Date Sent:

____/____/____

_____Municipal Schools

CONSENT FOR COMPREHENSIVE INDIVIDUAL ASSESSMENT

Student: _____ **DOB:** _____

Dear: _____
(Parent/Student, if appropriate)

You have received the **PRIOR NOTICE OF COMPREHENSIVE INDIVIDUAL ASSESSMENT**, which was sent ___/___/___.

Please check the appropriate box by each statement, sign your name, an 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 given the name and telephone number of a school staff member whom I may call if I want more information or have more questions. If "NO", please explain:

☐ Yes ☐ No *I give 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 revoked 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 understand the evaluation will be completed within 60-calendar days.

_____ _____
*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 Date

*Denotes required items