south dakota BIRTH TO THREE
The first three years build a lifetime

# PRIOR WRITTEN NOTICE AND PARENTAL CONSENT FOR EVALUATION

**CHILD'S NAME:_____DATE SENT:_____**

**PURPOSE OF NOTICE:**

_____Evaluating/Reevaluating the child's special needs

**Description of the action proposed or refused:**

**Reasons why this action is being proposed or refused:**

**The following areas of development will be evaluated:**

**Cognitive**
**Physical (fine & gross motor)**
**Communication (receptive & expressive)**
**Social/Emotional**
**Adaptive**

**CONSENT FOR INITIAL EVALUATION OR REEVALUATION**

24:05:30:17. Consent. "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

_____ _____
Parent Signature Date

**I AGREE TO HAVE THIS ACTIVITY OCCUR SOONER RATHER THAN WAIT FOR THE 5 DAY PRIOR NOTICE PERIOD.**

**(Parent Initial)_____Date____/___/___**

The information on this form will remain confidential.

Please call_____at _____
if you have any questions about the information provided above.

*Parent Acknowledgement: A copy of all procedural safeguards is being provided to you via mail, email or in person. Additional sources for you to contact to obtain assistance in understanding your rights are included with the procedural safeguards. Please read it carefully. We will review these with you when we meet. As discussed in this information, you have the right to request formal dispute resolution should you disagree with the proposed or refused action(s).*