

PERMISSION TO EVALUATE

Child's Name _____ Date of Birth _____

*****Early Intervention

Within 10 calendar days of a parent's oral request for an evaluation, the Early Intervention Program must issue this form to obtain written permission to conduct an initial evaluation.

Child's Name: _____ Date of Birth: _____

Date Sent: _____

Name and Address of Parent/Guardian/Surrogate: _____

For Use by Local Education Agency (LEA) Only
Date of Receipt of Written Permission to Evaluate

Dear _____ :

Your child has been referred for an initial evaluation to determine eligibility and educational need for Early Intervention services. Your child has been referred for the following reason(s):

The Early Intervention program requests your consent to conduct an individual evaluation of your child. We must have your written consent before we can begin. If the Early Intervention program agrees with your request, a multidisciplinary team will be formed to conduct the evaluation. As a parent/guardian, you are a member of the team. If a team meeting is held, you will be invited. Information from you is to be considered by the team as part of the evaluation process. If you want to send written comments, please do so. You are entitled to participate in any meetings about the identification and evaluation of your child. The multidisciplinary team will collect and review existing data, observations, assessment results, and information from you to make decisions about your child's performance levels, educational strengths and needs, and eligibility for Early Intervention services. Following is a list of the specific types of assessments and/or procedures that will be used:

The multidisciplinary team will determine whether your child has a disability and needs Early Intervention special education and related services. The findings from the evaluation will be contained in an Evaluation Report (ER). If your child is determined to be eligible, you will be invited to participate in developing an Individualized Education Program (IEP) to provide appropriate services to help your child succeed. The ER is to be completed and a copy presented to you no later than 60 calendar days after the Early Intervention program receives written parental consent to conduct the evaluation.

The 60 calendar day timeline will begin on the day we receive this signed form from you giving your consent for evaluation. Giving your consent for evaluation does not mean you give consent to Early Intervention services.

Please read the enclosed *Procedural Safeguards Notice* that explains your rights, and includes parent resources such as state or local advocacy organizations that are available to help you understand the law, your rights and those of your child, and how this Early Intervention program works.

We recommend that you keep a copy of this form for your records.

PERMISSION TO EVALUATE

Child's Name _____

Date of Birth _____

*****Early Intervention

If you have any questions, or if you need the services of an interpreter, please contact me.

Name: _____ Position: _____

Phone: _____ Email: _____

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE: Please check either item 1 or 2. Select item 3 if desired.

- 1. [] I give consent to start an initial multidisciplinary evaluation.
or
2. [] I do not give consent to the proposed initial evaluation.
3. [] I would like to schedule an informal meeting to discuss this request with Early Intervention personnel.

SIGN HERE:

Parent/Guardian/Surrogate
Signature

Date

Daytime Phone

Please note that if the Early Intervention program disagrees with your request, the Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN) containing the reason for the disagreement along with a Procedural Safeguards Notice explaining your rights will be sent to you.

PLEASE RETURN THIS ENTIRE FORM TO:

Name:

Address:

For help in understanding this form, an annotated Permission to Evaluate form is available on the PaTTAN website at www.pattan.net. Type "Annotated Forms" in the Search feature on the website.