

LONG COUNTY SCHOOL SYSTEM  
468 South McDonald Street  
Ludowici, GA 31316  
Parental Consent for Evaluation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Initial Evaluation

Dear Parent/Legal Guardian/Surrogate Parent of \_\_\_\_\_:

Your child was referred by (Name) \_\_\_\_\_, (Title) \_\_\_\_\_, and was recommended for evaluation by the Pyramid of Interventions Team or other appropriate source. We would like to conduct an individual evaluation to gather more information about how to better meet your child's needs.

If you have any questions about the evaluation process or want to know more details about the evaluation, please call your child's school.

If you agree to have this evaluation done, you can request to know the exact time and place that it will occur. You will be notified of, and invited to attend, a meeting in which the results of the evaluation will be discussed. This meeting will be held within 60 days of the receipt of this consent form by the school. No changes will be made in your child's educational program until we hold the meeting and you provide any necessary consent.

The individual evaluation may encompass the following areas: hearing/vision, academic achievement, motor, intelligence, speech/language, social/emotional, vocational, and any other areas deemed appropriate. An explanation of these areas is included. Your parental rights are also included, which show that you have certain rights regarding consent and evaluation procedures. If you have information that you would consider helpful in determining your child's needs (e.g., evaluations, medical reports, etc.), please include it with this consent.

Please sign below to let us know whether or not you agree for the evaluation to take place and return this letter to (Name) \_\_\_\_\_, (Title) \_\_\_\_\_. If you do not return this form by (Date) \_\_\_\_\_, we will contact you about your decision.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
Signature Title

\_\_\_\_ Yes, I agree for the Long County School System to evaluate my child.

\_\_\_\_ No, I do not agree for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/Surrogate

\_\_\_\_\_  
Date

Attachments

August 2010