

CHATTAHOOCHEE COUNTY EDUCATION CENTER

PARENTAL CONSENT FOR EVALUATION

Initial
 Re-evaluation

Dear Parent/Legal Guardian/Surrogate Parent of _____ ;

Your child was recommended for evaluation by the Student Support Team or other appropriate source. We would like to arrange for an individual evaluation to gather more information about how to better meet your child's needs.

If you have any questions about why we feel your child needs testing or want to know more details about the evaluation, please call your child's school.

If you agree to have this evaluation done, you can request to know the exact time and place that it will occur. You will have a chance to discuss the results within 30 days following the evaluation. You will also be invited to a meeting to discuss the findings. No changes will be made in your child's educational program until we hold the meeting.

The individual evaluation may include tests in the following areas: vision, hearing, motor skills, intelligence, social/emotional, achievement, speech/language or others. An explanation of these areas is included. Your parental rights are included, which show that you have certain rights regarding consent and evaluation procedures.

Please sign below to let us know whether or not you agree for testing to take place and return this form to Gina Cox, Special Education Director. If you do not return this form within two weeks, we will contact you about your decision.

Thank you for your cooperation.

Gina Cox
Special Education Director

Yes, I agree for the Chattahoochee County School System to evaluate my child.

No, I do not agree for the following reasons:

(Signature of Parent/Guardian/Surrogate)

(Date)

Yes, I have received a copy of Parents Rights in Special Education.