

**Alabama Institute for Deaf and Blind**  
**1209 Fort Lashley Avenue**  
**Talladega, AL 35160**  
**Phone: 256-761-3765 Fax: 256-761-3639**

**CONSENT FOR OUTREACH SERVICES EVALUATION**

The LEA/agency requests your consent to conduct an individualized evaluation for:

**STUDENT'S NAME:**

The LEA/agency proposes to conduct this outreach service for the following checked reasons:		
<input type="checkbox"/> To determine developmental level	<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> To determine current academic performance
<input type="checkbox"/> To determine functional level	<input type="checkbox"/> Speech/language inconsistent with age	<input type="checkbox"/> Possible admission to AIDB
<input type="checkbox"/> To determine appropriate learning medium		

The outreach service may include a review of existing information/test results and may also include new assessments in the following checked areas:

<input type="checkbox"/> Vision	<input type="checkbox"/> Observation	<input type="checkbox"/> Motor
<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Site Visit
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Language	<input type="checkbox"/> Consultation
<input type="checkbox"/> Achievement	<input type="checkbox"/> Interview	<input type="checkbox"/> FVA
<input type="checkbox"/> Behavior	<input type="checkbox"/> Developmental Scales	<input type="checkbox"/> Learning Media Assessment
		<input type="checkbox"/> Other

*If you consent to an evaluation the LEA/agency will provide the evaluation at no cost to you. Giving consent for an evaluation does not give consent for services. If you give consent, you may revoke your consent at any time but not after the evaluation has been conducted.*

**PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.**

- I **GIVE PERMISSION** for the outreach service that has been proposed.
- I **DO NOT GIVE PERMISSION** for the outreach service that has been proposed. Please explain.

\_\_\_\_\_  
**Signature of Parent or Student (Age 19)**

\_\_\_\_\_  
**Date of Signature**

If you have information that can assist in this outreach service, have questions regarding this information or wish to schedule a conference, please contact 256-761-3765 or email us at outreach@aidb.org:

Please return this form to: Outreach Instructional Services Address: 1209 Fort Lashley Ave., Talladega, AL 35160  
Fax: 256-761-3639 Attention Senior Services/Outreach