Fairfax County PUBLIC SCHOOLS
ENGAGE • INSPIRE • THRIVE

NOTICE AND CONSENT FOR EVALUATION

Student	ID Number	DOB	Date
Parent(s)	School		Grade

TO THE PARENT OR GUARDIAN:

1. RECOMMENDATION:

- ☐ Initial evaluation to determine if your child has a disability and requires special education. The Local Screening Committee Report is enclosed.
- ☐ Assessments to determine your child's continued special education eligibility status. The Reevaluation Report is enclosed.
- ☐ Additional assessments and/or consultations for IEP purposes. The IEP is enclosed.
- ☐ Other: _____

Statement of Global Concern Description for areas selected below:

Do the evaluators need to consider the student's EL status and/or mode of communication? ☐ YES ☐ NO

2. AREAS TO BE ASSESSED:

- ☐ **Psychological** -- individual cognitive ability, learning style, emotional factors, and perceptual skills
- ☐ **Sociocultural** -- developmental history, family background, adaptive behavior, medical status, and educational history
- ☐ **Educational** -- current academic achievement, classroom performance, strengths and weaknesses
- ☐ **Speech and Language** -- articulation, voice, fluency, and oral language
- ☐ **Hearing Screening** -- hearing acuity
- ☐ **Developmental (preschool)**
  Select one or more of the following:
  - ☐ Adaptive
  - ☐ Cognitive
  - ☐ Communication
  - ☐ Physical
  - ☐ Social/emotional
- ☐ **Occupational Therapy** -- functional motor ability for learning and school performance
  ☐ assessment ☐ consultation
- ☐ **Physical Therapy** -- environmental access, functional mobility and school performance
  ☐ assessment ☐ consultation
- ☐ **Vision Screening** -- visual acuity
- ☐ **Audiological** -- complete assessment of hearing
- ☐ **Functional Vision** -- functional use of near, intermediate, and distance vision to access the curriculum
- ☐ **Medical** -- physical examination by physician
- ☐ **Observation** -- to be conducted in the child's learning environment to document academic performance and behavior in the areas of difficulty
- ☐ **Assistive Technology Services** -- determines AT required for access to the curriculum (for reevaluation or IEP purposes only)
- ☐ **Adapted Physical Education** -- object control, perceptual motor, locomotor skills, physical fitness, and adaptive behaviors (for reevaluation or IEP purposes only)
- ☐ **Other** -- _____

If a medical assessment is needed, I choose (check one):

- ☐ To have the medical assessment done at the expense of the Department of Special Services. (Complete SS/SE-19)
- ☐ To provide the medical assessment at my own expense within one month. The examination may be dated up to one year prior to the proposed date of eligibility determination.

If you have any questions regarding this recommendation, please contact _____ at your child's school.

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.

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3. RIGHTS: Your rights are described in detail in the copy of Your Family's Special Education Rights (Virginia Procedural Safeguards Notice) previously provided. You have the right to have it fully explained to you in your native language or primary mode of communication. If you have any questions regarding this document, please contact Due Process and Eligibility at 571-423-4470. Additional copies are available at the school or online at https://www.fcps.edu/sites/default/files/media/forms/se4.pdf.

4. CONSENT: YOUR PERMISSION IS REQUIRED FOR ASSESSMENTS Specified in Section 2.

Area	Consent	No Consent
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

☐ **I GIVE CONSENT for FCPS to proceed with proposed assessments.**

Parent or Guardian Signature: Printed Name: Date:

☐ **I REFUSE TO GIVE CONSENT for FCPS to proceed with proposed assessments.**

Parent or Guardian Signature: Printed Name: Date:

Consent is voluntary and may be revoked at any time. You have the right to refuse to give consent. Should you refuse to give consent, FCPS has the right to appeal your decision.

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