
DATE

**HOUSTON INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION SERVICES**

Parent Initiated and/or Private Evaluation Waiver

Student: _____ ID#: _____ Birthdate: _____
School: _____ Grade: _____

I/We, _____ parent/guardian of _____, have voluntarily provided the Houston Independent School District's Office of Special Education Services with a copy(ies) of an/the evaluation(s) previously conducted at my/our expense for my son/daughter.

My/Our initialization of each item and signature on this document indicates my/our understanding of the following statements.

_____ I understand, with informed parent consent, HISD is responsible for conducting appropriate evaluations to determine the presence of any suspected disability.

_____ I have volunteered written documentation of previous evaluation(s) of my son/daughter to be considered in determining the presence of a disability.

_____ I have given written consent for HISD to contact the evaluator(s) for additional information regarding my child.

_____ I understand that consideration of the evaluation(s) does not make HISD liable for reimbursement/payment of the evaluation.

*SIGNATURE OF PARENT, GUARDIAN, ADULT STUDENT, SURROGATE PARENT

*DATE

*SIGNATURE OF HISD Representative

*DATE