



2020 – 2021 **Parent/Guardian Consent Form** for a
Standardized Educational Assessment (Level B)

Student's Legal Name: _____ **Date of Birth:** _____
School: _____ **Grade:** _____
School Contact: _____ **AB Student #:** _____
Parent/Guardian's Name: _____ **Phone #:** _____
Address: _____ **E-mail:** _____

In order to get a better understanding of how your child is learning, we would like an Educational Assessment completed for your child. The information gathered will be used to understand how your child best learns, his/her strengths and weaknesses, and will assist us in ensuring that the best program planning is completed to meet his/her needs.

The results of this assessment will be reviewed with you and your child's teacher(s).

Before any such assessment takes place, we need written parental permission. Please complete this form and return it to your child's teacher. If you have any questions or concerns about this form or the assessment, please do not hesitate to discuss this with the School Contact identified above.

I understand that it is my responsibility to advise the school of my withdrawal of any portion of, or all of this written consent.

Signature of consenting person

Relationship to child

Name of consenting person (please print)

Date

School Office Use Only	
Date Rec'd _____	LST Initial _____