

**INITIAL EVALUATION: NOTICE AND  
CONSENT REGARDING NEED TO  
CONDUCT ADDITIONAL ASSESSMENTS ( IE-3 )**

**CESA 7 \_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact \_\_\_\_\_ at \_\_\_\_\_.]*

Dear \_\_\_\_\_

Date \_\_\_\_\_

Previously you were notified of the school district's intent to evaluate your child \_\_\_\_\_ to determine whether he/she has a disability (impairment and need for special education). The individualized education program (IEP) team is responsible for this evaluation. You are a participant on the IEP team. The IEP team considered the following existing evaluation assessments, procedures, records or reports:

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child has a disability.

You participated in making this decision on \_\_\_\_\_ in the following way: \_\_\_\_\_

You did not participate in making this decision and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following assessments or other evaluation materials will be administered.

Areas to be evaluated	Description of assessments and other evaluation materials and titles, if known	Name of evaluator, if known

Other evaluation options considered, if any, and reasons rejected and a description of any other factors relevant to the proposed evaluation of this child:

None

Following the administration of these assessments or other evaluation materials the IEP team will meet to review the results of these assessments and other evaluation materials as well as other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available

information, the IEP team will make a determination of whether your child has a disability including his or her educational needs. As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to meet your child's needs and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child does not have a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances

You and your child have protection under the procedural safeguards (rights) of special education law. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_ at \_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_  
Name and Title of District Contact Person

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**PARENT CONSENT/PERMISSION TO ADMINISTER ASSESSMENTS AND  
OTHER EVALUATION MATERIALS AS PART OF AN INITIAL EVALUATION**

I understand the action proposed by the school district and

*(please check appropriate box below, sign and date, and return one copy to the school district)*

- I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of an initial evaluation. I understand my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.
- I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of an initial evaluation. I understand that if I do not consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

\_\_\_\_\_  
Signature of parent or legal guardian or adult student

\_\_\_\_\_  
Date

<p><b><u>For School District Use Only</u></b></p> <p><b>Date school district received parent consent</b></p> <p>_____ <i>(month/day/year)</i></p>
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