PRIOR WRITTEN NOTICE FOR INITIAL EVALUATION AND REQUEST FOR CONSENT FORM School Age

Child's Name:	
Date Sent (mm/dd/yy):	
Name and Address of Parent/Guardian/Surrogate:	For School(LEA) Use Only: Date of Receipt of Prior Written Notice/Consent Form
Dear :	
The first step in the special education process is to conduct an initial individual which will consist of a variety of tests and assessments, provided at no cost to must issue this form to provide prior written notice and obtain written consenevaluating your child's need for special education services.	you. The school (LEA)
The school (LEA) proposes to complete the following action to determine if yo special education and related services. If you have questions, please feel free school (LEA).	
School (LEA) Contact Email	
Position Phone	
TYPE OF ACTION PROPOSED:	
\Box The school (LEA) proposes to conduct an initial evaluation. (Parental Conse	nt Required)
1. EXPLANATION OF WHY THE EVALUATION IS PROPOSED:	
2. DESCRIPTION OF THE DATA USED AS BASIS FOR PROPOSED EVALUATION (IN PROCEDURE, ASSESSMENT, RECORD OR REPORT USED AS BASIS FOR THIS PROPOSED	
DESCRIPTION OF OTHER FACTORS RELEVANT TO THIS PROPOSED INITIAL EXAMPLE.	VALUATION:

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	 OTHER OPTIONS CONSIDERED RELEVANT TO THIS PROPOSED INITIAL EVALUATION AND WHY THE OPTIONS WERE REJECTED: 		
During t	he evaluation, information will be collected in the areas described below. This information will		
•	the evaluation, information will be collected in the areas described below. This information will assist the team in determining:		
•	whether your child is a child with disability; the educational needs of your child; the present levels of academic achievement; functional performance of your child; and whether your child needs special education and related services.		
THE PRO	DPOSED EVALUATION WILL CONSIST OF THE FOLLOWING TYPES OF TESTS AND ASSESSMENTS:		

PARENTAL CONSENT FOR AN INITIAL SPECIAL EDUCATION EVALUATION

In order for the proposed evaluation to begin, the school (LEA) must have your consent. Without your written consent, the school (LEA) cannot proceed with the proposed evaluation unless ordered by a hearing officer through a due process hearing. Without consent, the school (LEA) may proceed to due process hearing; however, it is not obligated to do so. If you do not provide written consent and the school (LEA) does not proceed to due process hearing, the evaluation for special education will not be conducted.

Upon receipt of parent consent, an evaluation team will conduct the evaluation. Information from all team members will be considered during the evaluation process. As the parent(s), you are a key member of the team. Information you provide is important to the team. Please send your ideas and concerns in writing to the contact person listed below, or contact them at the number provided if you would prefer to talk with someone directly. If an evaluation team meeting is held, you will be invited. Evaluation team meetings are not required.

The evaluation team will determine whether your child needs specially designed instruction because of a disability and is eligible for special education and related services. The results of the evaluation will be included in an *Evaluation Report (ER)*. If your child is determined to be eligible for special education, you will be invited to participate in developing an *Individualized Education Program (IEP)* that will include special education and related services your child requires in order to receive educational benefit.

TIMELINE FOR AN INITIAL SPECIAL EDUCATION EVALUATION

The Evaluation Report (ER) must be completed and a copy of the ER must be given to you no later than 60 calendar days after the school (LEA) has received your written consent for the evaluation. This 60 calendar day timeline does not include the summer break. Giving your consent for an evaluation does not mean you give consent for your child to receive special education and related services. If your child is eligible for

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special education, you will be asked to provide written consent for the initial provision of special education services following the development of the *IEP*.

Please read the enclosed *Procedural Safeguards Notice* that explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

Keep a copy of this form for your records.

DIRECTIONS FOR PARENT/GUARDIAN: Consent for following options:	or an initial evaluation is volu	untary. Please consider the			
 I would like to schedule an informal meeting with school (LEA) personnel to discuss this action. I give consent to the proposed initial evaluation. I do not give consent to the proposed initial evaluation.*** 					
***If you selected option 3, you $\underline{\text{may}}$ request an information due process hearing:	nal meeting with school (LEA	A) personnel, mediation, or a			
I would like to request:					
 □ Informal Meeting with School (LI □ Mediation** □ Due Process Hearing** 	EA) Personnel				
**To initiate mediation or a due process hearing, as a parent you must submit your request to the Office for Dispute Resolution (ODR). To learn more about this process, contact the Special Education ConsultLine at 800-879-2301 or visit the ODR website at www.odr-pa.org .					
I object to the proposed evaluation and	my reason is (<u>not required</u>):				
SIGN HERE:					
Parent/Guardian/Surrogate Signature	Date (mm/dd/yy)	Daytime Phone			
PLEASE RETURN THIS ENTIRE FORM TO: Name: Address:					

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For help in understanding this form, an annotated *Prior Written Notice for Evaluation and Request for Consent Form* is available on the PaTTAN website at www.pattan.net Once on the PaTTAN home page, select the Legal tab, then select Forms, and then Annotated Forms. If you do not have access to the Internet, call PaTTAN at 800-441-3215 to request the annotated form in print or the Special Education ConsultLine at 800-879-2301.

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