

Student Name: _____ Date: _____

**PARENT/GUARDIAN CONSENT FOR EVALUATION
IDENTIFICATION OF NEEDED ASSESSMENTS**

This form must be completed by the IEP Team.

DOMAIN	RELEVANT		EXISTING INFORMATION ABOUT THE CHILD	ADDITIONAL EVALUATION DATA NEEDED	SOURCES FROM WHICH DATA WILL BE OBTAINED
	YES	NO			
Academic Achievement Current or past academic achievement data pertinent to current educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
Functional Performance Current or past functional performance data pertinent to current functional performance.	<input type="checkbox"/>	<input type="checkbox"/>			
Cognitive Functioning Data regarding cognitive ability, how the child takes in information, understands information and expresses information.	<input type="checkbox"/>	<input type="checkbox"/>			
Communication Status Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
Health Current or past medical difficulties affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
Hearing/Vision Auditory/visual problems that would interfere with testing or educational performance. Dates and results of last hearing/visual test.	<input type="checkbox"/>	<input type="checkbox"/>			
Motor Abilities Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
Social/Emotional Status Information regarding how the environment affects educational performance (life history, adaptive behavior, independent function, personal and social responsibility, cultural background).	<input type="checkbox"/>	<input type="checkbox"/>			