NORTHEAST INDIANA SPECIAL EDUCATION COOPERATIVE
1607 E. Dowling Street
Kendallville, IN 46755
(260) 347-5236 1-800-589-5236 FAX (260) 347-1657

Notice of Intent to Evaluate and Consent for Initial Evaluation

Student:					**STN:**				
Date of Birth:		**Age:**		**Current Grade:**		**Gender:**	**Male**	◉	**Female** ○
				Date of School Request:					

Please describe the evaluation procedure, assessment, record, report, or other relevant factors used as a basis for proposing or refusing to conduct the evaluation:

Potential Disability Area(s):

The public agency is proposing to conduct an initial educational evaluation at this time. The decision to conduct this evaluation was based on:

Assessment Procedures

The proposed evaluation procedures include reviewing existing data and collecting new information in the areas of:

I understand the proposed evaluation procedures. I understand that I have protection under the procedural safeguards and that this document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules. ***I have received a copy of the procedural safeguards***. _____ (initial)

I can expect the evaluation to be completed and the case conference committee, comprised of parent(s) and public agency staff to be convened within **20 school days** once the consent is received by the public agency. After the evaluation is conducted, the case conference committee will meet to discuss the evaluation results to determine if the student is eligible for special education and related services.

If I consent to this evaluation, I will receive a copy of the Educational Evaluation Report at the case conference committee meeting. In addition, I am requesting:

☐ **A meeting with someone to discuss the educational evaluation report prior to the date of the case conference committee meeting.**

☐ **A copy of the educational evaluation report prior to the case conference committee meeting.**

PARENT'S PREFERRED TIME OF CONFERENCE:	**Day of Week:**	M T W TH F	**Time of Day:**	
(Honored If Possible)		(Please circle)		

◉ **I give my permission for this evaluation.** ○ **I *DO NOT* give my permission for this evaluation.**

Signature of Parent:		**Date:**	
Address:		**Phone Number:**	
	I have received a copy of the referral packet, including all documentation and this consent.		
(initial)			