

Student: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT FOR EVALUATION  
Identification of Needed Assessments**

Date: \_\_\_\_\_

*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			
<b>Academic Achievement</b> Current or past academic achievement data pertinent to current educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Functional Performance</b> Current or past functional performance data pertinent to current functional performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Cognitive Functioning</b> Data regarding cognitive ability, how the child takes in information, understands information and expresses information.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Communication Status</b> Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Health</b> Current or past medical difficulties affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Hearing/Vision</b> Auditory/visual problems that would interfere with testing or education performance. Dates and results of last hearing/visual test.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Motor Abilities</b> Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Social/Emotional Status</b> 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"/>			