PARENTAL PRIOR WRITTEN NOTICE/CONSENT FOR EVALUATION
ARSD 24:05:25

STUDENT NAME:	**SIMS:**
PARENT/GUARDIAN NAME:	**DATE SENT:**
SCHOOL DISTRICT:	**SCHOOL:**
DOB:　**AGE:**	**GRADE:**

Purpose of Notification: The school district must give you a written notice and seek your informed consent whenever the school district proposes to conduct an evaluation or reevaluation of your child.

☐ Initial evaluation to determine:
- Whether your child is a child with a disability,
- The educational strengths and needs of your child and
- Whether your child needs special education or special education and related services.

☐ 3-Year Reevaluation to determine:
- Whether your child continues to be a child with a disability,
- The educational strengths and needs of your child and
- Whether your child continues to need special education or special education and related services

☐ Reevaluation request by you.

☐ Reevaluation request by the school district.

☐ Additional Evaluation: (specify) _____

Documented Parent Input:

*Comprehensive evaluation data must be collected to assist the team in determining if your child is a child with a disability and whether the child is in need of services. The following areas of evaluation are needed and will be administered or if noted, existing evaluation information will be used (**Note:** Skill-based assessment data in the suspected areas of disability will be gathered as part of the evaluations administered below):*

☐ Academic Achievement	☐ Articulation	☐ Audiological
☐ Ability	☐ Language	☐ Ophthalmological
☐ Observation	☐ Fluency	☐ Chronic/Acute Health (Diagnosis)
☐ Adaptive Behavior (to include social)	☐ Voice	☐ Current Medical Data/Records
☐ Behavior	☐ Fine Motor	☐ Autism Specific Instrument
☐ Transition	☐ Gross Motor	☐ Orientation/Mobility
☐ Developmental (Cognitive, Adaptive, Motor, Communication, Personal/Social)	☐ Braille	

List other areas to be evaluated: (Might include areas such as: ☐ vision screen, ☐ hearing screen, ☐ sensory motor, ☐ visual motor, ☐ personality, ☐ social/emotional, ☐ functional behavior assessment, etc...)

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Existing Evaluation Data: If existing evaluations are to be used, document the following:

Evaluation Area: _____ Test Administered: _____ Date: _____

Explanation of Action Proposed or Refused: (Must address each section below)

a.   Explanation of why the district proposed or refused to take the action:

b.   Description of other options that the IEP team considered and the reasons why those options were rejected:

c.   Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

d.   Description of other factors that are relevant to district's proposal or refusal:

If you have questions or concern about the proposed plan, please contact   at   .

Parental Rights Resources:
You have protections under procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your protections, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553.

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(Sign and return this page to the District, page 1 and 2 should be kept for your records.)

☐ **I CONSENT**[1] for my child to be evaluated in the areas identified on this consent form. I have a copy of my procedural safeguards that explains due process procedures.

☐ **I DO NOT CONSENT**[1] for my child to be evaluated in the areas identified on this consent form. I have a copy of my procedural safeguards that explains due process procedures.

Parent/Guardian Signature: _____
Date Signed: _____

I am willing to extend the 25 school day timeline for the completion of all my student's evaluations to the following date: _____   (Parent Initials) _____

For District Use:
Date consent was received by the district: _____
Evaluations must be conducted within 25 school days or by the extension date. Date to be completed by: _____
Determination of eligibility made within 30 calendar days. Eligibility must be determined by : _____

Reasonable effort was made to gain parent consent:
1st Contact Date _____   Method _____   Response _____
2nd Contact Date _____   Method _____   Response _____
3rd Contact Date _____   Method _____   Response _____

Note: Parents must be given a copy of their procedural safeguards upon initial or parent request for evaluation. If this notice is not an initial referral for evaluation, a copy of procedural safeguards may be obtained from district administration.

[1] Consent definition can be found in Administrative Rules of South Dakota (ARSD) 24:05:13:01