**Consent to Evaluate**

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

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The student will be evaluated for the following suspected disabilities:

* Autism Spectrum Disorder
* Blind or Low Vision
* Deaf of Hard of Hearing
* Deaf-Blind
* Emotional Disability
* Intellectual Disability
* Language Impairment
* Multiple Disabilities
* Orthopedic Impairment
* Other Health Impairment
* Specific Learning Disability
* Speech Impairment
* Traumatic Brain Injury

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

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**Assessment Procedures**

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

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* 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 and the referral packet, including all documentation and this consent form.

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 \_\_\_ 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 and Date of Conference (honored if possible):

Date & Time: 2025-05-29 12:00 PM

* I give my consent for this evaluation.
* I DO NOT give my consent for this evaluation.

Sign:

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Date:

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Address:

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Phone Number:

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