Parent Consent for Evaluation or Revaluation (click one)

Evaluation

Reevaluation

Department of Special Education and Student Services HOWARD COUNTY PUBLIC SCHOOL SYSTEM Ellicott City, MD 21042

Date: ____ / ____ /

To the Parent of

HOWARD COUNTY PUBLIC SCHOOL SYSTEM

To better understand the educational needs of your child, the Individualized Education Program (IEP) team has recommended that an

individual evaluation of your child be completed to determine the presence of absence of a disability that requires special education. If your child is eligible, or continues to be eligible for special education and related services, the evaluation will assist the IEP team in developing an Individualized Education Program. Evaluation includes assessment procedures used with an individual student in all areas of concern, whether or not related to a primary suspected disability. Evaluation does not include procedures used with a group, grade, or class.

The following assessments have been recommended:

""""Educational Assessment	Functional Behavior Assessment
""""""""""""""""""""""""""""""""""""""	Speech Assessment
"""" Reading Comprehension	""" "Articulation
"""Reading Fluency	Voice
"""""""""Mathematics Calculation	Fluency
"""""Mathematics Reasoning	Language Assessment
Written Expression	Receptive Language
Vision	Expressive Language
""""""""""""""""""""""""""""""""""""""	Other
""""""""""""""""""""""""""""""""""""""	Hearing Screening
Adapted Physical Education Assessment	<u>"""</u> Occupational Therapy Assessment
Audiological Assessment	"Physical Therapy Assessment
Assistive Technology Consultation	Other:
""""Classroom Observation	

Please sign below and return the white copy to the school as soon as possible and keep the yellow copy for your records.

For a complete description of your rights, please review the booklet, Parental Rights, Maryland Procedural Safeguards Notice, which was given to you previously. If you have any questions regarding your rights, please contact the administrative staff of your school or the special education office.

Sincerely,

"Name and Title

"School

By signing this form I acknowledge that I understand my legal rights and responsibilities. I acknowledge that my consent is informed, voluntary, and may be revoked at any time. Revoking consent is not retroactive. It does not cancel out an action that occurred between the time the Howard County Public School System received consent and before the withdrawal of consent.

I grant permission for my child to receive the assessment(s) indicated on this form.

Parent Signature

I do not grant permission for my child to receive the assessment(s) indicated on this form.

Parent Signature

Distribution: Student Record (Assessments and Evaluations folder) Parent

Date

Date