



**LOUISIANA DEPARTMENT OF EDUCATION
SPECIAL SCHOOL PROGRAMS
PUPIL APPRAISAL SERVICES**

CONSENT FOR INITIAL EVALUATION

Date: _____
School: _____
RE: _____

Dear: _____

Results of preliminary educational screening indicate that an individual evaluation would help us determine whether you are student with an exceptionality. Your permission is required to begin the evaluation process (see attached page). Once your written permission is received, the evaluation will begin and should be completed within approximately three (3) months.

You may withdraw your permission for the evaluation at any point during the process.

Through the individual evaluation process, qualified personnel assess your child's educational performance. The evaluation will include, at a minimum, the items checked below:

- _____ Vision and/or Hearing Screening, if not previously conducted.
- _____ A review and analysis of all screening information, which includes school attendance, educational history, social history, and medical history.
- _____ Interviews with you and your teacher (if in school).
- _____ Observations of you during daily activities: in the classroom, on the playground, at lunch, etc.
- _____ Curriculum-based assessment to determine the most effective instructional level for your child.
- _____ Behavioral or instructional interventions, which are designed to determine if sufficient improvement can be made in your behavior or academic progress in the regular education program.
- _____ Appropriate tests. These tests, which are designed to measure different types of abilities, may include individually administered tests of knowledge and/or academic ability.
- _____ Speech and language assessment.

Louisiana Believes.



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- _____ Functional behavior assessment.
- _____ Medical assessment.
- _____ Motor assessment.
- _____ Other assessments if found to be needed during the course of the evaluation.

If you would like to have additional information considered in the evaluation process, please notify the person named below or write in your request on the permission form.

Upon completion of the administration of these tests and other evaluation materials as noted above, you will be invited to attend a meeting to discuss the findings and determine if you are a student with an exceptionality. Once the evaluation process is completed and the determination of eligibility made, a copy of the evaluation report and the documentation of determination of eligibility will be given to you.

You may participate in any meetings at which decisions will be made about your educational needs. You will receive notice of the purpose, time, and location of each meeting and who will be in attendance.

Individuals with a disability are afforded protection under the procedural safeguards of the *Regulations for Implementation of the Children with Exceptionalities Act*. These procedural safeguards are described in the enclosed copy of the *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools*.

If you have any questions now or during the course of the evaluation, please contact:

Sincerely,

Enclosure

Louisiana Believes.



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PERMISSION TO CONDUCT AN INITIAL INDIVIDUAL EVALUATION

Date: _____

School: _____

To: _____

Please check the appropriate statements and return this form to school as soon as possible to:

Name: _____

School: _____

- I give permission for you to conduct an individual evaluation of me,
_____ Student Name
- I would like you to consider the additional information listed below in the evaluation process.
(List name or describe the additional tests/information.)

- I refuse to give permission for you to conduct an individual evaluation of me,
_____ Student Name
- I have received a copy of *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools*.

Signature of Student: _____ Date: _____

Return To:
Name: _____
Site: _____
Address: _____

Date form received by the school system: _____

