

PURPOSE: When a student is eligible for special education and in need of additional evaluations(s) a school district must seek informed consent from a student's parent/guardian to evaluate. This form asks for your consent to conduct additional evaluation(s) listed below. If you have questions regarding this request, you may call or email your students special education teacher/case manager and/or the school district's special education administrator.

PARENT CONSENT for ADDITIONAL SPECIAL EDUCATION EVALUATION

To: _____
Parent(s)/guardian(s)/adult student

Date: _____

Re: _____
Student's Name & Birthdate

The attached Written Notice further explains the action to be taken.

Your consent is being requested to conduct the following additional special education evaluation:

Functional Behavior Assessment (FBA) to determine the need for a Behavior Intervention Plan (BIP) in instances where behavior interferes significantly with the student's learning or that of others. The FBA examines factors related to desirable and undesirable behaviors and identifies variables that may lead to effective positive behavior support strategies used to improve student behaviors.

- The FBA is conducted by a team that may include: Check all that apply.
 - School social worker
 - School psychologist
 - Teacher consultant
 - Teachers
 - Para-educators
 - Administrators
 - Therapists
- The FBA will include a review of the student's educational records and additional school data; direct observations of the student in a variety of settings; interviews with student, parent/guardian, teachers and other staff and may also include collection of data from administration of rating scale assessments and service providers outside the school environment with authorized consent.
- The result of the FBA will be presented in writing within 30 school days of consent, unless an agreement between district and parent/guardian extends this timeline.

This proposed evaluation will not automatically lead to a special education Individualized Educational Planning Team (IEPT) meeting unless requested by you or a member of the student's educational team.

By giving written consent below, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; (3) if you revoke consent, the revocation is not retroactive, which means that it does not negate any activity that has already taken place. Please note that the district does not need your consent to proceed with this evaluation if the district has made reasonable efforts to obtain your consent and you have failed to respond to these requests.

I give my consent.

I do not give my consent. Reason (optional): _____.

(Parent(s)/guardian signature)

(Date)