Dear \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been referred for an evaluation.

The Team is proposing the following:

|  |  |
| --- | --- |
| * **To evaluate your child.**
* To reevaluate your child.
 | * Based on a review of existing information, no additional evaluation data are needed to determine if your child is or continues to be eligible for special education services or to determine your child’s educational needs.
 |
| Reason: Student is experience continued difficulty in managing oral feedings and is at risk for choking and/or aspiration of food and drink. | Reason: If you disagree, you may request an assessment. |

This proposal is based on the following evaluation procedures, tests, records or reports: Teacher observation and report to SLP/OT of possible choking and/or aspiration of food/drink due to changes in the ability of student to manage oral intake of food/drink.

Other options we considered were: Not to evaluate.

We decided against these options because: The safety of student in managing oral food and drink.

Any other factors considered by the team: None at this time. ( Unless the team gives a specific factor)

Sincerely,

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

 Name/Title Phone

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above.

# 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 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. (Except for tests of intelligence and personality, if you do not respond to a request for written consent for a reevaluation, that evaluation may be conducted without your consent.)

**We plan to use the following evaluation procedure(s), assessments and/or test(s):**

**Feeding evaluation/observation of student’s ability to safely manage oral food/drink intake including chewing, manipulating and swallowing.**

If the evaluation includes release of student educational records requiring parental consent, the “Records Release Form(s),” dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identifies the records to be released and to whom.

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❒ I give my consent for the evaluation or re-evaluation. I understand my consent is voluntary and may be revoked for any evaluation or reevaluation that has not yet been conducted.

❒ I refuse consent for the evaluation.

Signature (Parent/Guardian/Surrogate Parent) Date (mm/dd/yyyy)

* For initial evaluations, a copy of the *Notice of Procedural Safeguards* has been given to the parent.

## Prior Notice about Evaluation /Consent for Evaluation

**This form is used to:**

* Provide written notice and document written parent consent (or refusal) for an initial evaluation or reevaluation.
* Provide written notice to the parent that the team determined that no additional evaluation data is necessary to determine that the child continues to be eligible for special education services or to determine the student’s special education needs, and to inform the parent that the parent may request an assessment.
* Obtain and document parent consent for an evaluation that will include individual personality or intelligence testing;
* Tell the parent in writing what evaluation procedures, assessments or tests will be used.
* Citations: 20 USC § 1414 and 1415(b); 34 CFR 300.300, 300.302 and 300.503; OAR 581-015-2090, 2095and 2310.

**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 complete further testing), and indicate the reason(s) for this action.
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 relevant to the decision.
9. Sign and date the notice part of the form.
10. In the consent box, check the relevant boxes indicating the type of evaluation planned.
11. List and describe the specific evaluation procedures, assessments or tests the team plans to use, or describe the type of tests to be used (may attach a separate sheet with this information).
12. 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. Enter the date of the release form on the consent form as a cross-reference.
13. Ask the parent to check the appropriate box, and sign and date the form.

**Note: If the parent signs refusal or refuses to respond in writing at all, document the district’s reasonable attempts to get parent consent, such as detailed records of phone calls, correspondence (including emails), meetings, home visits, etc.**

1. **For an initial evaluation or reevaluation, if the parent refuses consent, the district may not conduct the evaluation.**
2. **For a reevaluation, if the parent does not respond after the district’s reasonable attempts to get consent, the district may conduct the evaluation as long as it does not include intelligence test or test of personality.**
3. For initial evaluations, give the parent a copy of the *Notice of Procedural Safeguards* (parent’s rights booklet) and check the box that you have done so.