*DATE SENT: _____

UNITED INDEPENDENT SCHOOL DISTRICT

CONSENT FOR COMPREHENSIVE INDIVIDUAL ASSESSMENT

Name _____ *D.O.B. ___ ___ ___ *S.S.# _____

School: _____ Grade: _____ I.D. #_____

You have received the **NOTICE OF COMPREHENSIVE INDIVIDUAL ASSESSMENT.**

We need your permission to test your child/you to find out what your child's /your educational needs are.

Please check the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

☐ YES ☐ NO *I have been fully informed and understand the assessment process and why it has been recommended for my child/me. If NO, please explain:

☐ YES ☐ NO I have been give the name and telephone number of a school staff member whom I may call if I want more information or if I have any questions. If NO, please explain:

☐ YES ☐ NO *I give my permission for the testing that has been recommended for my child/me. If NO, please explain:

☐ YES ☐ NO *I understand that my consent for assessment is voluntary and may be revoke at any time. If NO, please explain:

☐ YES ☐ NO *I have been informed in my native language or other mode of communication.

☐ YES ☐ NO *I give permission for the testing to begin immediately by waiving the required five school day waiting period between notice of assessment and initiation of the assessment.

_____ _____

*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT *DATE

_____ _____

*SIGNATURE OF INTERPRETER, IF USED *DATE

Please return this form to: _____ at: _____ as soon as possible.

SCHOOL STAFF PERSON SCHOOL

*Denotes required items

U.I.S.D. Form No. 832-006
8-1-99