

Notification of Intent to Evaluate / Component Selection

Student Name: _____ Teacher: _____

Address: _____

Phone: _____

Medicaid Eligible? YES NO

Permission on File? YES NO

This evaluation is to determine the eligibility of your child for special education. In order to gather important information about your child, a formal evaluation is needed. All components of the evaluation are available at no cost to the parent. You, as a parent, are provided the opportunity to participate in the selection of evaluation components to be administered.

Based on the needs of your child, this evaluation will consist of the following evaluation components checked below:

EDUCATIONAL: Written report describing current educational performance and identifying instructional strengths and weaknesses.

Concerns: _____

DEVELOPMENTAL: Written report of your child's functioning in the major areas of development such as *(For Children aged 2 to 5)* cognition, motor, social / adaptive behavior, perception and communication.

Concerns: _____

MEDICAL: Written report from a licensed physician indicating general medical history and any medical / health problems which may impede learning.

Concerns: _____

SOCIOCULTURAL: Written report from a qualified Family Specialist which describes family history, structure, and dynamics. The information may be obtained through interviews with parents or primary caretakers and review of available records.

Concerns: _____

PSYCHOLOGICAL: Written report from a qualified psychologist based on a battery of appropriate instruments which may include individual intelligence test(s), and psycho-educational tests.

Concerns: _____

SPEECH / LANGUAGE: Written report based on assessment of communicative skills which could include an evaluation of your child's articulation, voice, fluency and receptive/expressive language skills.

Concerns: _____

HEARING: Hearing must be screened during the eligibility process prior to initial eligibility.

OTHER RECOMMENDED EVALUATIONS: _____

I have participated in and agree with the selection of evaluation components.

Parent / Guardian Signature

Date

Regular Education Teacher

Date

LEA Designee

Date

Special Education Teacher

Date

Date

Date