbox"/> Bentonia-Gibbs | <input type="checkbox"/> Linwood Elementary |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Benton Academy | <input type="checkbox"/> School 500 |
| <input type="checkbox"/> JDC | |

Contact Person: _____

Phone: _____

Email Address: _____

To: _____:

Date: _____

This letter is to request your written consent for an evaluation or reevaluation with the following assessments:

INITIAL EVALUATION	REEVALUATION
<input type="checkbox"/> The Multidisciplinary Evaluation Team (MET) requests your consent to conduct an evaluation of _____ to determine if s/he is a child with a disability and, if so, his/her educational needs. An initial evaluation will NOT be conducted unless you agree below.	<input type="checkbox"/> The IEP Committee requests your consent to conduct a reevaluation of _____ to determine if s/he continues to be a child with a disability and, if so, his/her educational needs. The IEP Committee will conduct a reevaluation unless you refuse below.
ASSESSMENT AREAS	ASSESSMENT METHODS
PHYSICAL STATUS <ul style="list-style-type: none"> <input type="checkbox"/> General physical condition, including general health, strength, vitality, and alertness <input type="checkbox"/> Sensory abilities, including hearing and vision acuity <input type="checkbox"/> Fine (small) motor skills, including use of equipment and materials <input type="checkbox"/> Gross (large) motor skills, including mobility and physical fitness <input type="checkbox"/> Sensory processing and/or perceptual-motor function 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews and/or <input type="checkbox"/> Tests
COMMUNICATION STATUS <ul style="list-style-type: none"> <input type="checkbox"/> Articulation, including an orofacial examination and production of speech sounds <input type="checkbox"/> Voice and Fluency, including quality and smoothness of speech <input type="checkbox"/> Language, including ability to understand others (receptive) and express him/herself 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews and/or <input type="checkbox"/> Tests
SOCIAL-EMOTIONAL STATUS <ul style="list-style-type: none"> <input type="checkbox"/> Social development and skills, including ability to build/maintain social relationships <input type="checkbox"/> Emotional development and skills, including ability to manage moods <input type="checkbox"/> Self-management, ability to demonstrate appropriate behaviors across environments <input type="checkbox"/> Behavior, including inattentiveness, hyperactivity 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews and/or <input type="checkbox"/> Tests
COGNITIVE AND ACADEMIC STATUS <ul style="list-style-type: none"> <input type="checkbox"/> Academic Achievement, including school learning on content such as basic reading and comprehension, written and oral expression, and math calculation and reasoning <input type="checkbox"/> Intellectual/Cognitive Functioning, verbal and non-verbal ability to think and learn 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews and/or <input type="checkbox"/> Tests
ADAPTIVE STATUS <ul style="list-style-type: none"> <input type="checkbox"/> Adaptive Behavior, including daily living skills, self-sufficiency, and adjustment <input type="checkbox"/> [Other special assessments] 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews and/or <input type="checkbox"/> Tests

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Seven Day Notice/Waiver
<input type="checkbox"/> I understand that I have 7 days to consider the committee's decision and to provide consent to conduct the evaluation as described above, but I would like to waive the 7 day waiting period so that the evaluation may begin on _____. <input type="checkbox"/> I understand that I have 7 days to consider the committee's decision and to provide consent to conduct the evaluation as described above. I do not waive the 7 day waiting period so the evaluation may not begin until I give my consent.
Parent's signature:
Date:

Please check the boxes of the statements under "agree" or "refuse" that indicate your choice. Please sign and date.

AGREE	REFUSE
<input type="checkbox"/> I understand the proposed evaluation and DO give my consent to conduct the evaluation as described above. <input type="checkbox"/> I understand that my consent is voluntary and can be revoked at any time. <input type="checkbox"/> I was provided a copy of the Procedural Safeguards Notice, and it was explained to me. <input type="checkbox"/> I waive my right to receive a copy of the Assessment Team Report (s) at least seven (7) days prior to the MET Eligibility Meeting. I understand I can change this decision and request the Assessment Report (s) seven days prior to the MET Eligibility Meeting.	<input type="checkbox"/> I understand the proposed evaluation and DO NOT give my consent to conduct the evaluation as described above. <input type="checkbox"/> I understand the [Public Agency] may request mediation or a Due process hearing to override my refusal. <input type="checkbox"/> I was provided a copy of the Procedural Safeguards Notice and it was explained to me. <input type="checkbox"/> I do not waive my right to receive a copy of the Assessment Team Report (s) at least seven (7) days prior to the MET Eligibility Meeting.
Parent's signature:	Parent's signature:
Date:	Date: