



CANYONS
School District

9150 S. 500 West
Sandy, Utah 84070
801-501-1000

Consent for Evaluation Behavioral Health Screening

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Date: _____

As the parent/guardian of the student noted above, you have made a request for an evaluation to gather data on behavioral health symptoms (mood, attention, social skills, etc.). The evaluation being conducted is NOT for purposes of determining disability as provided under the Individuals with Disabilities in Education Act (IDEA). In the event that there are subsequent concerns, interests, and/or needs to conduct an IDEA evaluation, all procedural safeguards under IDEA must be followed.

By signing this document you have provided consent to these evaluation procedures, and further have given consent for the two-week waiting period (Utah Law, UCA 53A-13-302) to be waived so that psychological evaluation for my child may proceed sooner. All data collected and records generated from this evaluation will be considered as confidential as determined under the Family Educational Rights and Privacy Act (FERPA).

I give consent for evaluation (non IDEA), and to waive the two-week waiting period so that psychological evaluations for my child may proceed sooner.

Parent/Guardian Signature

Relationship to Child

Date