Kern County SELPA

______________________School District

Date of Referral: ______________

Date of Assessment Plan: ______________

Delivered/Mailed: ______________

Date of Receipt: ______________

Date IEP Due: ______________

CONSENT FOR ASSESSMENT

To Parent/Guardian of ______________________ Birthdate: ______________

District of residence: ______________________ School: ______________

Language(s) of Home: __________ Language(s) of Pupil (Primary) __________ (Other) __________ ☐ EL

The purpose of this assessment is to determine individual education needs. Assessment in areas checked below will be completed by appropriately qualified staff and, when appropriate, with an interpreter for the student's primary language. The assessment may include student observation in class or other settings, interview with you and a review of any reports you have authorized or that exist in current school records.

Suspected Disability ______________________

Assessment: ☐ Initial ☐ Three-year review ☐ Transfer ☐ Other __________

ASSESSMENT AREA	DESCRIPTION OF MATERIALS AND PROCEDURES	PERSONNEL
☐ ACADEMIC PERFORMANCE	PURPOSE: To determine skill levels in reading, mathematics, and written language.	☐ Sp. Education Teacher ☐ School Psychologist ☐ Other: ________
☐ SELF-HELP, SOCIAL, AND EMOTIONAL STATUS	PURPOSE: To determine the general level of skills in independent functioning, social skills, adaptive and social behavior.	☐ School Psychologist ☐ Other: ________
☐ MOTOR ABILITY	PURPOSE: To determine skill levels in large and/or small muscle activities.	☐ School Psychologist ☐ Other: ________
☐ LANGUAGE AND SPEECH	PURPOSE: To determine skill levels in understanding or using spoken words.	☐ Lang/Speech Pathologist ☐ Other: ________
☐ GENERAL ABILITY	PURPOSE: To determine general learning and ability.	☐ School Psychologist
☐ HEALTH, DEVELOPMENT, VISION AND HEARING	PURPOSE: Determine health/medical factors which may impact educational or participation. Vision and hearing screening will be completed for all initial assessment and three-year review.	☐ School Nurse ☐ Other: ________
☐ AUDIOLOGICAL ASSESSMENT	PURPOSE: These instruments measure the nature and degree of possible hearing loss. Test may include measures of how well a student hears, understands, and listens to speech.	☐ Audiologist
☐ ALTERNATIVE MEANS	PURPOSE: This is a multi-purpose category of assessment. Testing may be required to assess skills with the use of an interpreter or using modifications.	☐ ________ ☐ ________
☐ VOCATIONAL ABILITIES/ INTERESTS	PURPOSE: These tests and procedures will provide information on vocational interests and needs.	☐ ________

☐ OTHER AREAS OF ASSESSMENT: ☐ Family History; ☐ Other ______________

Steps taken to accommodate assessment in student's primary language or mode of communication: ☐ Does not apply

Describe: ______________________

PLEASE CHECK THE FOLLOWING ITEMS IF APPROPRIATE:

☐ Other evaluations that should be considered/reports to be reviewed ______________

☐ I would like additional assessment of my child in the following areas: ______________

If you have any questions about this Assessment Plan, please call the following person before signing:

Name ______________________ Phone ______________

PARENT CONSENT FOR ASSESSMENT

☐ I understand the assessment plan and I have received a copy of the parental rights. I understand that no placement will result from this assessment without my consent.

☐ Yes, I give my permission to conduct this assessment as described.

☐ No, I do not give my permission for this assessment.

Parent Signature ______________________ Date ______________

Address ______________________ Phone ______________

 Distribution: ☐ Student File ☐ Implementer's Copy ☐ Parent