**Parental Prior Written Notice Consent**

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| DATE SENT: Click or tap here to enter text. |
| STUDENT NAME: Click or tap here to enter text. |
| PARENT/GUARDIAN NAME: Click or tap here to enter text. |
| SCHOOL DISTRICT AND SCHOOL: Click or tap here to enter text. |
| SIMS NUMBER: Click or tap here to enter text. |
| BIRTHDATE AND CURRENT AGE: Click or tap here to enter text. |
| GRADE:Click or tap here to enter text. |

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| **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**:

Click or tap here to enter text.

1. **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?)

Click or tap here to enter text.

1. **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?)

Click or tap here to enter text.

1. **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?)

Click or tap here to enter text.

1. **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.)

Click or tap here to enter text.

### **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):**

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| --- | --- | --- |
| **Area/Information** | **Related Documentation (diagnosis, screening information, classroom data, etc.)** | **Date(s) completed** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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#### **The following evaluations or information will be completed within the 25-school day timeline after receiving your written parental consent:**

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| --- | --- | --- | --- |
| Ability | Academic Achievement | Observation | Adaptive Behavior |
| Language | Articulation | Fluency | Social Communication |
| Behavior | Functional Behavior Assessment | Social/Emotional | Autism Specific Instrument |
| Fine Motor | Sensory | Gross Motor | Visual Motor |
| Developmental Delay Areas: This includes evaluations in Cognitive, Adaptive, Motor, Communication, Social or Emotional (before age 9) | | | |
| Chronic/Acute Health (Diagnosis) | Audiological (Hearing) | Ophthalmological (vision) | ☐ Medical data for Orthopedic Impairment |
| 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):**

|  |  |  |
| --- | --- | --- |
| Current Medical Data/Records | Hearing screening | Braille |
| Developmental History | Vision screening | Orientation/Mobility |
| Other ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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](https://doe.sd.gov/sped/parentalrights.aspx) 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.

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| DATE Sent: |
| STUDENT NAME: |

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| **(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: |

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| **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)**

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| **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.

Consent definition can be found in Administrative Rules of South Dakota (ARSD) 24:05:13:01