

PARENTAL PERMISSION FOR EDUCATIONAL ASSESSMENT

Your child, \_\_\_\_\_, has been referred for an advanced learner needs evaluation. The purpose of this evaluation is to provide some insight into your child's knowledge base, learning style, and the match or mismatch with the curriculum in order to have future success. This evaluation process may include the following: examining work samples, observation in the classroom, interviews with your child and his or her teacher, administration of the Gray Oral Reading Test, a Qualitative Reading Inventory, and/or a Math Curriculum test. Upon completion of this evaluation, you will be notified to review the results. (Phone conversations may suffice at this time.)

Your written permission must be given before testing can begin. Please indicate this below and return to me or the office as soon as possible. If you have any questions, please don't hesitate to call me.

Sincerely,

Mary Kennedy  
Advanced Learner Coordinator (608)-635-4347 x 173

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The following area(s) will be addressed:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Please indicate your decision below:

\_\_\_\_\_ I give my consent to the School District of Poynette to evaluate my child.

\_\_\_\_\_ I do not give my consent to the School District of Poynette to evaluate my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date