

Alabama Institute for Deaf and Blind Outreach Services
1209 Fort Lashley Avenue
Talladega, AL 35160
Phone: 256-761-3274 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"/> 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"/> Intellectual | <input type="checkbox"/> Interview | <input type="checkbox"/> FVA |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Learning Media Assessment |
| <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Site Visit | <input type="checkbox"/> Orientation and Mobility |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Consultation | <input type="checkbox"/> Instructional Coaching (DHH only) |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Developmental Scales | |

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.

I am interested in receiving information about AIDB camps and/or programs.

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

Please return this form to: **Outreach Instructional Services**
Fax: 256-761-3639

AIDB Senior Services- ATTN: Outreach
1209 Fort Lashley Ave., Talladega, AL 35160