

 **PARENT/GUARDIAN CONSENT – SCHOOL BASED TESTING**

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| Student’s Name:       Date of Birth (m/d/y):      School:       Grade:      Phone Number:       |

Parent(s)/Guardian(s):

As a result of School Based Team and/or Program Planning Team meeting, your child has been referred for an individual assessment to obtain more information about his/her school achievement. Upon receipt of the consent, the testing will involve having the student work in a one on one situation with the Resource Teacher. The information obtained from the testing will be shared with you, and a report will be written documenting the assessment results. The purpose of this testing is to assist in programming.

I hereby give permission for ***x*** to receive the following individual assessment(s) for the purpose of programming.

* Keymath 3
* Woodcock Reading Mastery Test III

Name of Qualified Test Administrator:

I do \_\_\_\_\_ do not \_\_\_\_\_ consent to ***x*** receiving the above indicated testing/assessments, and I understand that the involved staff may be consulted, and will receive information regarding the results.

Parent/Guardian Signature: Date:

Principal Signature: Date:

 Approved by Principal

 Copy to Confidential File