Data Element Number: 111306

Data Element Name: **Date of Consent for Evaluation**

The date consent for formal evaluation/assessment was received.

For Exceptional Student Education: The date the signed consent was received for initial evaluation to determine the student’s eligibility for exceptional student education.

**Code** | **Definition/Example**
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MMDDYYYY | Example: 09242008 - Consent was received for formal evaluation/assessment on September 24, 2008.

**NOTES:**

In Survey 5, in addition to students in exceptional student education programs, this element is also reported for students referred, evaluated, and found ineligible for these programs.

Date may be reported as all zeroes for students for whom consent was received prior to July 1, 2008.

In Surveys 2, 3 and 5, zero-fill Date of Consent for Evaluation for students with an Exceptional Student Placement Status of T (transferred from out-of-state).

**Length:** 8

**Data Type:** Numeric

**Year Implemented:** 0809

**State Standard:** No

**Use Types:**
- State Reporting: Yes
- Local Accountability: Yes
- FASTER: Yes
- Migrant Tracking: No

**Required Grades:** PK-12

**Programs Required:** Exceptional Student Education

**Formats Required:** Exceptional Student DB9 23x

**Surveys Required:**
- Survey 1: Yes
- Survey 2: Yes
- Survey 3: Yes
- Survey 4: Yes
- Survey 5: Yes
Appendixes:
None

Description of Changes:

- **7/1/2015** Surveys Required: Survey 7 Removed from Required Surveys
- **7/1/2015** Definition: Added additional language to definition (“the signed”).
- **6/1/2011** Notes: Added note specifying zero-fill for students with an Exceptional Student Placement Status of T.
- **6/1/2011** Data Type: Changed from alphanumeric to numeric.
- **6/1/2011** Definition: Added “initial” before “evaluation” and changed “each special education program” to “exceptional student education.”
- **6/1/2011** Surveys Required: Added survey periods 1,4 and 7.
- **6/1/2011** Formats Required: Moved Exceptional Student Program format to Exceptional Student format.