Orleans Central Supervisory Union
130 Kinsey Road Barton, VT. 05822
Tel: 525-6255 Fax: 525-6260

INTERIM ASSESSMENT/BEHAVIORAL ASSESSMENT CONSENT FORM

Student's Name: _____ Date: _____

Date of Birth: _____ Grade: _____

Person Making Referral: _____ School: _____

☐ Special Education ☐ 504 ☐ EST ☐ Other: _____

In order to develop an appropriate program for your child, it is necessary to obtain additional information.

The assessments will be completed in the areas of:

- ☐ COGNITIVE
- ☐ SOCIAL/EMOTIONAL
- ☐ BEHAVIORAL (e.g. Functional Behavioral Assessment)
- ☐ ADAPTIVE BEHAVIOR
- ☐ OTHER HEALTH IMPAIRMENT
- ☐ MOTOR SKILLS
- ☐ ACADEMICS
- ☐ OTHER _____

I **give** my consent.

The assessment process and my parental rights have been explained to me. I understand that giving my consent is voluntary and may be revoked at any time. If I do withdraw my consent, I understand the withdrawal will not apply to any testing that has already been completed.

_____ Date: _____
Signature of Parent/Guardian

I **do not** give my consent.

The assessment process and my parental rights have been explained to me. I understand that giving my consent is voluntary and I may change my decision at any time.

_____ Date: _____
Signature of Parent/Guardian

If you have additional questions regarding this assessment, and would like us to contact you, please provide us with a phone number, address and times you can be reached.

_____

_____

Please send this form with the Evaluation Team Referral Form to evaloffice@ocsu.org

Date received: _____ Received by: _____

Date Form Last Modified: January 31, 2020