

# Monongalia County Schools

## Informed Consent for SAT Evaluations

*Student's Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Teacher:* \_\_\_\_\_

Dear Parent:

As the result of a Student Assistance Team meeting, it is recommended your child receive diagnostic consultive and/or evaluation (s) designed to measure academic achievement, ability, motor, and/or behavior functioning. Parent is advised the purpose of these evaluations is **not** to determine eligibility for special education/related services but to gather additional evaluative information in order to make more objective/informed decisions in regard to possible: interventions, instruction, behavior planning, need of further evaluation/monitoring, and/or need for a multidisciplinary evaluation to explore possible special education eligibility. Parent is also advised of the right to request a multidisciplinary evaluation regardless of this request at any time during this process. All evaluation results, findings or plans resulting from these evaluation will be provided to the parent/guardian.

Consent is being requested to complete the following marked items:

<b>Intelligence:</b> <input type="checkbox"/> Kaufman Brief Intelligence Test-2 <input type="checkbox"/> Other:	<b>Rating Scales:</b> <input type="checkbox"/> Conners' Rating Scales <input type="checkbox"/> Brown ADD Scales <input type="checkbox"/> BASC-2 <input type="checkbox"/> Other:
<b>Achievement:</b> <input type="checkbox"/> KTEA <input type="checkbox"/> Key Math <input type="checkbox"/> TOWL <input type="checkbox"/> Other:	<b>Behavior:</b> <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Functional Behavior Assessment (FBA) <input type="checkbox"/> Classroom Observation <input type="checkbox"/> Other:
<b>Fine Motor (Specify):</b> <input type="checkbox"/> Occupational Therapy Consult and/or Student Observation	<b>Gross Motor (Specify)</b> <input type="checkbox"/> Physical Therapy Consult and/or Student Observation
<b>Other (Specify):</b>	

**Please check one:**

\_\_\_\_\_ I have read the above information, and I give my consent for evaluation

\_\_\_\_\_ I have read the above information, and I do not give my consent

\_\_\_\_\_ I have read the above information, and I would like to have a conference before making a decision

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_