

PARENT PERMISSION FOR EVALUATION

Date _____

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Dear _____,

The Case Study Committee has met to review your son's/daughter's referral. Based on the information provided, an individual comprehensive evaluation is being recommended to assist us in determining your child's strengths, areas of need and eligibility for special education services. An assessment plan has been designed

Our plan for assessment includes individualized testing administered by qualified personnel in the following:

The results of the evaluation will be treated confidentially and discussed with you at a meeting with school personnel. The information will be used to help determine your child's eligibility for special education. During the assessment period, the assessors may meet to consolidate findings for the summary report. No eligibility decisions will be made until you are present at the eligibility meeting. You will be notified of the date for the eligibility meeting.

It is important that you are aware of your rights about the identification, evaluation, and placement of your child. The Parent Rights and Responsibilities, enclosed with this permission form, explains your rights and responsibilities.

Please sign this permission form and return it to your child's school. We will proceed with these assessments when we have received your written permission to do so. The permission to test will extend for 45 school days from the date that you sign this form. If you have questions, you may contact _____ at _____.

I understand the evaluation process and why it has been recommended for my child. I understand that my consent/permission is voluntary and may be revoked at any time through a written statement to the school administrator.

- Yes, I give my permission for this evaluation.
- No, I do not give my permission for this evaluation.

Signature _____

Date _____

RETAIN THE ORIGINAL FORM FOR YOUR RECORDS. SIGN AND RETURN ATTACHED COPY.