

Notice and Consent for Assessment

(Reevaluation)

Student's Name: _____ Date: _____
Residence School: _____ Grade: _____
Service County: _____
Service School: _____
SASID: _____ Date of Birth: _____
Local Student ID: _____

Based on the determination of the IEP team on _____ (date) the IEP team needs additional information/data to:

- Determine present level of academic achievement and developmental needs
- Determine special education and related services
- Determine that the student continues to be a student with a disability in need of special education and related services
- Other

On _____ (date) the IEP team considered the following existing evaluation(s), assessment(s), procedure(s), record(s), report(s) and intervention(s):

Based on the information considered, the IEP team recommended evaluation that will include assessments in the following areas

- Academic Performance**
 - Reading
 - Mathematics
 - Written Language
- Communication**
 - Articulation
 - Voice
 - Fluency
 - Expressive/Receptive Language
 - Pragmatics
- Functional/Adaptive Performance**
- Intellectual/Cognitive Functioning**
- Emotional/Social/Behavior Development**
- Vision**
- Hearing**
- Motor Skills**
 - Fine Motor
 - Gross Motor
- Health/Physical Status**
- Vocational**
- Observation**
- Other, specify**

Assessments are administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the assessment. The team will review your child's educational needs and strengths as shown by performance levels, assessment results, observations, and information from you. The information obtained from the assessments will assist the school in educational planning for your child. The evaluation results will be shared with you within 90 days of the date of the IEP Team meeting when it was determined that additional data was needed.

Document basis for decision:

As parents of a child with a disability, you are entitled to certain procedural safeguards as outlined in the enclosed brochure entitled "Parent Rights - Maryland Procedural Safeguard Notice." Your rights include the right to request mediation or file a due process complaint if you disagree with proposed and/or refused decision(s).

If you have any questions about the information provided, please call (NAME) _____, (TITLE) _____ at (NUMBER) _____

If you need additional information concerning your rights, you may contact the local Partners for Success Center at (NUMBER) _____, Parent's Place of Maryland, Inc. at (410-768-9100), or the Maryland State Department of Education, Division of Special Education/Early Intervention Services at 410-767-0264.

Informed Written Consent for Assessments

- I have received a copy of the Notice of Assessment informing me in writing of the reasons for this action.
- I have received this information in my native language or mode of communication
- I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency.
- I understand that my consent is voluntary.
- I understand I may revoke consent at any time.
- I understand that should I revoke consent it is not retroactive. If I revoke consent for the local school system/public agency to conduct assessment, any assessments not completed prior to revocation will not be conducted.
- I understand that the public agency will submit information that will be used for the special services information system. This system will be used by the MSDE and other State Agencies, as appropriate, to enable funding of programs and to ensure my child's rights to any needed assessment.

My signature below indicates that I understand the proposed action and consent to the completion of the assessments recommended by .

Parent Signature

Date

If you consent, please return a signed copy of this document as soon as possible.

Notice of No Assessment Needed

(Reevaluation)

Student's Name: _____ Date: _____
 Residence School: _____ Grade: _____
 Service County: _____
 Service School: _____
 SASID: _____ Date of Birth: _____
 Local Student ID: _____

The IEP team met on _____ (date) to consider whether additional information/data is needed to determine your child's present level of academic achievement and developmental needs, the need for special education and related services, and continued eligibility as a student with a disability in need of special education and related services.

The IEP team considered the following existing evaluation(s), assessment(s), procedure(s), record(s), report(s) and intervention(s):

The IEP team determined no additional information/data is needed to:

- Determine present level of academic achievement and developmental needs
- Determine special education and related services
- Determine that the student continues to be a student with a disability in need of special education and related services
- Other: Other

Document basis for decision:

When the school system determines that no additional evaluation data is needed to complete a reevaluation, you have the right to request that new assessment(s) (testing) be completed. Upon your request, the school system must conduct the assessment(s) unless they have been completed within one year.

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If you have any questions about the information provided, please call (NAME) _____, (TITLE) _____
at (NUMBER) _____

If you need additional information concerning your rights, you may contact the local Partners for Success Center at (NUMBER) _____, Parent's Place of Maryland, Inc. at (410-768-9100), or the Maryland State Department of Education, Division of Special Education/Early Intervention Services at 410-767-0264.