# Prior Written Notice and Consent for Initial Evaluation/Reevaluation

(USBE Rules II.C. and IV.C.)

District/School: Date of Notice:

Student Name: DOB: Grade:

The LEA is proposing to evaluate/reevaluate this student to determine if the student has/continues to have a disability that adversely affects educational performance and requires special education and related services under the Individuals with Disabilities Education Act (IDEA).

This evaluation/reevaluation is proposed because:

Information used to determine the areas to be assessed (evaluation procedure, assessment, record, or report):

Describe other options considered and the reasons why those options were rejected:

Other factors relevant to this proposal:

## Areas to be Assessed

We need your permission to conduct this evaluation. Examples of tests and their purposes are indicated on a separate form. With your consent, we will only give tests in the areas indicated below:

Academic achievement

Adaptive behavior

Communication

Functional behavior assessmentHearing

Intellectual/cognitive

Motor

ObservationsPsychomotor

Social/behavioral

Vision

Other:

This evaluation cannot begin until your written permission is received. Upon completion of the evaluation, the results will be discussed with you, and you will be provided a copy of the Evaluation Summary Report & Eligibility Determination. You have the right to refuse permission for this evaluation.

Parents and students who are adults must be provided prior written notice (PWN) in language understandable to the general public in their native language or other mode of communication before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your student/you, or the provision of a free appropriate public education (FAPE) to your student/you (Rules IV.C.).

The Procedural Safeguards under Part B of the Individuals with Disabilities Education Act (IDEA) afford you protection. If this notice is for an initial evaluation, a copy of the Procedural Safeguards is included with this notice. If this notice is for a reevaluation and you do not have a copy of the Procedural Safeguards, you may request one from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal/director or special education teacher.

Your native language or other mode of communication is **not** a written language.

**Therefore:**

The notice was translated orally or by other means in your native language or other mode of communication on[date]: by[person]: **AND**

You verified with the translator/interpreter that you understand the content of this notice.

Translator/Interpreter Signature Date

## Consent for Evaluation/Reevaluation

I **DO** give permission for the evaluation requested and have received the Procedural Safeguards and a copy of this document. I understand that all results will be kept confidential and reviewed with me.

I **DO NOT** give permission for the evaluation requested and have received a copy of the Procedural Safeguards and this document.

Parent(s)/Student who is an Adult Signature Date

Date signed consent received back at school from parent(s)/student who is an adult:

**Note:** Initial evaluations must be completed within 45 school days following receipt of consent.

## Family Education Rights and Privacy Act (FERPA) Consent to Waive Psychological Evaluation Timeline

Under Utah Law (53E-9-203), a parent giving consent for a psychological evaluation must be given two weeks’ notice prior to the initiation of the evaluation in order to allow the parent to revoke the consent. The law does allow the parent to waive this two-week period. Your signature will allow us to waive this particular provision of the law and allow the psychological evaluation to proceed. Should you choose not to waive this right, and you have already consented for an evaluation to begin, the group may proceed forward with other areas of the educational assessment.

I **DO** give consent for the two-week waiting period to be waived so the psychological evaluation for the student may proceed immediately.

I **DO** **NOT** give consent for the two-week waiting period to be waived.

Parent(s)/Student who is an Adult Signature Date