

**DAVIESS-MARTIN SPECIAL EDUCATION COOPERATIVE
WRITTEN NOTICE OF PROPOSAL FOR INITIAL
EDUCATIONAL EVALUATION AND REQUEST FOR CONSENT**

Date Sent _____

Student's Name _____ Birth Date _____ Age _____

School Corp. _____ School Attending _____ Grade _____

As the parent of the above-referenced student, you or a school person have made a request for an educational evaluation to determine if the student is eligible for special education and related services. This Written Notice is to advise you that the school proposes to conduct the educational evaluation and to obtain your written consent for the evaluation.

Development of Functional Behavior Assessment (skip to back of form and continue with signature)

The school based this decision on a review of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Previous evaluation results | <input type="checkbox"/> District & State tests | <input type="checkbox"/> Independent evaluation results |
| <input type="checkbox"/> Classroom work samples | <input type="checkbox"/> Teacher observation and / or report | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> Student's grades | <input type="checkbox"/> Intervention reports | <input type="checkbox"/> Information from parent (s) |
| <input type="checkbox"/> Other staff reports | <input type="checkbox"/> Progress reports on goals | |

Other information (list here) _____

Other factors that are considered relevant to the school's decision include (if none, indicate none here)

The suspected disability or disabilities for which the student will be evaluated are: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Blind or Low Vision | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive disability | <input type="checkbox"/> Language or Speech Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Multiple disabilities | |
| <input type="checkbox"/> Deaf and Blind | <input type="checkbox"/> Other Health Impairment | |

The school proposes to assess the following areas: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Academic achievement | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Cognitive ability and functioning | <input type="checkbox"/> Emotional and behavioral functioning |
| <input type="checkbox"/> Functional skills or adaptive behavior skills across environments | <input type="checkbox"/> Progress in general education curriculum and interventions used |
| <input type="checkbox"/> Functional vision | <input type="checkbox"/> Functional literacy |
| <input type="checkbox"/> Motor skills and sensory responses | <input type="checkbox"/> Motor skills (travel skills) |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Systematic observation across various environments |

Other areas to assess _____

As part of the evaluation, the schools are required to obtain information from the parent or guardian on the student's social and developmental history. Please complete the enclosed Initial Social and Developmental History form and return it with this signed Written Notice and Consent form. Once these are received, the school will begin the evaluation process.

The evaluation will be completed within _____ days of receiving this signed consent.

After the evaluation is completed a case conference committee (including you as the parent or guardian and school personnel) will meet to discuss the evaluation results and determine if the student is eligible for special education and related services.

At least 5 school days before the case conference committee meeting, you will receive Written Notice of Initial Findings and Proposed Action, outlining the evaluation results and the school's proposal regarding the student's eligibility for special education and related services. When you provide your consent for the evaluation you may also indicate your desire to have a copy of the evaluation report at least 5 school days before the case conference committee meets. You may also request a meeting with someone who can explain the evaluation results at least 5 days prior to this conference by checking on the appropriate line below. **Once you provide your permission below, return this form with both sides completed, along with completed Social and Developmental History form in the self addressed envelope to DMSEC at 9 West Main Street, PO Box 637, Washington, IN 47501.**

If you have questions about the evaluation process, this form or the Notice of Procedural Safeguards you may contact DMSEC at 812-254-1530.

CONSENT FOR SCHOOL TO CONDUCT AN INITIAL EDUCATIONAL EVALUATION

Notice of Procedural Rights: As the parent or guardian, you have protection under the procedural safeguards described in 511 IAC 7-37-1 and contained in the enclosed Notice of Procedural Safeguards. Assistance in understanding the provisions of Indiana's special education rules of the procedural safeguards may be obtained from a variety of agencies and organizations listed on the Notice of Procedural Safeguards.

By my signature below, I consent to the educational evaluation for the student and as described in page one of this Written Notice of Proposal of Educational Evaluation and Request for Consent form. I understand that I may revoke this consent in writing at any time, but that the revocation will have no effect on any testing or evaluations that have already occurred. By my signature I also acknowledge that I have received a copy of the Notice of Procedural Safeguards.

Initial all appropriate lines below, sign and provide contact information:

- Permission to complete Functional Behavior Assessment
- Permission for the evaluation is voluntary given as described above, I understand that I may revoke my permission by writing to the DMSEC Director.
- I would like to schedule a meeting prior to the case conference committee meeting with someone who can explain the evaluation results.
- I will need the following interpreter service because _____
 Deaf Blind Foreign Language (specify _____)
 Other Mode of Communication (specify _____)
- I have received a written copy of the Notice of Procedural Safeguards and Parent Rights in Special Education. This includes sources where I may contact to obtain assistance for understanding the evaluation process.

Parent or Guardian's Signature _____ Date _____

Address _____ Telephone Number _____

Alternate Phone Number _____ Email Address _____

OFFICE USE ONLY

Diagnostic Team Assigned: _____

Date Parent request initiated: _____ Written Notice Sent: _____

Written Notice Received Back: _____ Compliance Date: _____