



**PARENT/GUARDIAN CONSENT FOR EVALUATION**

I, \_\_\_\_\_, give permission for  
(PRINT-Parent/Guardian's Name)

\_\_\_\_\_  
(Related Service Provider) (Title of Person)

to evaluate my child \_\_\_\_\_  
(Name of Student) (Date of Birth)

The names of the areas/test to be conducted are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

I, \_\_\_\_\_ hereby withdraw the above permission as of \_\_\_\_\_  
(PRINT-Parent/Guardian's Name) (Date of Withdrawal)

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)