

## 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 Evaluation for Transition from First Steps

<b>Student:</b>		<b>STN:</b>	
<b>Date of Birth:</b>	<b>Age:</b>	<b>Gender:</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Date of Parent Request:</b>	<b>OR</b>	<b>Date of Agency Request:</b>	

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

**Parent concern for**

**Potential Disability Area(s):**

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

**Transition from First Steps, current services being provided**

### 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)

After the evaluation is conducted, the case conference committee, comprised of parent(s) and public agency staff, will meet to discuss the evaluation results to determine if my child is eligible for special education and related services. I may request that a First Steps representative be invited to the case conference committee meeting. If my child is found eligible, services will be in place by my child's third birthday. If my child's birthday is in the summer and my child does not require extended school year services, the services will be initiated for the start of the new school year.

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:

	<b>A meeting with someone to discuss the educational evaluation report prior to the date of the case conference committee meeting.</b>
	<b>A copy of the educational evaluation report prior to the case conference committee meeting.</b>
	<b>Please invite the following representative from First Steps:</b>

### Parent's Preferred Time of Conference (honored if possible)

<b>Day of Week:</b>		<b>M</b>		<b>T</b>		<b>W</b>		<b>TH</b>		<b>F</b>	<b>Time of Day</b>
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<input type="checkbox"/> I give my permission for this evaluation.	<input type="checkbox"/> I <b>DO NOT</b> give my permission for this evaluation.
<b>Signature of Parent:</b>	<b>Date:</b>
<b>Address:</b>	
<b>Phone Number:</b>	
<b><i>I have received a copy of the referral packet including all documentation and this consent.</i></b>	(initial)