PARENT/GUARDIAN CONSENT LETTER FOR NON-CASE STUDY EVALUATION

FROM: _____

TO: _____

RE: Student: _____ DOB: _____ Gender: _____
last *first* *middle*

Building: _____ Teacher: _____ Grade: _____

Dear Parent/Guardian:

Your child's current educational and/or individual progress indicates that individual assessment would be a helpful procedure to further your child's educational growth in the following areas:

_____
_____
_____
_____
_____
_____
_____
_____

This assessment will assist your child's teacher in planning appropriate educational strategies and interventions. Please check below indicating your approval or disapproval for this assessment, sign and return to:

_____ at _____
(Name) (Address)

If you have questions regarding this matter, please contact:

_____ at _____
(Name/Title) (Phone)

Sincerely,

_____
(Name)

_____ _____
(Title) (Date)

☐ I do give permission for my child to receive the individual assessment indicated above.

☐ I do **NOT** give permission for my child to receive the individual assessment indicated above.

_____ _____
(Date Signed) (Parent Signature)