



**Division of ESE
& Student Services**
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PSYCHOEDUCATIONAL/LANGUAGE REPORT RELEASE FORM

STUDENT NAME	DOB
ID#	SCHOOL

This release is to acknowledge that I, _____,
Parent/Legal Guardian Name (print)
 personally obtained a copy of the Psychoeducational and/or Language Evaluation report(s) for
 my child, _____ on this date _____.
Child's Name Today's Date

I acknowledge that I am receiving the report(s) without interpretation and understand that my
 child's school will be contacting me to schedule a mutually agreeable time to meet and review
 the results of the evaluation(s).

Parent/Legal Guardian Signature	Date
Examiner Signature (Psychoeducational)	Date
Examiner Signature (Language)	Date