

Parental Prior Written Notice Consent

DATE SENT:
STUDENT NAME:
PARENT/GUARDIAN NAME:
SCHOOL DISTRICT AND SCHOOL:
SIMS NUMBER:
BIRTHDATE AND CURRENT AGE:
GRADE:

Purpose of Notification: The school district must give written notice and receive written 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
- Additional Evaluation: (specify) _____
- Other _____

Documentation of Parent Input into the Evaluation Process:

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

(When reviewing student data, information, and input from the team, what does the district propose to do for the evaluation and why?)

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

(When reviewing student data, information, and input from team, what evaluation considerations did the team reject and why?)

C. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action: (What current student data, pre-referral, diagnosis, evaluations, educational information, and input from the team does the district and parent already have to make evaluation decisions about the student?)

D. Description of other factors that are relevant to district’s proposal or refusal: (Any other factors that may impact evaluation of the student, considerations for a later date, or general concerns that may not directly impact special education considerations.)

The district is proposing to use the following existing evaluations or information, including skill based, to be pulled forward for eligibility (identified in description of evaluations (C):

Area/Information	Related Documentation (diagnosis, screening information, classroom data, etc.)	Date(s) completed

The following evaluations or information will be completed within the 25-school day timeline after receiving your written parental consent:

<input type="checkbox"/> Ability	<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Observation	<input type="checkbox"/> Adaptive Behavior
<input type="checkbox"/> Language	<input type="checkbox"/> Articulation	<input type="checkbox"/> Fluency	<input type="checkbox"/> Social Communication
<input type="checkbox"/> Behavior	<input type="checkbox"/> Functional Behavior Assessment	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Autism Specific Instrument
<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Sensory	<input type="checkbox"/> Gross Motor	<input type="checkbox"/> Visual Motor
<input type="checkbox"/> Developmental Delay Areas: This includes evaluations in Cognitive, Adaptive, Motor, Communication, Social or Emotional (before age 9)			
<input type="checkbox"/> Chronic/Acute Health (Diagnosis)	<input type="checkbox"/> Audiological (Hearing)	<input type="checkbox"/> Ophthalmological (vision)	<input type="checkbox"/> Medical data for Orthopedic Impairment
<input type="checkbox"/> Transition assessment for post school planning (initial prior to age 16)			
Other:			

Note: Skill Based (educational impact and need for specialized instruction) information will be conducted and a report will be completed in all areas identified.

Other information the team determined relevant for eligibility and programming (to be completed within the 25-school day timeline):

<input type="checkbox"/> Current Medical Data/Records	<input type="checkbox"/> Hearing screening	<input type="checkbox"/> Braille
<input type="checkbox"/> Developmental History	<input type="checkbox"/> Vision screening	<input type="checkbox"/> Orientation/Mobility
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Assistive Technology

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

Parental Rights Resources:

You have protections under IDEA procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your rights, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553. The SD Parent Rights and Procedural Safeguard handbook can also be found at <https://doe.sd.gov/sped/parentalrights.aspx>.

SD Parental Rights and Procedural Safeguard handbook was provided with the notice.

DATE Sent:
STUDENT NAME:

(Sign and return this page to the district, previous pages should be kept for your records.)

I CONSENT¹ for my child to be evaluated in the areas identified on this consent form. I have a copy of my parent rights and procedural safeguards that explains due process procedures.

I DO NOT CONSENT¹ for my child to be evaluated in the areas identified on this consent form. I have a copy of my parent rights and procedural safeguards that explains due process procedures.

Parent/Guardian Signature: _____

Date Signed: _____

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 _____

If needed, extension of 25-school day evaluation timeline due to unique circumstance (24:05:25:03, 24:05:25:06)

For District Use

District and parent agreed to extend the evaluation timeline to this date _____ due to (reason) _____.

The new 30 day calendar date for eligibility meeting will be by _____

This agreement was documented through phone, email, meeting, or other means on this date:

_____.

(Parent Initials) _____

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