

PERMISSION TO EVALUATE - CONSENT FORM  
Child's Name:

**PERMISSION TO EVALUATE (PTE) - CONSENT FORM**

School Age

School Personnel must issue this form to obtain written consent from a child's parent to conduct an initial evaluation.

Child's Name: \_\_\_\_\_

Date Sent (mm/dd/yy): \_\_\_\_\_

Name and Address of Parent/Guardian/Surrogate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For LEA Use Only:*  
Date of Receipt of Consent Form

Dear \_\_\_\_\_ :

The following concerns have been expressed about your child's educational progress:

\_\_\_\_\_

These difficulties are the reason(s) for referral, and why we would like to conduct an initial evaluation to determine if your child is in need of special education services.

The first step in the special education process is to conduct an individual evaluation of your child, which will consist of a variety of tests and assessments provided at no cost to you. We must have your consent before we can begin.

The evaluation will consist of the following types of tests and assessments:

\_\_\_\_\_

A team will conduct the proposed evaluation. As the parent(s), you are a member of the team. Any information you can provide is important to us. Please send your ideas and concerns to us in writing or contact the person listed below if you would prefer to discuss your concerns. If a team meeting is held you will be invited. Information from all team members will be considered during the evaluation process.

The team will determine whether your child needs specially designed instruction because of a disability and is eligible for special education. The results of the evaluation will be included in an *Evaluation Report (ER)*. If your child is determined to be eligible for special education, you will be invited to participate in developing an *Individualized Education Program (IEP)* that will include those programs and services your child needs to succeed in school.

The *Evaluation Report* must be completed and a copy given to you no later than 60 calendar days after we have received your written permission for the evaluation. This 60 calendar day timeline does not include the summer break. The 60 calendar day timeline will begin on the day we receive this signed *PTE - Consent Form* from you giving your consent for evaluation. Giving your consent for evaluation does not mean you give consent to special education placement or services. If your child is eligible for special education, you will be asked to give written consent for services to begin.

Please read the enclosed *Procedural Safeguards Notice* that explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

**PERMISSION TO EVALUATE - CONSENT FORM**

Child's Name: \_\_\_\_\_

Keep a copy of this form for your records.

If you have any questions, or if you need the services of an interpreter, please contact me.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE:** Please check either item 1 or 2. Select item 3 if desired.

- 1.  I give consent to start an initial evaluation as you propose.
- 2.  I do not give consent to the proposed initial evaluation.
- 3.  I would like to schedule an informal meeting with school personnel to discuss this request.

**SIGN HERE:**

\_\_\_\_\_  
Parent/Guardian/Surrogate Signature                      Date (mm/dd/yy)                      Daytime Phone

**PLEASE RETURN THIS ENTIRE FORM TO:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For help in understanding this form, an annotated *Permission to Evaluate - Consent Form* is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net) Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.