

**PART V: PERMISSION FOR TESTING**

I grant permission for the Kennewick School District Assessment Team to test my child,  
\_\_\_\_\_ to determine readiness to enter school. I understand that this testing may include tests of intelligence, academic skill, language development, visual-motor development and such other areas as relate to success in school. I understand that the results of this testing will be shared with me and will be made a part of my child's school record, but will not be shared with other parties except with my written permission in compliance with a judicial order.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

November, 2011