

MEETING STREET

CONSENT TO EVALUATE

Student: _____

D.O.B.: _____

The following list includes evaluations available for the students enrolled in Bright Futures, The Grace School, and The Carter School.

Educational
Psychological
Social Service
Vocational

Physical Therapy
Occupational Therapy
Audiological

Speech & Language
Visual
Oral Motor / Feeding

In order to provide the best and most appropriate treatment for each student, the above-mentioned evaluations may be conducted as part of an annual IEP, tri-annual IEP, at the request of the parent/guardian, or when deemed necessary by the student's team.

- () I grant permission to conduct any of the above-mentioned evaluations during the 2007-2008 academic year with the understanding that results will be provided to me upon completion.
- () I do **not** grant permission to conduct the proposed evaluation(s).
- () I request a meeting with the Associate Director/Director of School Program and/or Administrator of Special Education from the LEA.
- () I have received a copy of the Procedural Safeguards.

Comments: _____

Parent's/Guardian's Signature

Date

Interpreted by: _____