(Your Name)

(Your Address)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal)

I am the parent of (name of child). My child is having problems with his/her school work (and/or behavior) and I feel s/he may have special needs. Please consider this letter as a formal referral for a comprehensive psychoeducational evaluation to see if s/he qualifies for special education and related services. (I would also like him/her to be evaluated for Gifted Services). I am available to meet, if needed, to sign any necessary consent to begin the process and to be provided with information regarding procedures and the types evaluations offered by ***(Insert School System Name)*** including an explanation of “Informed Consent” for an Initial Evaluation. Please provide me with any other information I may need.

Please contact me within the next 5 days if you need any further consent and call me (or email me) if you have any questions. Please maintain this letter in my child’s permanent record.

Thank you for your help.

Sincerely,

(Your Name)

(Your Telephone Number)

(Your Email Address)

Copy: (List all the people you are sending copies to. Usually the principal, special education director for school or county, and classroom teacher are sufficient.)

**This document is provided to the parent as part of the process when determining needed evaluations as a document for Informed Consent**

ED - 3073 - Rev. 8/08 Consent For Initial Assessment

DEPT ED

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.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Received From Parent \_\_\_\_\_\_/\_\_\_/ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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