

*Easton Public Schools*

**EVALUATION CONSENT FORM**  
Attachment to N 1

TYPE OF ASSESSMENTS: <i>A variety of assessment tools and strategies should be used to gather information that determines the educational needs of this student. [Check yes or no for each assessment.]</i>	RECOMMENDED	
	YES	NO
<b>Assessment in All Areas Related to the Suspected Disability(ies)</b> - describes the student's performance in any area related to the child's suspected disability(ies). List recommended assessment(s): Achievement Evaluation	X	
<b>Educational Assessment</b> - includes the history of the student's educational progress in the general curriculum and includes current information on the student's performance.		X
<b>Observation of the Student</b> - includes the student's interaction in the student's classroom environment or in a child's natural environment or an early intervention program.		X
<b>Health Assessment</b> - details any medical problems or constraints that may affect the student's education.		X
<b>Psychological Assessment</b> - describes the student's learning capacity and learning style in relationship to social/emotional development and skills.	X	
<b>Home Assessment</b> - details any pertinent family history and home situations that may affect the student's education and, with written consent, may include a home visit.		X

**PARENT RESPONSE SECTION**

*Please indicate your response by checking at least one (1) box and returning a signed copy to the school district. Please keep one copy for your records. Thank you.*

- I accept the proposed evaluation in full.
  I reject the proposed evaluation in full.
   
 I accept the proposed evaluation in part and request that only the listed assessments be completed:

I additionally request the following assessments:  assessment(s) listed above:  other assessments: (specify)

I request access to all summaries of assessment report at least two days in advance of the Team discussion [603 CRM 28.04(2)(c)]

*Rebecca Ray*

*9/6/2023*

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*  
 \*Required signature once a student reaches 18 unless there is a court appointed guardian.

Date

**PARENT INPUT**

*We strongly encourage you to share your knowledge of this student with us. If you choose, please provide a written statement (use back of form) or call the indicated contact person. Thank you.*