PERMISSION TO TEST (PARENT/GUARDIAN CONSENT)

Contact Information	
Student Legal Name:	
Date of Birth:	
School:	**Grade:**
Teacher Name: **Email:** **Telephone Number:**	

Dear Parent:

To gain a better understanding of how your child is learning, we are requesting your permission to schedule an educational assessment of your child. The information gathered will help us to determine your child's strengths and needs and will be used for program planning.

A teacher with assessment training will conduct and/or interpret the assessment(s) within the next six weeks. This usually involves a one-to-one situation with your child.

When the assessment(s) is completed, a meeting will be arranged with you to discuss the results and make plans for increasing your child's success in school.

Please feel free to contact me if you have additional questions or concerns about these assessments.

Please sign and return this form to the school. We will not proceed without your signed consent.

Consent

I give permission for my son/daughter _____ to be assessed. I am aware that the results will be used to plan an appropriate program for my child and that my consent is in effect for the current school year.

I understand that the granting of my permission is voluntary, and I may withdraw it at any time by advising the school.

Name of Consenting Person (Please print):
Relationship to Child:

Signature	
Signature of Consenting Person:	Date: