

School Administrative Unit #24

Districts of

Stoddard Henniker Weare John Stark

CONSENT FOR EVALUATION

Student:

Date:

DOB:

School:

Grade:

☐ **Initial**

☐ **Re-evaluation**

☐ **Other**

Due Date:

Parental consent is required for the following evaluation(s):

- ☐ 1. **Academic Performance:** Assessments are designed to determine what the student's academic progress is within the specific academic areas (e.g., reading, math, writing).
- ☐ 2. **Adaptive Behavior:** Measures conceptual, social, and practical skills that have been learned to help one function in everyday life.
- ☐ 3. **Communication Skills:** Designed to determine the student's communication skills in articulation, voice, fluency, expressive language, and receptive language.
- ☐ 4. **Health:** Assesses the student's health, development and/or neurological status.
- ☐ 5. **Hearing/Hearing Screening:** Assesses whether a student's hearing is impaired.
- ☐ 6. **Intelligence:** Assesses the student's reasoning skills, conceptual thinking and problem solving skills as well as perceptual skills, communication, memory and motor skills. Often yields information about a student's learning strengths and weaknesses and learning styles.
- ☐ 7. **Motor Ability:** Explores the student's ability to use and coordinate parts of the body to perform tasks.
- ☐ 8. **Observation:** Provides information about the student's approach to academic tasks, his/her ability to deal with distractions, interactions with peers, and other aspects of school behavior and performance.
- ☐ 9. **Social/Emotional Status:** Explores a student's motivation, attitudes, relationships with others, self-concept and behavior.
- ☐ 10. **Vision/Vision Screening:** Determines whether a student's vision is impaired.
- ☐ 11. **Vocational:** Designed to determine strengths, weaknesses and interests as they relate to vocational preparation and choice.
- ☐ 12. **Additional Assessments:** Special Education Team will determine if other assessments are necessary to provide additional information related to determining eligibility. Please list description of assessment(s):

I understand the nature of, and the reasons for, the evaluations shown above. I further understand that my consent is voluntary and may be revoked at any time.

☐ I do give permission for my son/daughter to be evaluated.

☐ I do not give permission for my son/daughter to be evaluated.

Signature: _____ Date: _____

Circle One: Parent/Guardian/Surrogate/Adult Student