



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DOC
TYPE 4961E

PRINT STUDENT'S NAME (LAST) (FIRST) (M.I.)

DATE (MM/DD/YY)	_____
STUDENT ID. NO.	_____

NOTICE OF INTENT AND PARENTAL/GUARDIAN CONSENT TO CONDUCT AN EVALUATION

TO THE PARENT(S) OR GUARDIAN(S) OF _____

After a careful review of your child's educational records, the implementation of alternative strategies to assist your child, and a review of previous evaluation information such as, Classroom Observations Anecdotal Curriculum-Based Tests Teacher-Made Tests Other(s): _____, the Child Study Team/School Support Team in the school has recommended that additional tests be administered to assist in meeting the individual needs of your child and determining the possible need for special education services. If other factors were relevant to this proposal, they included: _____

Educational options that were considered and rejected as being insufficient at this time or used previously with your child include:

- Behavior Management
 Change in Level of Instruction
 Dropout Prevention
 Community Agency Referral
 Counseling
 Change in Instructional Methods
 Tutoring
 Other(s): _____

With your consent, a team of professionals including an evaluation specialist (e.g., school psychologist, speech pathologist) may select specific tests and other evaluation instruments from the following areas:

- Adaptive Behavior**
- Developmental:** To assess intellectual, communication, and social skills.
- Psycho-Educational:** To assess intellectual, academic, process, behavioral, emotional, social, language skills, or executive functioning.
- Vision:** To assess visual ability.
- Audiological Screening:** To screen hearing ability.
- Speech:** To assess articulation skills, fluency, and voice quality.
- Language:** To assess language ability.
- Social:** To assess social and behavioral ability.
- Motor/Physical:** To assess fine and/or gross motor skills.
- Medical:** To assess physical status which may influence learning and may include pediatric, psychiatric, physical, or neurological evaluation.
- Other(s):** _____

A report will be written which contains the results of these evaluations and other educational information. You will be invited to attend a meeting to review this report and to assist in developing an appropriate educational program for your child.

Before returning this notice, please complete the following: (Check all that apply.)

Yes No I/We understand the reasons for this evaluation.
 Yes No I/We request a meeting to discuss the proposed evaluation.
 Yes No I/We give consent for this evaluation.

 (Parent/Guardian Consent Signature)

 (Date)

As parent(s)/guardian(s) of a child with a disability you have protections under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). A copy of the Summary of Procedural Safeguards has been attached for you. If you need additional copies of the procedural safeguards, assistance in understanding the procedural safeguards, or if you want additional information regarding your child's educational placement, please contact:

_____ at _____ or
 (Name/Title) (Telephone)

_____ at _____
 (Name/Title) (Telephone)

Place original (with signatures) in cumulative record. Copy to parent/guardian.

