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| **County LOGO** |  | **AUTHORIZATION FOR ASSESSMENT***CONFIDENTIAL* |
| **PART I: INFORMATION** |  |
| Student Name Student ID # *Last First MI*Parent/Guardian Work Phone - - Address Home Phone - - School(s): Current Date of Birth / /Home Age Grade Classroom/Homeroom Teacher Primary Language Form completed by / / *Name Title/Position Date* |
| **PART II: TYPE OF ASSESSMENT BEING AUTHORIZED:**  |
| **Check (**[ ] **) each category with Yes or No****Yes No Yes No**[ ]  [ ]  Educational [ ]  [ ]  Vision [ ]  [ ]  Speech/Language [ ]  [ ]  Auditory [ ]  [ ]  Occupational Therapy [ ]  [ ]  Physical Education [ ]  [ ]  Physical Therapy [ ]  [ ]  Review of previous assessments *(specify below)*[ ]  [ ]  Psychological1. The individual assessment has been requested for the following reason

[ ]  Initial Evaluation [ ]  Re-Evaluation [ ]  Section 504 Evaluation [ ]  Other Evaluation1. The obtained information will be used to:

[ ]  help determine whether there is an educational disability[ ]  help determine educational placement[ ]  develop instructional/program recommendations1. Reports will be distributed to the:

[ ]  Student (if 18 or older) [ ]  Parents [ ]  Central Office [ ]  Psychological Services[ ]  School Confidential File [ ]  Other (specify) 1. A record of the results will be maintained in a confidential folder and access to the report(s) will be granted to staff on a need-to-know basis. A record will be maintained documenting the name and reason for each reviewer. Parent(s)/ guardian(s) and eligible students may request/authorize release to another agency/professional.
2. The record will be destroyed 6 years after graduation.
3. Assessment results will be shared with parent(s)/guardian(s) prior to taking any action and parent(s)/guardian(s) and eligible students have the right to challenge the accuracy of the report contents and to have information which is proven inaccurate expunged from the record.
4. The assessor has an ethical obligation to serve the best interests of the student.
5. Other
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| ***The above statements have been explained to me. My signature below indicates my consent to the recommended assessments. I received a copy of the procedural safeguards brochure.*** / / *Signature, Parent/Guardian or Student (if 18 or older) Date* |
| **ADDITIONAL NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |