**INSERT SOP NAME**

**PRIOR WRITTEN NOTICE AND PARENTAL PERMISSION**

Date :

The Insert SOP Name offers many special programs and services in order to meet the educational needs of your child, . An evaluation is needed. All components of the evaluation are available at no cost to the parent. The purpose of the evaluation is as follows:

1. [ ] **Initial Evaluation**. This evaluation is to assist in determining the eligibility of your child for special education and related services. Before we can begin an initial evaluation, we need your involvement in determining the evaluation component(s) and must have your written permission to do the evaluation(s) (see attached).

2. [ ] **Reevaluation**. A reevaluation is required at least once every three years *(unless otherwise agreed upon in writing between parent and school if both parties determine that there is no change in eligibility or in educational needs)* to determine if your child continues to be a student with a disability and in need of special education and related services. Also, a reevaluation may be needed if conditions warrant or if the student’s parent(s) or teachers request a reevaluation. Before we can begin a reevaluation, we need your involvement in determining the evaluation component(s) and your written permission to do the evaluation(s) (see attached). If after taking reasonable measures to obtain your consent and you fail to respond, we shall proceed as if consent has been given by you.

3. [ ] Continue an evaluation begun by your child’s previous LEA (specify: ⁮ initial or ⁮ reevaluation). Before we can continue evaluation, we need your involvement in determining the evaluation components(s) and your written permission to do the evaluations(s) (see attached).

4. [ ] This evaluation is being conducted because there may be the need to change the identification or placement of your child. Before we can begin a reevaluation, we need your involvement in determining the evaluation component(s) and your written permission to do the evaluation(s) (see attached).

5. [ ] This evaluation is being conducted because your child is a special education transfer student from out of state and we do not accept the previous state’s evaluations and/or we do not have any evaluations from the previous state. Before we can begin a reevaluation, we need your involvement in determining the evaluation component(s) and your written permission to do the evaluation(s) (see attached).

6. [ ] Other

Attached you will find a copy of *Virginia Procedural Safeguards Notice,* which explains your rights pertaining to the proposed action(s). For further information or assistance in understanding the provisions of procedural safeguards, contact the education administrator at (Insert phone number).

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[ ] **Hearing Screening:** Written report of your child’s functional hearing (required for all initial evaluations).

[ ] **Educational:** Written report describing current educational performance and identifying strengths and weaknesses in academic skills.

[ ] **Medical:** Written report from a licensed physician indicating general medical history and any medical/health problems which may impede learning.

[ ] **Sociocultural:** Written report from a qualified social worker based on the use of information collected through social appraisal instruments which shall include background and social/adaptive behavior in home, school, and community.

[ ] **Psychological:** Written report from a qualified psychologist based on the use of a battery of appropriate instruments which may include individual intelligence test(s) and other measures addressing educational, social/emotional, and processing skills.

[ ] **Developmental:** Written report of assessment of how your child functions in the major areas of development such as cognition, motor, social/emotional, and processing skills.

[ ] **Speech and Language:** Written report to evaluate your child’s articulation, voice, fluency, and expressive and receptive language skills.

[ ] **Occupational Therapy:** Written report from a qualified occupational therapist of motor development describing fine motor, self-care, visual-perceptual, and sensorimotor skills.

[ ] **Physical Therapy:** Written report from a qualified physical therapist of gross motor development including mobility, gait, muscle strength, and posture.

[ ] **Classroom Observation:** Written report designed to assist the eligibility team in relating test data to the student’s classroom performance in academic, social, and behavioral areas as compared to others in the classroom.

[ ] **Audiology:** Written report from a qualified audiologist of testing which measures behavioral response to sound.

[ ] **Assistive Technology:** Written report of assessment (may be coordinated with the occupational, speech-language, and physical therapies) to evaluate the student’s needs for a device that will increase, maintain, or improve the functional capabilities of the student.

[ ] **Other Recommended Evaluations:** Vision or other assessment components as appropriate, specified below. Please provide detailed description of evaluations requested.

[ ] **No additional data is needed.** The record review conducted at this meeting shall be considered the evaluation. However, if no additional data is needed and the purpose of this evaluation is to determine if the student continues to be a student with a disability, you have the right to an evaluation upon request.

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| [ ] **No additional data is needed**, and **no review of records** is needed due to parent and school agreeing that the student remains eligible under his/her current category/label and no change in educational needs is noted. The current IEP will remain in place until its date of expiration if no new IEP is developed. Today’s date reflects the student’s most recent documented eligibility date.  Date   Parent Education Administrator |

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| **Consent for Evaluation or to Proceed with Record Review**Student Name Date of Birth [ ] I have received a copy of *Virginia Procedural Safeguards Notice.*[ ] I give permission for the above student to be evaluated as described above.[ ] I do not give permission for the above student to be evaluated.The above recommendations for evaluations were made by the following team members on  :  Education Administrator or Designee Parent Teacher Student Other Other |

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