



West Valley School District #208

Special Services

1000 South 72nd Avenue

Yakima, WA 98908

PURPOSE: A school district must inform parents/guardians of all information relevant to the district making a decision regarding the initial evaluation, initial placement, or reevaluation of a student. This form asks for your consent to the action indicated. If you have questions regarding this request, you may call Hans Michielsen, Director of Special Services for an explanation.

PARENT CONSENT

Date: _____

To: _____
Parent(s)/guardian(s)/adult student

We are requesting your consent for the action checked below regarding _____
Student's name

The attached written notice explains the action to be taken.

We ask consent to take the following action:

- Initial evaluation of your child.
- Initial provision of special education and related services.
- Reevaluation of your child (using additional assessments).
- Other:

By giving consent, you are acknowledging that:

- (1) you have been fully informed of all information relevant to the activity for which consent is sought;
- (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time;
- (3) if you revoke consent, the revocation is not retroactive, which means that it does not negate any activity that has already taken place; and
- (4) if you refuse to give consent, the district may request mediation or a due process hearing to override your failure to give consent for evaluations or reevaluations. The district does not need your consent for a reevaluation if the district has made reasonable efforts to obtain your consent for tests administered for the reevaluation and you have failed to respond to these requests.

The district may not ask an Administrative Law Judge to override your denial of consent if this is for the initial provision of special education and related services. However, if you do not provide consent for the initial provision of special education and related services, the district will not be considered to be in violation of the requirement to make a free, appropriate, public education (FAPE) available to your child.

I do do not give my consent.

Reason (optional): _____

Parent/guardian/adult student signature

Date

****PRIOR WRITTEN NOTICE MUST ACCOMPANY THIS FORM****