

Aiken County Public Schools
Department of Special Programs

Consent for Evaluation

Child's Full Name _____ Date _____

- I have received a copy of the Procedural Safeguards Notice and understand my due process rights under state and federal law.
- I have received prior written notice for the proposed evaluation.
- I give consent for the proposed evaluation, which includes consent to use existing information that has been reviewed by the evaluation team.
- I understand that if I give consent for evaluation, it will not be construed as consent for special education and related services.
- I understand that my consent is voluntary and may be revoked at any time.
- I understand that the only circumstance in which Aiken County Public Schools will release this child's special education records without my written consent is if this child moves to another district.

PLEASE CHECK ONE

_____ I agree with these statements and give permission for the evaluation.

_____ I agree with these statements but do not give permission for the evaluation.

Signature of Parent, Guardian, Surrogate or Student (if 18 or older)

Date

Please return this form to _____

Office Use Only

Date Received _____