



Authorization for Assessment Confidential

Office of Special Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 336-31
May 2017

PART I: INFORMATION

Student Name _____ Student ID # _____
Last First MI

Parent/Guardian _____ Work Phone ____-____-____

Address _____ Home Phone ____-____-____

School(s) Current _____ Age _____
 Home _____ Grade _____

Classroom/Homeroom Teacher _____

Form completed by _____ Date ____/____/____
Name Title/Position

PART II: TYPE OF ASSESSMENT BEING AUTHORIZED

Check each category with Yes or No

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Educational	<input type="checkbox"/>	<input type="checkbox"/>	Vision
<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	Auditory
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Review of non-MCPS assessment (specify below)
<input type="checkbox"/>	<input type="checkbox"/>	Psychological			_____
<input type="checkbox"/>	<input type="checkbox"/>	Functional Behavioral Assessment (FBA)			

- The obtained information will be used to:
 - help determine whether the student needs classroom and/or testing accommodations
 - help determine educational placement
 - develop instructional/program recommendations
- Reports will be distributed to the:
 - Eligible Student (if 18 or older) Parent/Guardian Central Office Psychological Services
 - School Confidential File Other (specify) _____
- A record of the results will be maintained in a confidential folder and access to the report(s) will be granted to MCPS staff on a need-to-know basis. A record will be maintained documenting the name and reason for each reviewer. Parent(s)/guardian(s) and eligible students may request/authorize release to another agency/professional.
- The record will be destroyed six years after graduation.
- Assessment results will be shared with parent(s)/guardian(s) prior to taking any action and parent(s)/guardian(s) and eligible students have the right to challenge the accuracy of the report contents and to have information which is proven inaccurate expunged from the record.
- The assessor has an ethical obligation to serve the best interests of the student.
- Other _____

The above statements have been explained to me. My signature below indicates my consent to the recommended assessments. I received a copy of the procedural safeguards brochure.

_____/_____/_____
Signature, Parent/Guardian or Eligible Student (if 18 or older) Date