

Prior Notice about Evaluation/Consent for Evaluation
Multnomah Education Service District 11611 NE Ainsworth Circle Portland OR 97220 503-255-1841

Dear _____

Date _____

Student Name: _____ has been referred for an evaluation.

The Team is proposing the following:

☒ To evaluate your child. ☐ To reevaluate your child.	☐ Based on a review of existing information, no additional evaluation data are needed to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs.
Reason: Student is presenting with unsafe or limited oral intake at school. Staff have expressed concerns about the student's safety or ability to meet their nutritional needs at school.	Reason: If you disagree, you may request an assessment.

This proposal is based on the following evaluation procedures, tests, records or reports: Reports of feeding difficulties or concerns

Other options we considered were: Not to evaluate.

We decided against these options because: The safety of student in managing oral food and drink.

Any other factors considered by the team: None at this time.

Sincerely,

Ali Barker, CCC- SLP _____

Name/Title

971-419-4968

Phone

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above.

Consent for Evaluation

We request your consent because:

- ☒ This is an initial evaluation and will be used to determine the need for a safe eating plan at school
- ☐ This evaluation will include intelligence or personality testing.
- ☐ This is a reevaluation and will be used to decide your child's continued eligibility and/or education needs. (Except for tests of intelligence and personality, if you do not respond to a request for written consent for a reevaluation, that evaluation may be conducted without your consent.)

We plan to use the following evaluation procedure(s), assessments and/or test(s):

Feeding evaluation/observation of student's ability to safely manage oral food/drink intake including chewing, manipulating and swallowing. Medical records request to confirm the safest textures of liquid / food.

If the evaluation includes release of student educational records requiring parental consent, the "Records Release Form(s)," dated _____, identifies the records to be released and to whom.

☐ I give my consent for the evaluation. I understand my consent is voluntary and may be revoked for any evaluation or reevaluation that has not yet been conducted.

☐ I refuse consent for the evaluation.

Signature (Parent/Guardian/Surrogate Parent)

Date (mm/dd/yyyy)