

## Consent for A Special Education Evaluation

**School District:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This is to request your consent to a special education evaluation of:

I **give** my consent for the special education evaluation.

The evaluation process and my parental rights have been explained to me. I understand that giving my consent is voluntary and may be revoked at any time. If I do choose to withdraw my consent, I understand this withdrawal will not apply to any testing that may have already been completed.

\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

I **do not give** my consent for a special education evaluation.

I understand that not granting my consent is voluntary and that I may change my decision at any time. If I do not grant this consent to determine whether there is an eligibility for an individual education program, I understand that should my child (or myself) be involved in a major disciplinary situation my child (or myself) would not receive the protections available only to those students with a disability or suspected of having a disability and are in the process of being evaluated.

\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

**If this is an evaluation to determine if a student continues to be eligible for special education services, my failure to respond to this request for consent will result in the school district proceeding with the special education evaluation as described in the Evaluation Plan.**

If you have any questions or would like to discuss this further, please contact me:

by phone at : \_\_\_\_\_

or write to me at: \_\_\_\_\_

Sincerely,  
Signature: \_\_\_\_\_

Printed Name and Position: \_\_\_\_\_

**Date Received in District:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Form 3a