

CONFIDENTIAL
Clark County School District
Las Vegas, Nevada
Student Services Division
Consent for Special Education Supports*

Student Name: _____ Grade: _____ DOB: _____ ID#: _____

Date: _____ Location: _____

Dear Parent/Guardian/Adult Student:

A referral for Student Services has been made for: a) direct assessments to facilitate Individualized Education Program (IEP) development and/or b) support to the special education teachers serving _____. Selective assessments and/or instructional supports will be completed by Clark County School District staff who are involved.

This is not consent for a comprehensive evaluation for special education eligibility. Rather, information will be gathered selectively and may be used for the purposes listed below. Targeted assessment and/or instructional guidance include:

_____ Academic Performance/Achievement	_____ Observations
_____ Health/Sensory/Motor	_____ Speech/Language/Communication
_____ Transition	_____ Functional Behavioral Assessment
_____ Progress Monitoring	_____ Social/Emotional/Behavior
	_____ Other (_____)

It is anticipated that the information gathered from the assessments and/or instructional guidance identified above will be used for the following purposes (e.g., staff facilitating instructional planning, IEP development, behavior plan development, transition planning, etc.):

The purpose of these supports has been explained to me. Permission for the supports identified above will only be effective for the _____ school year. I understand that this authorization will remain in effect throughout that time period unless I revoke it. I understand that I may revoke my consent at any time, but that I must submit my revocation either verbally or in writing.

Authorization for Supports:

I hereby authorize the Clark County School District to assess and/or provide guidance in all areas identified above:

☐ Yes

☐ No

Parent/Guardian/Adult Student Signature

Date

Printed Name (person completing form)

Title

Signature

*Note: Formal evaluations for special education eligibility (i.e., Initial or Reevaluation) must use the CCF-555: Parental Consent for Evaluation Form – Student Services)