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/Suri	For School(LEA) Use Only: Date of Receipt of Prior Written Notice/Consent Form
Dear	
which will consist of a variety of tests and	ocess is to conduct an initial individual evaluation of your child, d assessments, provided at no cost to you. The school (LEA) ten notice and obtain written consent from you before education services.
	ne following action to determine if your child is eligible for f you have questions, please feel free to discuss them with the
School (LEA) Contact	Email
Position	Phone
TYPE OF ACTION PROPOSED:	
☐ The school (LEA) proposes to conduct a	an initial evaluation. (Parental Consent Required)
1. EXPLANATION OF WHY THE EVALUA	ATION IS PROPOSED:
	S BASIS FOR PROPOSED EVALUATION (INCLUDING EACH EVALUATION PROPOSED INITIAL EVALUATION):
3. DESCRIPTION OF OTHER FACTORS R	RELEVANT TO THIS PROPOSED INITIAL EVALUATION:

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	OTHER OPTIONS CONSIDERED RELEVANT TO THIS PROPOSED INITIAL EVALUATION AND WHY THE OTHE OPTIONS WERE REJECTED:
-	ne evaluation, information will be collected in the areas described below. This information will assist the team in determining:
• t • t • f	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	POSED 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 an initial evaluation is voluntary. Please consider the following options:								
 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 informal meeting with school (LEA) personnel, mediation, or a due process hearing:								
I would like to request:								
 Informal Meeting with School (LEA) Personnel Mediation** Due Process Hearing** 								
*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:								
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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关于初始评估的事先书面通知和征求同意书 孩子姓名:

关士初续	<u> </u>	学龄
孩子的姓		
	(月/日/年):	
父母/监排	户人/代理人的姓名和地址:	
		仅限学校(LEA)使用:
_		收到事先书面通知/同意书的日期
_		
_		
_		
致	,	
殊教育。 格。学	(LEA) 提议进行初始评估,要求收集该生其他信息以确定教育及相关服务的资格时,或者对家长提出的要求初始评估这一诉 及相关服务的资格时,或者对家长提出的要求初始评估这一诉 变(LEA)必须发出此表格,以提供事先书面通知并获得儿童分 后才能对您孩子的特别教育服务方面的需求进行初始评估。	求作出回应时将发出此表
您有任何	.EA) 建议完成以下行动,以确定您的孩子是否有资格获得特例 可疑问,请随时与学校(LEA)讨论。	
学校(LEA)联系人 电子邮件	
职称)联系人	
	的行动类型: 学校(LEA)建议进行初始评估。(需要家长同意) 家长要求初始评估 建议初始评估的原因:	
2. i	青描述用作所建议的初始评估基础的数据 <i>(包括每次评估) 用作拟议初始评估依据的程序、评估、记录或报告:</i>	
3	与拟议初始评估相关的其他因素:	

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关于初始评估的事先书面通知和征求同意书 孩子姓名:

4. 其他备选方案被认为与拟议的初始评估有关,以及为什么其他备选方案被拒绝:	
在初始评估期间,将在下述领域收集其他数据/信息。这些信息将有助于评估小组确定:	
• 您的孩子是否继续是残疾儿童;	
您孩子的教育需求;您孩子目前的学业成绩水平和相关功能需求;	
您孩丁百前的子並成绩小一种相关切能需求,您的孩子是否继续需要特殊教育和相关服务;和	
是否需要对特殊教育和相关服务进行任何补充或修改,以使您的孩子能够实现 IEP 中规定的量的年度目标,并酌情参与通识教育课程。	的可衡
重的十 没日 你,开的信参与超 次 教育保住。	
所建议的初始评估将包括以下类型的测试和评估:	

特殊教育初始评估的家长同意书

为了开始进行所提议的评估,学校(LEA)必须征得您的同意。未经您的书面同意,学校(LEA)无法继续进行所提议的评估,除非听证官通过正当程序听证会下令。未经同意,学校(LEA)可以进行正当程序听证会;但是,校方没有义务这样做。如果您不提供书面同意,并且学校(LEA)没有进行正当程序听证会,则不会进行特殊教育的评估。

在收到家长同意后,评估小组将进行评估。在评估过程中,将考虑来自所有团队成员的信息。作为家长,您是团队的关键成员。您提供的信息对团队很重要。请将您的想法和疑虑以书面形式发送给下面列出的联系人,或者如果您希望直接与某人交谈,请通过提供的电话号码与他们联系。如果召开评估小组会议,您将被邀请。不需要召开评估小组会议。

评估小组将确定您的孩子是否因残疾而需要专门设计的教学,以及是否有资格获得特殊教育和相关服务。审评结果将纳入审评报告(ER)。如果您的孩子被确定有资格接受特殊教育,您将被邀请参与制定个体化教育计划(IEP),该计划将包括您的孩子想要获得教育福利而需要获得的特殊教育和相关服务。

特殊教育初始评估时间表

初始评估报告(ER)必须在学校(LEA)收到已签署的初始评估事先书面通知和征求同意书之日起 60 个自然日内完成,不包括暑假。同意评估并不意味着您同意您的孩子接受特殊教育和相关服务。如果您的孩子有资格接受特殊教育,您将被要求提供书面同意书,以便在 IEP 撰写好后首次提供特殊教育服务.

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利以及特殊教育过程的运作方式。 请保留此表的副本以备记录。 家长/监护人须知:同意初始评估是自愿的。请考虑以下选项: 我想安排与学校(LEA)人员举行一次非正式会议,讨论这一行动。 我同意拟议的初始评估。 3. 我不同意拟议的初始评估。 如果您选择了选项 3, 您可以要求与学校(LEA)人员进行非正式会议、调解或正当程序听证会。 我想请求: ☐ 与学校 (LEA) 人员的非正式会议 调解** 〕正当程序听证会** **要启动调解或正当程序听证会,作为父母,您必须向争议解决办公室(ODR)提交您的请求。要了解有关此过 程的更多信息,请致电 800-879-2301 联系特殊教育咨询热线,或访问 ODR 网站 www. odr-pa. org. 我反对提议的初始评估,我的理由是(此项非必填)): 请在这里签名:

请阅读随附的程序保障通知,其中解释了您的权利,并包括州和地方倡权组织,这些组织可以帮助您了解您的权

关于初始评估的事先书面通知和征求同意书

家长/监护人/代理人签名

孩子姓名:

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日期(月/日/年)

日间电话

请将整个 :	表格返回给:	:		
名字:				
名字: 地址:				

关于初始评估的事先书面通知和征求同意书

孩子姓名:

为了帮助理解此表格,PaTTAN 网站上提供了带注释的评估和征求同意表的事先书面通知,网址为www.pattan.net。在 PaTTAN 主页上,选择 "Legal" 选项卡,然后选择 Forms,然后选择 Annotated Forms。 如果您无法访问互联网,请拨打 800-441-3215 联系 PatTTAN 索取带注释的打印表格或拨打特殊教育咨询热线,号码是 800-879-2301。

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