



Family-School Partnership Assessment Consent Form

Dear Parent, Guardian, or Family Member:

Our school is committed to supporting each student's success. We believe it is important for school personnel and parents/families to work together. If a student experiences a specific need at school in academics or behavior, we want to include you in the planning and monitoring of your child's education.

You are receiving this because the Student Support Team (SST), a classroom teacher, an interventionist, a teaching team, an administrator, a grade level team, or related school staff, would like to problem solve with you about how the use of an assessment may help to better understand your child's academic performance or behavioral functioning. Examples of assessments are observations, checklists, screeners, or interviews. Once your child participates in the assessment, the results will be shared with you. Sometimes, assessments are provided by staff other than the classroom teacher, in a location other than the general education classroom. Sometimes, the assessment is provided with a small group of students, and sometimes, it is implemented individually.

We request your written consent to proceed with this agreement to use an assessment to gather more information. Please review the following information and sign below:

Student's Name _____ ID Number _____

Date of Birth _____ School _____ Grade _____

Specific Area of Concern:

Assessment(s) and Title of Staff Involved:

Parent Signature _____

Date _____
(expires after 1 year, unless permission is withdrawn)

Please note: This Family-School Partnership form is to be reviewed and discussed with the student's family as a component of ongoing communication, planning, and implementation of supplemental supports. A copy of the signed document must be provided to the parent, guardian, or family member, and the school will retain a copy.

