

## **INFORMED CONSENT**

Student: \_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_ Public Agency: \_\_\_\_\_ Grade: \_\_\_\_\_

Authorization is hereby granted to:

[check those appropriate]

- A.**  Conduct an initial comprehensive evaluation, which may include measures of:  
 Conduct a reevaluation, which may include measures of:

- |  |   |
|--|---|
| <b>1. Individual Cognition/ Intelligence</b> | Measures of intelligence/cognition assess the student's abilities for learning (strengths and weaknesses).  |
| <b>2. Individual Achievement</b>             | These measures assess a student's skill development in academic content areas. They measure the level of academic skill attainment or educational achievement.  |
| <b>OR</b>                                    |   |
| <b>Individual Development</b>                | These measures assess a student's ability in any of the five developmental domains (cognition, communication, fine and gross motor, self-help and social/emotional). They measure the level of skill attainment.  |
| <b>3. Communicative Abilities</b>            | These measures determine levels of functioning with regard to speech (fluency, voice, articulation), language and hearing processes. This includes comprehension and/or expression of spoken or written language. |
| <b>4. Adaptive Behavior</b>                  | These measures assess a student's general behaviors at home, school and community, including independent functioning, personal responsibility, and social responsibility.   |
| <b>5. Other</b>                              | Measures which may be needed to determine a student's specific strengths and weaknesses in particular areas. Specify: _____   |

- B.**  Conduct a specialized evaluation of my child:

Type of evaluation: \_\_\_\_\_

Name of evaluator or Agency: \_\_\_\_\_

- C.**  Release the following information to a third party:

Information to be released: \_\_\_\_\_

Name of third party: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Purpose of release: \_\_\_\_\_

- D.**  Use the following information for other purposes:

Information: \_\_\_\_\_

Purpose: \_\_\_\_\_

I have received, read and I understand "Information Regarding Consent." I understand the purpose(s) for which my consent is being requested. I understand that giving consent for the above stated purpose(s) is voluntary on my part and may be revoked at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian/student)