



CONSENT FOR ASSESSMENT AND SCREENING

(NOT FOR SPECIAL EDUCATION ASSESSMENTS)

Student Name _____ Date _____

Date of Birth _____ School _____ Grade _____ Referred By _____

CONSENT FOR ASSESSMENT / SCREENING

Your permission is requested for the purpose of assessing student needs and program planning. Parent permission is required before the school administers an individual assessment:

The assessment will include:

- ☐ File Review
- ☐ Interview with: ☐ Parent ☐ Staff ☐ Student
- ☐ Intelligence test(s) (TAG ONLY)
- ☐ Achievement test(s)
- ☐ Behavior rating scale(s)
- ☐ Functional Behavior Assessment (FBA)
- ☐ Behavior Support Plan (BSP)
- ☐ Observations completed by District Specialists _____
- ☐ Other _____
- ☐ Other _____

Permission to assess: ☐ Granted ☐ Denied

Parent/Legal Guardian Signature

Date Signed

Address

City

State

Zip

Work Phone

Home Phone