

Yellowstone-West/Carbon County Special Services Cooperative

714 East 5th Street • Laurel, MT 59044 • 406-839-2339 • FAX: 406-633-4286

Parental Consent for Additional Evaluation

I give permission for additional evaluation of _____, birth date _____ in the following area(s):

The evaluation is to be conducted for the purposes of obtaining additional information for planning, implementing and monitoring an appropriate educational program, including the potential development of a behavior plan.

Date _____ Signature of Person Giving Consent _____

Relationship to Child _____

To be completed by Case Manager:

Most Recent Evaluation Report Date: _____ Most Recent IEP Date: _____

School of Attendance: _____ Grade: _____

Case Manager: _____

For Office Use Only:

Date Received by Coop Office: _____

Date Submitted to Coop Staff, if appropriate: _____

Staff Member Assigned: _____

Date Report Received: _____

Please note: This form is to be used when eligibility has already been established and is not being questioned. Requests for consultation for occupational or physical therapy should be completed on the consultation request form reflective of those services.