



**LOUISIANA DEPARTMENT OF EDUCATION  
SPECIAL SCHOOL PROGRAMS  
PUPIL APPRAISAL SERVICES**

**CONSENT FOR INITIAL EVALUATION**

Date: \_\_\_\_\_

School: \_\_\_\_\_

RE: \_\_\_\_\_

Dear: \_\_\_\_\_

Results of preliminary educational screening indicate that an individual evaluation would help us determine whether your child is a student with an exceptionality. Your permission is required to begin the evaluation process (see attached page). Once your written permission is received, the evaluation will begin and should be completed within approximately three (3) months.

You may withdraw your permission for the evaluation at any point during the process.

Through the individual evaluation process, qualified personnel assess your child's educational performance. The evaluation will include, at a minimum, the items checked below:

- \_\_\_\_\_ Vision and/or Hearing Screening, if not previously conducted.
- \_\_\_\_\_ A review and analysis of all screening information, which includes school attendance, educational history, social history, and medical history.
- \_\_\_\_\_ Interviews with your child and their teacher (if in school).
- \_\_\_\_\_ Observations of your child during daily activities: in the classroom, on the playground, at lunch, etc.
- \_\_\_\_\_ Curriculum-based assessment to determine the most effective instructional level for your child.
- \_\_\_\_\_ Behavioral or instructional interventions, which are designed to determine if sufficient improvement can be made in your child's behavior or academic progress in the regular education program.
- \_\_\_\_\_ Appropriate tests. These tests, which are designed to measure different types of abilities, may include individually administered tests of knowledge and/or academic ability.
- \_\_\_\_\_ Speech and language assessment.

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- \_\_\_\_\_ Functional behavior assessment.
- \_\_\_\_\_ Medical assessment.
- \_\_\_\_\_ Motor assessment.
- \_\_\_\_\_ Other assessments if found to be needed during the course of the evaluation.

If you would like to have additional information considered in the evaluation process, please notify the person named below or write in your request on the permission form.

Upon completion of the administration of these tests and other evaluation materials as noted above, you will be invited to attend a meeting to discuss the findings and determine if your child is a student with an exceptionality. Once the evaluation process is completed and the determination of eligibility made, a copy of the evaluation report and the documentation of determination of eligibility will be given to you.

You may participate in any meetings at which decisions will be made about your child's educational needs. You will receive notice of the purpose, time, and location of each meeting and who will be in attendance.

Individuals with a disability are afforded protection under the procedural safeguards of the *Regulations for Implementation of the Children with Exceptionalities Act*. These procedural safeguards are described in the enclosed copy of the *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools*.

If you have any questions now or during the course of the evaluation, please contact:

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

Sincerely,

Enclosure

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***PERMISSION TO CONDUCT AN INITIAL INDIVIDUAL EVALUATION***

Date: \_\_\_\_\_

School: \_\_\_\_\_

To the Parent(s)/Guardian(s) of \_\_\_\_\_:

Please check the appropriate statements and return this form to school as soon as possible to:

Name: \_\_\_\_\_

School: \_\_\_\_\_

- I give permission for you to conduct an individual evaluation of my child,  
\_\_\_\_\_ Student Name
- I would like you to consider the additional information listed below in the evaluation process.  
(List name or describe the additional tests/information.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I refuse to give permission for you to conduct an individual evaluation of my child,  
\_\_\_\_\_ Student Name
- I have received a copy of *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools*.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_

Return To:

Name: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

Date form received by the school system: \_\_\_\_\_

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