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:

- [ ] To determine developmental level
- [ ] Behavior concerns
- [ ] To determine current academic performance
- [ ] To determine functional level
- [ ] Speech/language inconsistent with age
- [ ] 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:

- [ ] Intellectual
- [ ] Achievement
- [ ] Adaptive Behavior
- [ ] Observation
- [ ] Speech
- [ ] Interview
- [ ] Developmental Scales
- [ ] Site Visit
- [ ] Consultation
- [ ] Developmental Scales
- [ ] FVA
- [ ] Learning Media Assessment
- [ ] Orientation and Mobility
- [ ] Instructional Coaching (DHH only)

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.

If you have information that can assist in this outreach service, have questions regarding this information or wish to

Please return this form to: Outreach Instructional Services  AIDB Senior Services- ATTN: Outreach
Fax: 256-761-3639  1209 Fort Lashley Ave., Talladega, Al 35160

Signature of Parent or Student (Age 19)  Date of Signature

Rev. 01/22/2019