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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)*  Psychological   1. The individual assessment has been requested for the following reason   Initial Evaluation  Re-Evaluation  Section 504 Evaluation  Other Evaluation   1. The obtained information will be used to:   help determine whether there is an educational disability  help determine educational placement  develop instructional/program recommendations   1. 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 | | |
| ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |