CONSENT FOR LEVEL B ASSESSMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STUDENT NAME: | | |  | | |  | | SCHOOL: | |  | | | |  | GRADE: | |  |
|  | | |  | | | | |  | |  | | | | | | | |
| *The purpose of this assessment is to inform the educational program for your child.* | | | | | | | | | | | | | | | | | |
| I, |  | | | | hereby consent to the following assessment(s) for | | | | | | | | | | | | |
|  | Parent/Guardian | | | |  | | | | | | | | | | | | |
|  | | | | born | | |  | | | | | | . | | | | |
| Student’s Name | | | |  | | | mm/dd/yyyy | | | | | |  | | | | |
|  | | | |  | | |  | | | | | |  | | | | |
| Assessment(s): | | | | | | | | | | |  | Administered by: | | | | | |
| Wechsler Individual Achievement Test-Third Edition (WIAT-III) | | | | | | | | | | |  |  | | | | | |
| Other: | |  | | | | | | | | |  |  | | | | | |
|  | |  | | | | | | | | |  |  | | | | | |
| *I understand that the assessment results are confidential and will only be shared with those who need to know this information to support my child’s educational program.*  Upon completion of the assessment(s), I will be contacted to review:   * the results of the assessment(s) and * the recommendations from the assessment to inform my child’s educational program. | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | |  | |  | | | | |  | |
| Parent Signature | | | | | | | | |  | | Date | | | | |  | |
|  | | | | | | | | |  | |  | | | | |  | |
| Principal Signature | | | | | | | | |  | | Date | | | | |  | |
|  | | | | | | | | |  | |  | | | | |  | |
| Teacher Signature | | | | | | | | |  | | Date | | | | |  | |