

EVALUATION PLAN

CONSENT TO CONDUCT INDIVIDUAL EVALUATIONS AND RE-EVALUATIONS

Student's Name:	Grade:
Date of Meeting:	DOB:

Initial Evaluation	Other:
Re-Evaluation	Due Date (within 60 days):

When your child is being considered for special education, your written consent is required before testing may occur. The Kearsarge Regional School District will arrange testing, at no cost to you, to be conducted by trained and knowledgeable, certified or licensed evaluators.

Evaluations will be conducted to determine special education eligibility in the following area(s):

<div style="border: 1px solid black; padding: 5px;"> Specific Learning Disability <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Basic Reading Skills</td> <td style="width: 50%; padding: 2px;">Reading Comprehension</td> </tr> <tr> <td style="padding: 2px;">Reading Fluency</td> <td style="padding: 2px;">Math Calculation</td> </tr> <tr> <td style="padding: 2px;">Listening Comprehension</td> <td style="padding: 2px;">Math Problem Solving</td> </tr> <tr> <td style="padding: 2px;">Oral Expression</td> <td style="padding: 2px;">Written Expression</td> </tr> </table> </div>	Basic Reading Skills	Reading Comprehension	Reading Fluency	Math Calculation	Listening Comprehension	Math Problem Solving	Oral Expression	Written Expression	<div style="border: 1px solid black; padding: 5px;"> Developmental Delay <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Communication</td> <td style="width: 50%; padding: 2px;">Cognitive</td> </tr> <tr> <td style="padding: 2px;">Motor Development</td> <td style="padding: 2px;">Social-Emotional</td> </tr> <tr> <td style="padding: 2px;">Self-Help/Adaptive</td> <td style="padding: 2px;"></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">* this area of eligibility applies to children between ages 3 and 10</p> </div>	Communication	Cognitive	Motor Development	Social-Emotional	Self-Help/Adaptive	
Basic Reading Skills	Reading Comprehension														
Reading Fluency	Math Calculation														
Listening Comprehension	Math Problem Solving														
Oral Expression	Written Expression														
Communication	Cognitive														
Motor Development	Social-Emotional														
Self-Help/Adaptive															
Other Health Impaired	Intellectual Disability														
Emotional Disturbance	Orthopedic Impairment														
Speech-Language Impairment	Multiple Disabilities														
Autism	Deaf-Blindness														
Visual Impairment	Hearing Impairment														
Traumatic Brain Injury/Acquired Brain Injury	Deafness														

The following are the methods which will be used to evaluate your child. Upon completion of the evaluations, we will convene an Evaluation Team Summary Meeting to review the results of the evaluations and to discuss their significance to your child's educational performance. You have the right to ask for evaluations prior to the Evaluation Team Summary meeting.

Assessment	Reason for Request	Qualified Examiner
(example: XYZ Test)	(example: initial evaluation)	(example: certified educator)

The Special Education Team has developed this Evaluation Plan and is recommending that the evaluations described be administered for diagnostic prescriptive purposes. As a result of these tests, it may be determined that your child is eligible to be considered “educationally disabled” and to receive special programs and services, in which case these tests may also be used to develop your child’s educational program and monitor progress. Educationally disabled students and their parents are permitted special rights under State and Federal law. Please see the Procedural Safeguards for a description of these rights.

PARENT / GUARDIAN’S RESPONSE: (check one and sign)

<input type="checkbox"/>	I give my permission for the proposed evaluation.						
<input type="checkbox"/>	I DO NOT give my permission for the proposed evaluation.						
<input type="checkbox"/>	I waive my right to receive the evaluation & assessment reports 5 days prior to the meeting (Ed 1107.04).						
<input type="checkbox"/>	<div> I would like to receive the evaluations & assessment reports 5 days prior to the meeting (Ed 1107.04). </div> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>By mail (address):</td> <td><input type="checkbox"/></td> <td>By email (address):</td> <td><input type="checkbox"/></td> <td> Sent home with student. OR Pick up at school. </td> </tr> </table>	<input type="checkbox"/>	By mail (address):	<input type="checkbox"/>	By email (address):	<input type="checkbox"/>	Sent home with student. OR Pick up at school.
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Please contact _____ at _____ with any questions that you may have concerning this proposed evaluation.

Signature of Parent/Guardian

Date