

Parent Consent Form for Special Education Evaluation

Student Name:

Date of Birth:

School:

Grade:

Parent/Guardian Name(s):

Address:

Phone Number:

Purpose of Evaluation

Consent

I give permission for my child to be evaluated to determine eligibility for special education services. I understand the purpose and scope of the evaluation. I understand that participation is voluntary and that I may revoke consent at any time before the evaluation is completed.

If you do not give consent, please state your reasons:

Parent/Guardian Signature:

Date:

You may contact the school district for more information about this evaluation or your rights as a parent.