Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680) 488-5808
E-Mail: spedpw@palaunet.com
Hospital #: A-_____

PARENT CONSENT FOR INITIAL EVALUATION/REEVALUATION – SE4

Dear Parent/Guardian: _____ Date: _____

The school is asking for your consent to conduct an evaluation of your child. If this is an initial evaluation, the purpose of the evaluation is to determine whether or not your child is in need of special education and related services as well as to determine educational needs. If your child is already receiving special education and related services, the purpose is to determine the need for continued services and identification of other needs to improve your child's educational program.

Attached is a copy of your Parent Rights (Procedural Safeguards). Please review before providing consent. If you have any questions, please contact the school.

☐ Initial evaluation for special education and related services (Informed consent is required)
☐ Reevaluation for special education and related services (Informed consent is required unless the school can show that it is unable to obtain your consent after reasonable attempts and you failed to respond to the request.)
☐ **Other (State)** _____

The evaluation procedures will include the following areas that are marked. A description of the procedures is given on the back of this form.

☐ Academic Achievement assessment/Work samples	☐ Adaptive Behavior assessment	☐ Vocational Interests/Aptitude assessment
☐ Speech & Language assessment	☐ Observation	☐ Review of developmental/medical history
☐ Hearing assessment	☐ Fine and Gross Motor Development assessment (need for physical and occupational therapy)	☐ Assistive Technology assessment
☐ Vision assessment	☐ Functional Performance assessment	☐ Parent Interview
☐ Social/Emotional/Behavior	☐ Teacher/Staff Interview	☐ Cognitive assessment

Your involvement is very important to us. Someone from the school will be contacting you to talk to you about your child's needs. If you have any questions about the evaluation, please contact:
Print Name/Signature: Phone: Date:

_____ Principal or Designee _____

If you need assistance in understanding your rights, please indicate in the appropriate section below and return to the school as soon as possible.

_____ I understand my rights and give my consent to conduct this evaluation.
_____ I do not give my consent for this evaluation.
_____ I would like help in understanding my parent rights.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____
Print Name/Signature/Position

Original: ☑ School Copy: ☑ Parent Copy: ☑ SPED Office

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Description of Assessment Tools – SE4 Addendum

Assessment Tool	Description
Academic Achievement Assessment	Measures your child's achievements in such areas as listening comprehension, oral and reading comprehension, math calculation and reasoning, basis reading, reading fluency, and written expression (spelling, written language, handwriting).
Adaptive Behavior Assessment	Assesses your child's ability to demonstrate personal independence and social responsibility expected for age (i.e. independent living skills);
Assistive Technology Assessment	Assesses your child's need for technology (equipment/product/service) to increase, maintain, or improve the functional abilities of your child.
Classroom Observation	Assesses your child's performance and behavior in a classroom setting.
Developmental /medical history	Collection of information about your child's developmental progress and/or medical history.
Fine Motor Assessment (needed to determine need for occupational therapy)	Assesses your child's fine motor skills (use of smaller muscles/upper body functions); Example: Use of fingers – ability to use scissors.
Functional Performance Assessment	Assessment of nonacademic skills.
Gross Motor Assessment (needed to determine need for physical therapy)	Assesses your child's gross motor skills (use of large muscles/lower body). Example: Use of legs – ability to walk
Hearing assessment	Screens your child for hearing loss. Includes tone testing and testing of middle ear functioning.
Intelligence Test	Assessment of child's intellectual ability; may be verbal or nonverbal intelligence.
Language Assessment	Assesses your child's receptive (able to understand what one hears and/or reads) and expressive (use the right words, sounds, etc.) language
Parent Interview	Input provided by parent (s) or guardians
Social/Emotional Behavior Assessment	Assessment of your child's behavior.
Speech Assessment	Assesses your child's articulation (speech sounds), voice, fluency, and motor skills for speech
Vision assessment	Screens your child for visual acuity.
Vocational Interests/Aptitude	Assesses your child's interest and capabilities for different types of jobs.
Work Samples	Classroom-based assessments of your child's academic performance.