SNOHOMISH SCHOOL DISTRICT

2161F.3

PARENT CONSENT
Snohomish School District, Snohomish, WA 98290

Date: ______________________

Dear ______________________
(Parent/student/guardian/surrogate parent)

During a recent meeting a decision was made regarding your child, ______________________ ,
(Student's Name)

______________ , which requires your written consent before we can proceed.* The attached written notice
(Birth Date)
explains how this decision was reached.

Please indicate whether you ☐ do ☐ do not give consent for the activity which is marked below:

☐ Initial evaluation of your child ☐ Reevaluation of your child

☐ Initial placement in special education ☐ Transfer placement in special education

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may revoked at any time; (3) if you revoke consent, the revocation is not retroactive; and (4) if you refuse to give consent, the district may request mediation or a due process hearing in order to override your refusal.

______________________ ______________________
Parent/guardian/surrogate parent signature Date

______________________ ______________________
Parent/guardian/surrogate parent signature Date

A full explanation of your procedural safeguards is to be provided to you when your child is referred for evaluation and prior to each reevaluation. If this request for consent is for initial placement in special education, you will not be provided with a notice of procedural safeguards unless you request one from the school district's special education director. If you have any questions about this request for your consent, please call:

______________________ ______________________
Name Phone number

Medicaid eligibility verification. The school district is required to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

☐ I do give consent to verify Medicaid eligibility with DSHS.

☐ I do not give consent to verify Medicaid eligibility with DSHS.

______________________ ______________________
Parent/guardian/surrogate parent signature Date

Attachment: **PRIOR WRITTEN NOTICE**

* Consent is not required when the district has made reasonable measures to obtain your consent for reevaluation and you have failed to respond.

***PURPOSE OF PARENT CONSENT FORM**: A school district must fully inform parents/guardians of all information relevant to the district making a decision regarding the initial evaluation, initial placement, or reevaluation of a student. As a parent you may give consent or not to any proposed activity made by the district. This request asks for your consent. If you have questions regarding this request, you may call the school district director of special education for an explanation as to why the request is being made.*