

## PARENTAL CONSENT FOR INDIVIDUAL EVALUATION

I give permission for PULASKI COUNTY PUBLIC SCHOOLS, PULASKI, VIRGINIA,  
to proceed with the evaluation of my child in order to determine whether or not

\_\_\_\_\_ is eligible for Special Education and Related

*Child's Name*

services. I have received a copy of my prior notice and I understand my rights.

\_\_\_\_\_  
*Signature of Parent/Guardian or Surrogate*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City/State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Date*

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I **DO NOT** give permission for PULASKI COUNTY PUBLIC SCHOOLS,  
PULASKI, VIRGINIA, to proceed with the evaluation of my child in order to determine  
whether or not \_\_\_\_\_ is eligible for Special Education  
*Child's Name*

and Related Services. I have received a copy of my prior notice and I understand my  
rights.

\_\_\_\_\_  
*Signature of Parent/Guardian or Surrogate*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City/State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Date*