

Date \_\_\_\_\_

Permission is requested to administer the test/s (and or observation) listed below to your child \_\_\_\_\_ to assist us in meeting his/her educational needs.

Test \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian  
\_\_\_\_\_

Signature of Interviewer  
\_\_\_\_\_

This testing will not begin a timeline and does not determine eligibility or a change of placement. If this student is currently a SE student, then this permission along with the testing should be sent to our office to be put in their file. If this student is not a SE student then it should be filed in their school file.