

Your District Name

Your District Address

Your District City, AZ 00000

**Initial Evaluation Plan (In Force)**

<b>Name:</b> First M Last	<b>Home School:</b> Test School
<b>Birth Date:</b> 1/1/1984	<b>Parent:</b> First Name M Last Name
<b>Sex:</b> Male	<b>Address:</b> Address
<b>Teacher/Coun:</b> Betty Smith	
<b>Grade:</b> 10th	City, NJ 11113
<b>Student ID:</b> 1test	<b>Phone:</b> 9087658765
<b>School:</b> Arrow School	<b>Eval Plan Date:</b> 1/28/2002

**Reason for Referral**

A personal statement describing the "Reason for Referral."

**Evaluation Team**

Title	Name	Attended Meeting	To Conduct Eval
Teacher	John Daye	Yes	No
CST	Christine Jonas	Yes	No
LDT/C	Donna Jones	No	Yes
Social Studies Teacher	Amanda Tapgirl	Yes	Yes
Speech Therapist	Dasie Bell	Yes	Yes

**Description of Proposed Action**

SAMPLE STATEMENT - First has been referred to the Child Study Team for the purposes of conducting an evaluation to determine eligibility for special education and related services. This evaluation would include assessments by several members of the Child Study Team as well as other school professionals and possibly other professionals from outside of the school. The information to be collected and who is responsible for obtaining that information is described in this Evaluation Plan.

**Sources of Data Considered in Developing the Evaluation Plan**

- Classroom observations
- Evaluations provided by the parent
- Standardized testing results

**Evaluation Data**

Data to be Collected During the Evaluation	Evaluator
Academic Functioning Adaptive Skill Levels	Reading Specialist

## Evaluation Questions

Does this student evidence an educational disability as defined in NJAC 6A:14-3.5?

What are the present levels of performance and educational needs of this student?

Does this student require special education and related services?

Are any modifications or additions to the special education or related services provided, necessary to enable the student to meet the annual goals of the IEP?

Are any modifications or supplementary aids and supports required to allow this student to participate in the general curriculum?

**Primary Language to be used for Evaluation:** English

**NOTICE REQUIREMENTS**

This document comprises the written notice requirements of NJAC 6A:14 and includes the Evaluation Plan as a description of the proposed action, and description of the procedures and factors used in determining the proposed action. A description of the proposed action can be found under the "Description of Proposed Action". The procedures, tests, records or reports considered in determining this proposed action are summarized in the "Sources of Data Considered in Developing Evaluation Plan" and "Prereferral Interventions Attempted".

As a parent of a student with disabilities or as an adult student, you have rights regarding information, evaluation, classification, the development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education (NJAC 6A:14). A description of these rights, which are called procedural safeguards, is contained in the document PARENTAL RIGHTS IN SPECIAL EDUCATION (PRISE). This document is published by the NJ Dept. of Education. A copy of PRISE is provided to you upon referral for an initial evaluation, upon each notification of an IEP meeting, upon reevaluation and when a due process hearing is requested. In addition, you may request a copy from \_\_\_\_\_ who may be reached at \_\_\_\_\_. For help in understanding your rights, you may contact: Statewide Parent Advocacy Network (SPAN) at (800) 654-7726 Protection and Advocacy, Inc. at (800) 922-7233 OR

\_\_\_\_\_  
School District Staff Phone #

\_\_\_\_\_  
County Supervisor Phone #

**Parental Consent to Conduct Evaluation**

I(WE), the Parent(s)/Guardian(s) of First M Last have met or otherwise conferred with the school staff listed above and discussed First's referral or proposed reevaluation. We have reviewed any prereferral interventions which may have been attempted or, in the case of a reevaluation, school performance data about our child, and have had the opportunity to share information about our child at this meeting to aid in the determination of an appropriate evaluation plan. We have been informed that we have protection under the procedural safeguards of NJAC 6A:14. We have been provided with a copy of PRISE, a statement of protections under the procedural safeguards of NJAC 6A:14 and NJAC 1:6a. We have also been informed that we may obtain additional copies of these protections from our case manager and have also been provided with information about sources of assistance in understanding the provisions of this chapter.

We consent to the evaluation of our child First M Last, as detailed in this Evaluation Plan.

We do not consent to the evaluation of our child, First M Last, as detailed in this Evaluation Plan.

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Signature of Parent

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Signature of Parent

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Date