

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 be administered one or more screening instruments designed to measure academic achievement, ability, 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 and/or following any screening evaluations. 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:

Intelligence: <input type="checkbox"/> Kaufman Brief Intelligence Test-2 <input type="checkbox"/> Other:	Rating Scales: <input type="checkbox"/> Attention-Connors <input type="checkbox"/> Behavior-BASC <input type="checkbox"/> Depression/Anxiety-BDI/MASC <input type="checkbox"/> Other:
Achievement: <input type="checkbox"/> KTEA <input type="checkbox"/> Key Math <input type="checkbox"/> TOWL <input type="checkbox"/> Other:	Behavior: <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Functional Behavior Assessment (FBA) <input type="checkbox"/> Classroom Observation <input type="checkbox"/> Other:
Fine Motor (Specify): <input type="checkbox"/> Occupational Therapy Evaluation, including a teacher referral report	Gross Motor (Specify) <input type="checkbox"/> Physical Therapy Evaluation, including a teacher referral report
Other (Specify):	

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:** _____