Dear _______________________________
(Parent)

__________________________(student’s name) is experiencing difficulty in school in the following areas:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

We are asking for your permission to gather the following:
1) Input from other staff members knowledgeable about your child
2) Informal Assessments to determine strengths and weaknesses
3) Vision and Hearing Checks
4) Analysis of Behavioral and Attendance documentation

_________ I agree to the assessments listed above.

_________ I do not agree to the assessments as listed above.

_________________________        ________________________
(Signature of Parent)                                      (Date)