

**MISSISSIPPI DEPARTMENT OF EDUCATION • OFFICE OF SPECIAL EDUCATION**

**INFORMED PARENTAL CONSENT**

**Greenville Public School District  
430 N. Martin Luther King, Jr. Blvd.  
Greenville, MS 38701**

**Dr. Janice Monroe, Director  
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**To: Parent, Guardian, or Surrogate Parent**

**Date:**

This letter is to request your written consent for an evaluation or reevaluation with the following assessments:

<b>INITIAL EVALUATION</b>	<b>REEVALUATION</b>	
<input type="checkbox"/> The Multidisciplinary Evaluation Team (MET) requests your consent to conduct an evaluation of _____ to determine if s/he is a child with a disability and, if so, his/her educational needs. An initial evaluation will NOT be conducted unless you agree below.	<input type="checkbox"/> The IEP Committee requests your consent to conduct a reevaluation of _____ to determine if s/he continues to be a child with a disability and, if so, his/her educational needs. The IEP Committee will conduct a reevaluation unless you refuse below.	
<b>ASSESSMENT AREAS</b>		<b>ASSESSMENT METHODS</b>
<b>PHYSICAL STATUS</b> <input type="checkbox"/> <b>General physical condition</b> , including general health, strength, vitality, and alertness <input type="checkbox"/> <b>Sensory abilities</b> , including hearing and vision acuity <input type="checkbox"/> <b>Fine (small) motor skills</b> , including use of equipment and materials <input type="checkbox"/> <b>Gross (large) motor skills</b> , including mobility and physical fitness <input type="checkbox"/> <b>Sensory processing and/or perceptual-motor function</b>		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Tests
<b>COMMUNICATION STATUS</b> <input type="checkbox"/> <b>Articulation</b> , including an orofacial examination and production of speech sounds <input type="checkbox"/> <b>Voice and Fluency</b> , including quality and smoothness of speech <input type="checkbox"/> <b>Language</b> , including ability to understand others (receptive) and express him/herself		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Tests
<b>SOCIAL-EMOTIONAL STATUS</b> <input type="checkbox"/> <b>Social development and skills</b> , including ability to build/maintain social relationships <input type="checkbox"/> <b>Emotional development and skills</b> , including ability to manage moods <input type="checkbox"/> <b>Self-management</b> , ability to demonstrate appropriate behaviors across environments		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Tests
<b>COGNITIVE AND ACADEMIC STATUS</b> <input type="checkbox"/> <b>Academic Achievement</b> , including school learning on content such as basic reading and comprehension, written and oral expression, and math calculation and reasoning <input type="checkbox"/> <b>Intellectual/Cognitive Functioning</b> , verbal and non-verbal ability to think and learn		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Tests
<b>ADAPTIVE STATUS</b> <input type="checkbox"/> <b>Adaptive Behavior</b> , including daily living skills, self-sufficiency, and adjustment <input type="checkbox"/> <b>Other special assessments</b>		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Tests

*Please check the boxes of the statements under "agree" or "refuse" that indicate your choice. Please sign and date.*

<b>AGREE</b>	<b>REFUSE</b>
<input type="checkbox"/> I understand the proposed evaluation and <b>DO</b> give my consent to conduct the evaluation as described above. <input type="checkbox"/> I understand that my consent is voluntary and can be revoked at any time.	<input type="checkbox"/> I understand the proposed evaluation and <b>DO NOT</b> give my consent to conduct the evaluation as described above.

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<input type="checkbox"/> I was provided a copy of the Procedural Safeguards Notice, and it was explained to me.	<input type="checkbox"/> I understand the _____ may request mediation or a Due process hearing to override my refusal. <input type="checkbox"/> I was provided a copy of the Procedural Safeguards Notice and it was explained to me.
<b>Parent's signature:</b>	<b>Parent's signature:</b>
<b>Date:</b>	<b>Date:</b>