

Student Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

<b>This form must be completed by the IEP Team</b>					
<b>DOMAIN</b>	<b>RELEVANT</b>		<b>EXISTING INFORMATION ABOUT THE CHILD</b>	<b>ADDITIONAL EVALUATION DATA NEEDED</b>	<b>SOURCES FROM WHICH DATA WILL BE OBTAINED</b>
	<b>YES</b>	<b>NO</b>			
<b>Academic Achievement</b> Current or past academic achievement data pertinent to current educational performance.					
<b>Functional Performance</b> Current or past functional performance data pertinent to current functional performance.					
<b>Cognitive Functioning</b> Data regarding cognitive ability, how the child takes in information, understands information and expresses information.					
<b>Communication Status</b> Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance.					
<b>Health</b> Current or past medical difficulties affecting educational performance.					
<b>Hearing/Vision</b> Auditory/visual problems that would interfere with testing or educational performance. Dates and results of last hearing/visual test.					
<b>Motor Abilities</b> Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.					
<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).					