Mississippi Department of Human Services/Division of Youth Services
Parental Consent for Evaluation-Reevaluation
And Typical Areas for Evaluation

This form is used to request informed consent from the student's parent for the facility to provide initial and reevaluations for special education services. A copy of the form must be on file before any evaluations are provided. A signed copy of the form from the student's local school district may be used to continue evaluation services that were started before MDHS/DYS placement. Parents are informed in writing that the consent obtained by the local school district will be used. If parents have any questions or concerns these must be addressed before proceeding with any evaluation.
NOTE: Evaluations and an IEP meeting must be held 60 calendar days following receipt of the parent consent for evaluation.

Facility Name: _____ **Date:** _____
Check one: _____ Initial Evaluation _____ Reevaluation
_____ Replacement of Prior Consent Form
_____ (Student's Name)

Dear Parent: Your child was referred by _____ (name), _____ (title) and is recommended for evaluation by the Teacher Support Team or other appropriate source. We would like to arrange for an individual evaluation to gather more information about how to better meet your child's needs. If you have any questions about why we feel your child needs testing or want to know more details about the evaluation, please call the above person.

If you agree to have this evaluation done, you can request to know the exact time and place that it will occur. You will have a chance to discuss the results within 30 school days following the evaluation. You will also be invited to a meeting to discuss the findings. No changes will be made in your child's educational program until we hold this meeting.

The individual evaluation may include tests in the following areas: vision, hearing, motor skills, social/emotional, achievement, speech/language or others.

a. An explanation of these areas is included.
b. Your parental rights are included, which show that you have certain rights regarding consent and evaluation procedures.

Please sign below to let us know whether or not you agree for testing to take place and return this letter to _____.

If you do not return this form within **5 days**, we will contact you about your decision.

Thank you for your cooperation.
Sincerely,

_____ _____
(Name) (Title)

___ I give permission for the Mississippi Department of Human Services/Division of Youth Services to evaluate my child.

___ No, I do not agree for the following reasons:

_____ Date: _____
(Signature of Parent/Guardian/Surrogate)