

PURPOSE: When a student is eligible for special education and in need of additional evaluations, a school district must seek informed consent from a student's parent/guardian or the student that has reached age of majority to evaluate. This form asks for your consent to conduct additional evaluations listed below. If you have questions regarding this request, you may call or email your students special education teacher/case manager and/or the school district's special education administrator.

Parent Consent for Post-Secondary Transition Service Assessment/Evaluation

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

Date: _____

Re: _____
Student's Name & Birthdate

The attached Written Notice further explains the action to be taken.

Your consent is being requested to conduct the following additional special education evaluation:

Post-Secondary Transition Services are a coordinated set of activities for a student with a disability that focuses on improving the academic and functional achievement of the student's movement from school to post-school activities. To determine a student's transition needs, Individuals with Disabilities Education Act (IDEA) §300.43 requires local school districts to complete a transition assessment/evaluation annually. This assessment/evaluation obtains baseline performance of the student in the following federally mandated post-secondary goal areas:

- Education
- Training
- Career/Employment and
- Independent Living if appropriate

Every student with a disability must receive post-secondary transition services by the age 16 or during the IEP year he/she will turn 16 or before if appropriate. The assessment/evaluation will provide data and guidance on designing appropriate post-secondary planning for the student.

The results of this assessment/evaluation will be discussed and reviewed at the student's annual special education Individualized Educational Planning Team (IEPT) meeting.

By giving written consent below, you are acknowledging that you have been fully informed of all information relevant to the activity for which consent is sought. In an attempt to have a thorough and complete post-secondary transition plan for your child, please provide consent and return to the appropriate designee prior to the IEPT meeting.

- I give my consent.
- I do not give my consent. Reason (optional): _____

Parent(s)/Guardian/Student (age of majority) Signature

Date