**PRIOR NOTICE ABOUT EVALUATION/CONSENT FOR EVALUATION**

Dear ,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been referred for an evaluation. The Team is proposing the following:

|  |  |  |
| --- | --- | --- |
| 🞏 To evaluate your child’s need for early intervention or special education services. | 🞏 To reevaluate your child’s needs for special education services. | 🞏 No additional evaluation data are needed to determine that your child continues to need special education. The reason(s) why are:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you disagree, you may request an assessment to determine whether your child continues to be a child with a disability. |

Because:

This proposal is based on the following evaluation procedures, tests, records or reports:

Other options we considered were:

We decided against these options because:

Any other factors considered by the team:

|  |
| --- |
| Consent for Evaluation **We request your consent because:**  🞏 This is an initial evaluation and will be used to determine whether your child is a child with a disability and to determine early intervention or special education needs.  🞏 This evaluation will include intelligence or personality testing.  🞏 This is a reevaluation and will be used to decide your child’s continued eligibility and/or education needs.  The evaluation procedure(s), assessment and/or test(s) we plan to use include the following:  🞏 I give my permission for the evaluation. I understand my consent is voluntary and may be revoked any time before the evaluation process begins; or  🞏 I refuse permission for the evaluation.  If this evaluation includes release of student educational records requiring parent consent, the “Records Release Form(s)” identifies the records to be released, and to whom; see Record Release dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (Parent/Guardian/Surrogate Parent) (mm/dd/yy) |

Parents of a child with a disability have protection under the procedural safeguards (enclosed if this is an initial evaluation). For a copy of the procedural safeguards or assistance in understanding this information you may contact the person named below.

If you believe that your child or you have not received the rights due to you under the Individuals with Disabilities Education Act, you may file a written complaint with the Oregon Department of Education. Complaints must include a description of the problem(s) and the complainant’s name and contact information. Complaints are sent to the Oregon Department of Education (ODE). The ODE must investigate and send a written order within 60 days. This timeline may be extended under certain circumstances.

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

Name Title Phone

A copy of the procedural safeguards was provided to the parent.

**PRIOR NOTICE ABOUT EVALUATION**

**This form is used to:**

* Obtain and document parent consent for an initial early intervention or early childhood special education (pre-placement) evaluation;
* Obtain and document parent consent for an evaluation that will include individual personality or intelligence testing;
* Obtain and document parent consent for reevaluation (the agency may proceed with the reevaluation if the parent does not respond and the agency can demonstrate that it has taken reasonable measures to obtain consent);
* Provide written notice when the team is proposing not to conduct an evaluation; and
* Provide written notice when testing is proposed.

**Directions:**

1. Enter the month, day, and year the form is completed.
2. Enter the name of the parent, guardian, or surrogate parent.
3. Enter the child’s name.
4. Indicate the intent of the team (to evaluate, reevaluate, or not to evaluate). This space may be used to enter the names of the team, including EI/ECSE staff and parents, but is not a recommendation for k-12 special education.
5. Describe any screening, evaluation procedures, tests, records and reports used to make this decision.
6. Describe any other options that the team considered prior to this action.
7. Explain why the options were rejected.
8. Describe any other factors that contributed to the decision.
9. Check the relevant boxes indicating the type of evaluation planned and the evaluation procedures, assessments and/or tests to be used.
10. Enter the name, title and phone number of the person to contact to obtain a copy or an explanation of the Procedural Safeguards. Parents are provided with a copy of procedural safeguards for initial evaluations.
11. If the evaluation includes release of records requiring parent consent, attach “Records Release Form(s)” that identifies the records to be released, and to whom.