St. Lucie Public Schools
Student Services
9461 Brandywine Lane
Port Sant Lucie, FL 34986

Parent Permission to Assess for Individual Instructional Planning

Student Name:		ID#:	
School:	Teacher:	Grade:	DOB:

To:

Parent/Guardian/Adult Student Name:
Street Address:
City, State, ZIP:
Phone:

Dear Parent/Guardian/Adult Student:
We need further information about your child's abilities for the *purpose of instructional planning and intervention development*. We need your permission to do sensory, cognitive, academic, psychological process, communication and/or behavioral assessment with your child as needed. Please feel free to contact me if you have any questions.

School Contact:

Name:	Position:
Phone:	Work Hours:

Parent/ Guardian/Student 18 years or older, must complete the following:

I give permission for the educational assessment of my child for the purpose of instructional planning and intervention.

Full Name of Student:	Date of Birth:

In order to plan his/her best educational program, I understand that, if my child should need formal individual evaluation for consideration of Exceptional Student Education Programs, I will be contacted to obtain specific written consent for the evaluation (s).

Signature of Parent/Guardian/Adult Student:	Date Signed: