

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VIRGINIA 22902
(434) 296-5885

PERMISSION FOR EVALUATION

Student Name: _____ DOB: _____
School: _____

The decision to recommend an evaluation was based on the following information:

FILL IN JUST ONE BOX.

I GIVE PERMISSION for Albemarle County Public Schools to proceed with the evaluation of my child in order to determine whether or not _____ (student's name) is eligible for special education and related services. I have participated and agree with the selection of evaluation components and have received the Parental Rights in Special Education.

_____/_____/_____
Signature of Parent(s) / Guardian(s) Date

OR

I DO NOT GIVE PERMISSION for Albemarle County Public Schools to proceed with the evaluation of my child in order to determine whether or not _____ (student's name) is eligible for special education and related services. I have received a copy of the Parental Rights in Special Education.

_____/_____/_____
Signature of Parent(s) / Guardian(s) Date