

Notice and Consent for Assessment

(Initial Evaluation)

Student's Name: _____ Date: _____
Residence School: _____ Grade: _____
Service County: _____
Service School: _____
SASID: _____ Date of Birth: _____
Local Student ID: _____

Based on a referral by Parent _____ (PA) received on _____ (date), concerns were identified regarding your child's performance in the following areas:

- Vision
- Health
- Motor
- Hearing
- Cognitive/Intellectual
- Social/Emotional/Behavioral
- Adaptive Behavior
- Speech/Language
 - Articulation
 - Voice
 - Fluency
 - Expressive Language
 - Receptive Language
 - Pragmatic Language

- Academic Performance
 - Math calculation
 - Math problem solving
 - Written expression
 - Written language mechanics
 - Phonemic awareness
 - Phonics
 - Vocabulary development
 - Reading fluency and oral reading skill
 - Reading comprehension strategies

On _____ (date) considered the following existing evaluation(s), assessment(s), procedure(s), record(s), report(s) and intervention(s):

Based on the information considered and summarized above, an evaluation was recommended that will include assessments in the following areas:

- Academic Performance**
 - Reading
 - Mathematics
 - Written Language
- Communication**
 - Articulation
 - Voice
 - Fluency
 - Expressive/Receptive Language
 - Pragmatics
- Functional/Adaptive Performance**

- Intellectual/Cognitive Functioning**
- Emotional/Social/Behavior Development**
- Vision**
- Hearing**
- Motor Skills**
 - Fine Motor
 - Gross Motor
- Health/Physical Status**
- Vocational**
- Observation**
- Other**, specify _____

Assessments are administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the assessment. The team will review your child's educational needs and strengths as shown by performance levels, assessment results, observations, and information from you. The information obtained from the assessments will assist the school in educational planning for your child. The evaluation results will be shared with you no later than 60 days of the date you provide your consent to conduct assessments.

Document basis for decision:

As parents of a child with a disability, you are entitled to certain procedural safeguards as outlined in the enclosed brochure entitled "Parent Rights - Maryland Procedural Safeguard Notice." Your rights include the right to request mediation or file a due process complaint if you disagree with proposed and/or refused decision(s).

If you have any questions about the information provided, please call (NAME) _____, (TITLE) _____
at (NUMBER) _____

If you need additional information concerning your rights, you may contact the local Partners for Success Center at (NUMBER) _____, Parent's Place of Maryland, Inc. at (410-768-9100), or the Maryland State Department of Education, Division of Special Education/Early Intervention Services at 410-767-0264.

Informed Written Consent for Assessments

- I have received a copy of the Notice of Assessment informing me in writing of the reasons for this action.
- I have received this information in my native language or mode of communication
- I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency.
- I understand that my consent is voluntary.
- I understand I may revoke consent at any time.
- I understand that should I revoke consent it is not retroactive. If I revoke consent for the local school system/public agency to conduct assessment, any assessments not completed prior to revocation will not be conducted.
- I understand that the public agency will submit information that will be used for the special services information system. This system will be used by the MSDE and other State Agencies, as appropriate, to enable funding of programs and to ensure my child's rights to any needed assessment.

My signature below indicates that I understand the proposed action and consent to the completion of the assessments recommended by .

Parent Signature

Date

If you consent, please return a signed copy of this document as soon as possible.

Notice of No Assessment Needed

(Initial Evaluation)

Student's Name: _____ Date: _____
Residence School: _____ Grade: _____
Service County: _____
Service School: _____
SASID: _____ Date of Birth: _____
Local Student ID: _____

Based on a referral by Parent _____ (PA) received on _____ (date), concerns were identified regarding your child's performance in the following areas:

- | | |
|--|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Academic Performance |
| <input type="checkbox"/> Health | <input type="checkbox"/> Math calculation |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Math problem solving |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Written expression |
| <input type="checkbox"/> Cognitive/Intellectual | <input type="checkbox"/> Written language mechanics |
| <input type="checkbox"/> Social/Emotional/Behavioral | <input type="checkbox"/> Phonemic awareness |
| <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Phonics |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Vocabulary development |
| <input type="checkbox"/> Articulation | <input type="checkbox"/> Reading fluency and oral reading skill |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Reading comprehension strategies |
| <input type="checkbox"/> Fluency | |
| <input type="checkbox"/> Expressive Language | |
| <input type="checkbox"/> Receptive Language | |
| <input type="checkbox"/> Pragmatic Language | |

On _____ (date) considered the following existing evaluation(s), assessment(s), procedure(s), record(s), report(s) and intervention(s):

Based on the information considered and summarized above, has determined:

- Your child is a child with a disability or developmental delay who requires the provision of special education services in order to receive a free appropriate public education under the individuals with Disabilities Education Act (IDEA). No additional data/information is needed.
- Your child is not suspected of being a child with a disability or a child with a developmental delay.No additional data/information is needed.

Document basis for decision:

As parents of a child with a disability, you are entitled to certain procedural safeguards as outlined in the enclosed brochure entitled "Parent Rights - Maryland Procedural Safeguard Notice." Your rights include the right to request mediation or file a due process complaint if you disagree with proposed and/or refused decision(s).

If you have any questions about the information provided, please call (NAME) _____, (TITLE) _____
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