Consent to Evaluate
Aloha Micro Academy
School year [*2025-2026*]

This form is an agreement with [district name] that grants consent for a virtual assessment of your child to determine the need for educationally relevant services.

Student Name: _____

Date of Birth: _____

Student ID: _____

The school team has determined that your child needs evaluations in the following areas:

- ☐ Cognitive Functioning
- ☐ Social/Emotional
- ☐ Speech and Language
- ☐ Occupational Therapy
- ☐ Adaptive
- ☐ Autism
- ☐ Academic
- ☐ Other: _____

I, _____, give my consent for [district name] to conduct the assessments listed above through virtual or in-person methods as appropriate. I understand that these assessments will be conducted by qualified personnel using secure platforms, and all information obtained will be kept confidential and used solely for educational decision-making.

Providing consent for an evaluation does not guarantee eligibility for services. The results of this evaluation will be summarized in an Evaluation Summary Report (ESR) and reviewed by the school's multidisciplinary team to determine eligibility. If your child is found eligible, you will be invited to participate in developing an Individualized Education Program (IEP) that outlines your child's services.

You have the right to refuse or revoke consent at any time prior to the completion of the evaluation. If you have questions about this process, please contact your child's [case manager, school psychologist, or principal].

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Email Parent phone number