

THE RADFORD CITY SCHOOLS
1612 Wadsworth Street P. O. Box 3698
Radford, VA 24143-3698
(540-731-3647)

PARENTAL CONSENT FOR INDIVIDUAL EVALUATION

I give permission for Radford City Schools to proceed with the evaluation of my child in order to determine whether or not _____ is eligible for special education services. I have received a copy of prior notice, including safeguards and I understand my rights.

Signature(s) of Parent(s)/Guardian(s) or Surrogate

Date (Month/Day/Year)

After the evaluations are conducted reports will be submitted and an Eligibility Committee meeting will be conducted to determine if your child is eligible for Special Education and related services. A copy of all reports will be available 2 days prior to the Eligibility Committee meeting. The Eligibility Committee meeting will be conducted 65 business days from the date referred (_____). If you would like to review the reports or would like a copy please contact the Special Education Department Secretary at 731-3646 between 8:00 am and 4:00 pm Monday thru Friday. Arrangements will be made for you to pick up a copy or review the written reports prior to the Eligibility Committee Meeting.

I DO NOT give permission for Radford City Schools to proceed with the evaluation of my child in order to determine whether or not _____ is eligible for special education and related services. I have received a copy of prior notice, including procedural safeguards and I understand my rights.

Signature(s) of Parent(s)/Guardian(s) or Surrogate

Date (Month/Day/Year)