

## School Based Testing (Level B)

### Parent/Guardian Consent

Student's Name: \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

*\*Please note consent for services is valid for the current school calendar year only.*

As a result of a Student Planning Team meeting, your child has been referred for an individual assessment to obtain more information about their school achievement. Upon receipt of the consent, the testing will involve having the student work in a one-on-one situation with a Level B assessor(s). 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 for your child.

This referral is part of the ongoing efforts of the Student Planning Team to identify and meet your child's needs at school. It is important for you to understand that participation in the above supports is voluntary. You and/or your child have the right to decline or discontinue this process at any time. You will be provided with a copy of any report(s) that are produced from an assessment, if conducted.

Please indicate which of the following communication services you consent to:

- ☐ Mathematics (KeyMath-3)
- ☐ Reading (Woodcock Reading Mastery Test-III)
- ☐ Other: \_\_\_\_\_

### Parent(s)/Legal Guardian(s) please complete:

☐ I/We the undersigned, hereby affirm that I am/we are the parent(s)/legal guardian(s) of \_\_\_\_\_ (student's name) and have the authority to make decisions on their behalf.

*\*Please note: If there is a shared custody arrangement, both parents will be required to sign this consent form for the service to take place.*

☐ I/We give full and informed consent to \_\_\_\_\_ (student) receiving the above indicated service, and that the team referral, parent/guardian consent, and assessment report (if completed) will be uploaded in the student's permanent electronic confidential file (TIENET). I understand that this information will be discussed at the Student Planning Team meetings and may be used to program for my child and that I may withdraw consent from this service at any time.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OR

☐ I/We **do not** consent to \_\_\_\_\_ (student) receiving the above indicated service.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_