

**Parental Consent for Evaluation**

Maine Unified Special Education Regulations (MUSER V.1A(4)(a)(i) & B(3)(a)(i))

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Meeting: | |  | | | SAU: |  |
| Child’s Name: |  | | | School: |  |
| Date of Birth: |  | Grade: |  | School Phone: |  |
| Parent/Guardian Name: |  |  | | School Address: |  |
| Parent/Guardian Address: |  |  | | City, State Zip: |  |
| Parent/Guardian City, State Zip: |  |  | | School Contact: |  |

|  |  |
| --- | --- |
| Date given/mailed to parent: |  |
| Date received back from parent: |  |

For children 3-5 years of age, the IEP Team eligibility meeting due date will be 60 calendar days upon receipt of consent.

For children 5-20 years, the IEP Team eligibility meeting due date will be 45 school days upon receipt of consent. IFSP Team eligibility meeting and development of IFSP due date will be 45 calendar days from the date of referral to the CDS site.

# Purpose of Evaluation:

# Initial evaluation Reevaluation Other

The following is a description of the evaluations recommended for the above named child. Parents/adult student will be provided copies of evaluation reports at least three days prior to the Individualized Education Program (IEP) meeting or Individualized Family Service Plan (IFSP) meeting. At this IEP/IFSP meeting, we will explain the results of the evaluation and determine if the child is eligible, or continues to be eligible, for special education services as a child with a disability. If you have any questions about these procedures, please call at and we will discuss them with you.

The IEP/IFSP Team members checked below gave input in regarding additional data needed to assist in determining whether your child is a child with a disability, the educational needs of your child, and in the case of a reevaluation, whether your child continues to have a disability and educational needs (MUSER V.3.A.).

**IEP/IFSP Team Member Date input was given**

|  |  |  |
| --- | --- | --- |
|  | Parent |  |
|  | Special Education Teacher |  |
|  | Administrator |  |
|  | Regular Education Teacher |  |
|  | CDS Case Manager |  |
|  | CDS Evaluator |  |
|  | Other: (title) |  |
|  | Other: (title) |  |
|  | Other: (title) |  |
|  | Other: (title) |  |
|  | Other: (title) |  |

# Description of Evaluation:

|  |  |  |
| --- | --- | --- |
| 1. |  | Academic/Developmental Testing assesses the child’s academic/developmental progress in specific academic areas; i.e., overall development, reading, math and writing. The child’s learning and development achievement will be compared to the achievement of children in this school and children throughout the country. |
| 2. |  | Psychological Evaluation assesses a child’s intelligence, personality, processing and/or behavioral functioning. Commonly used evaluation methods include intelligence tests, psychological processing tests, parent and child interviews, personality inventories, behavior rating scales and projective tests to identify the child’s strengths and weaknesses. |
| 3. |  | Observation is completed in the child’s learning environment (including the regular classroom setting) to document the child’s academic performance and behavior in the areas of difficulty. |
| 4. |  | Speech/Language Testing assesses the child’s communication skills which may include articulation, voice, fluency, and form, content and use of expressive and receptive language. |
| 5. |  | Physical Therapy Evaluation assesses a child’s large motor development. Evaluations may include, but are not limited to: range of motion, manual muscle assessment, functional skill performance, mobility in the environment, reflect integration development, muscle tone assessment, gross motor skills (e.g., balance, coordination, agility, skill refinement) and review of any equipment needs the child may have. |
| 6. |  | Occupational Therapy Evaluation addresses the functional needs of the child related, but not limited, to the performance of: self-help skills, adaptive behavior and play, sensory development and integration, motor development and integration and posture. |
| 7. |  | Functional Behavioral Assessment means a school-based process to determine why a child engages in challenging behaviors and how the behavior relates to the child’s environment. |
| 8. |  | Other: |

I understand the nature of and reasons for the evaluations indicated above, and have received the statement of procedural safeguards attached to this consent form if this is an initial referral or a parental request for an evaluation (MUSER II.6). I further understand that my consent is voluntary and may be revoked (taken back) at any time. Section II.6.B. of MUSER explains the concept of revoking consent in more detail. If I revoke consent, the IEP/IFSP Team shall convene and consider my revocation (taking back) of consent. If the IEP/IFSP Team disagrees with the revocation regarding an initial evaluation, the school administrative unit (SAU) may use the mediation process or initiate a hearing to challenge my withdrawal of consent. The SAU shall obtain my informed written consent prior to conducting any reevaluation of my child with a disability except if the SAU can demonstrate that it has taken reasonable measures to obtain such consent and I have failed to respond.

# Please check the appropriate box and sign below.

**Approval:** I do give my consent for such evaluations.

**Refusal:** I do not want my child evaluated as indicated above.

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

Parent/Guardian Signature Date

Enclosures may be included within this document and recorded below:

|  |
| --- |
|  |