

Parent Consent To Refer For Assessment

This form may be used to initiate an initial or further assessment of a child who may be eligible for special education and / or early intervention services.

Name of Child _____ **Date of Birth** _____

I understand the Parent's Rights and Appeal Procedure (see reverse) and I have received a copy of both.

I understand that further testing by an assessment team outside of the Head Start Program provides information regarding my child's eligibility for special education and/or early intervention services. I understand there is no cost to our family for the assessment.

I understand that further and/or re-assessment of my child will determine needs and continued eligibility for special education and/or early intervention services.

Assessment Areas measure the child's ability in areas of development listed below.

Communication Development _____

Social Emotional Development _____

Motor Skills Development _____

Cognitive Skills Development _____

Health _____

Other _____

I understand that my child's Head Start Child Success Team (CST), based on developmental and health screening results and observations, is recommending a Referral for Assessment of my child's development to be completed in the areas indicated above.

I understand the reasons for the recommended referral by Head Start for my child.

I understand there are legal timelines that accompany my child's assessment by an Individualized Education Program Team.

I understand that the evaluator will require written permission prior to the assessment process.

If my child qualifies for special services, I understand that no educational placement will result without my permission, and that I may withdraw my permission at any time.

I hereby give permission for the Head Start to refer for assessment in the areas listed above to the following agency:

Agency Name	Address	Contact Phone Number
-------------	---------	----------------------

Parent/Guardian Signature _____ Date _____

Distribution: 2 White (Disabilities File or Health File, 1 copy to Assessment Team) Yellow (Child's File) Pink (Parent)

PARENT'S RIGHTS AND APPEAL PROCEDURES

The following rights are assured you as parents/guardians when assessment of your child is to be conducted by the Individualized Education Program Team:

YOU HAVE THE RIGHT TO:

- be given written notice requesting your consent to conduct assessment.
- give written permission for the proposed assessment plan.
- give written consent for release of confidential information to be used during the assessment process.
- be given a proposed assessment plan in writing within 15 days of the referral whenever an assessment for the development or revision of the Individualized Education Program is to be conducted. No assessment shall be conducted unless the written consent of the parent is obtained. Parent shall have at least 15 days from the receipt of the plan to arrive at a decision.
- request of meeting of the staff to discuss the assessment plan.
- attend the Individualized Education Program Team meeting devoted to discussion of the assessment finding and program placement recommendations and
 - ... present information, including independent assessments, either in person or in writing.
 - ... appoint a representative to appear for you.
 - ... give written consent for special education placement for your child. No placement will occur until you give written consent.
 - ... be informed in writing of the Individualized Education Program Team's recommendations, to include a copy of the Individualized Education Program for your child.
- request a more in-depth assessment by the Educational Assessment Service before you give your permission for placement.
- private school placement at no cost if the public school cannot provide an appropriate program.

IF YOU DISAGREE WITH THE DECISION, YOU HAVE THE RIGHT TO:

- request, in writing, a fair and impartial administrative hearing by a Fair Hearing Panel;
- have the hearing conducted no later than 45 days after you request it;
- examine your child's school records within 5 school days after you request it in writing;
- be allowed to present written and oral arguments at a meeting held within 30 days following the receipt of your request for a review;
- be given a written decision within 30 days after the review is held.

NOTE: The above is a summary of the due process procedures followed to protect parent and student rights under the law. For further details, please consult your local school or Special Education Services Region office at the Stanislaus County Office of Education or your Parent Manual.

_____ Parent's Initials