MANCHESTER PUBLIC SCHOOLS
NOTICE AND CONSENT TO CONDUCT AN INITIAL EVALUATION

Date: _____

Dear _____

Your child, _____ , _____ has been referred for an evaluation to determine
(Student's Name) (DOB)

eligibility for special education services. Federal and State regulations require that the school district obtain the written consent of parents before conducting such an evaluation.

☐ A copy of the Procedural Safeguards in Special Education is enclosed.

☐ A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards, an explanation of these procedures, or if you have any questions, please contact:

Sarah Burke	Interim Director for Pupil Personnel Services	at	860-647-3452
(Name)	(Title)		(Telephone Number)

This document includes the following rights:

A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
C. Parents have the right to review and obtain copies of all records used as a basis for a referral.
D. Parents have the right to be fully informed of all evaluation results and to receive a copy of the evaluation report(s).
E. Parents have the right to obtain an independent evaluation as part of the evaluation process.
F. Parents have the right to utilize due process procedures.

☐ The tests/evaluation procedures listed below were recommended

☐ The PPT has decided that the available evaluation information listed below is sufficient to determine eligibility:
Reason: (specify) _____

TEST/EVALUATION PROCEDURE	AREA OF ASSESSMENT	EVALUATOR

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

☐ No adaptations/accommodations required

☐ Adaptations/accommodations required: (specify) _____

PARENTAL CONSENT*

☐ **I give my consent** for the Manchester Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

_____ _____
Parent/Guardian Signature Date

☐ **I do not give** my consent for the Manchester Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

_____ _____
Parent/Guardian Signature Date

*Failure of the parent to respond to a request from the Board for consent to conduct an initial evaluation within 10 school days from the date of the notice to the parent shall be construed as parental refusal of consent. (RCSA Section 10-76d-8(b))