



FLORIDA STATE UNIVERSITY

Louise R. Goldhagen Multidisciplinary Evaluation and Consulting Center

The College of Social Work

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Date _____

Dear Parent/Guardian of _____:
Student Name

Your student is currently being provided with instructional/behavioral interventions through the Multi-tiered System of Supports at his/her school. In an effort to identify instructional/behavioral interventions to be used as a part of this problem solving process, the Instructional Support Team recommends the following:

- Standardized achievement test
- Functional Behavioral Assessment (FBA)
- Process testing
IQ Screener

The assessment identified above will be administered by a psychology intern employed by the Florida State University Multidisciplinary Center, who provides contracted services to the Wakulla County School Board. If you have any questions regarding the administration of the assessment and/or its purpose, please contact your child's guidance counselor, _____ at _____. The results of this assessment will be discussed at the Instructional Support Team meeting, which you will be invited to attend, and recommended interventions will be discussed as well.

Thank you for the opportunity to work with your child. Please sign and return the original copy of this letter to your child's school and retain the copy for your records.

I give consent for the psychology intern to administer the assessment indicated above.

Parent Signature _____ Date _____