

Capistrano Unified School District
San Juan Capistrano, California

- Initial
- Triennial
- Other

Parent Consent for Assessment/Reassessment

To Parent(s) of _____ D.O.B. _____ Date _____
School _____ Grade Level _____

The purpose of this assessment is to determine individual education needs. Assessment in areas checked below will be conducted by appropriately qualified staff and, when appropriate, a suitable interpreter in the individual's primary language will be used. The assessment may include student observation in a group, meeting and/or interview with you, plus a review of any reports you have provided or that already exist in current school records.

PRIMARY LANGUAGE _____ ENGLISH PROFICIENCY: Primary English LEP NEP

PROFESSIONAL RESPONSIBLE (Title)

- _____ ACADEMIC/PRE-ACADEMIC ACHIEVEMENT
These tests measure current reading, spelling and arithmetic or pre-readiness skills.
- _____ SOCIAL/ADAPTIVE BEHAVIOR
These scales of development tell what an individual can do for himself/herself and how he gets along with other people.
- _____ PSYCHO-MOTOR DEVELOPMENT
Instruments in this area measure how well an individual coordinates body movements in small and large muscle activities. They also measure visual-perceptual skills.
- _____ COMMUNICATION DEVELOPMENT
These tests measure the individual's ability to understand, relate to and use language and speech clearly and appropriately.
- _____ INTELLECTUAL/COGNITIVE DEVELOPMENT
These tests measure how well an individual remembers what he/she has seen and heard around him/her, how well he/she can use that information, and how he/she solves problems. They also reflect learning rate and assist in predicting how well he/she will do in school. Verbal and performance instruments are used, as are appropriate.
- _____ AUDIOLOGICAL ASSESSMENT
These instruments measure the nature and degree of possible hearing loss.
- _____ HEALTH ASSESSMENT
These procedures measure health status, especially as it relates to the learning process.
- _____ OTHER _____
(Including Alternative Assessment, Vocational, Vision or Medical Assessment here.)

If you have any questions about the above Assessment Plan, please call the following person before signing:

Name _____ Phone Number _____

PLEASE CHECK THE FOLLOWING ITEMS, IF APPROPRIATE:

- If student speaks or hears other than English at home, please indicate language: _____
- I will submit independent assessment data/reports from: _____
(Name/title of person/agency who has assessed son/daughter)
- I hereby give my permission for the assessment indicated above to be made. I understand that the results will be kept confidential and that I will be invited to attend the I.E.P. Team meeting to discuss the results. It is also my understanding that no educational placement/service will result from this assessment without my written permission. I have reviewed and understand my parent/guardian rights.
- I do not give my permission for assessment. I have reviewed and understand my parent/guardian rights.

(Signature of Parent/Guardian) (Date signed) (Phone)

Date Returned to School _____ Date Received by School _____