

Lewistown Public Schools
Policy 2165F – Early Literacy Targeted Intervention Consent

Dear Parent/Guardian,

The School District is providing notice required under the provisions of District Policies 2132, 2158, and 2165; Title 20, Chapter 7, Part 18, MCA; and Title 40, Chapter 6, Part 7, MCA. Copies of these provisions are available upon request. This notice is being provided to inform you of the opportunity to have your child evaluated for an early literacy targeted intervention programs and services which will be provided to children as described in Policy 2165 whose parents who provide written consent.

Notice of Your Rights

This notice is intended to inform parents that the following early literacy evaluation will be provided at the school: _____ . This evaluation will be provided on _____ at _____ .

As a parent/guardian of a student, you have the right to authorize your child to attend or receive the evaluation in accordance with Montana law and District policy by completing, signing, and submitting the attached form prior to the date identified in the above notice.

Early Literacy Evaluation Consent Form

A family who wants their student to receive an early literacy evaluation offered at the school may provide consent to such evaluation by completing this form.

I, _____, Parent or Guardian of, _____, request my child receive an early literacy evaluation to be held at the above noted date and time. This request will be handled in a manner consistent with the methods identified by the School District as specified in of District Policies 2132, 2158, and 2165; Title 20, Chapter 7, Part 18, MCA; and Title 40, Chapter 6, Part 7, MCA. The results of the evaluation will be provided to the parent.

I understand my student will receive the early literacy evaluation. I also understand my student may be eligible to receive any services from the school district staff based on the results of the evaluation. I understand I will be provided information about those services prior to my child receiving any literacy services. I agree to accept responsibility for my student’s participation in the evaluation and services. Participation is strictly voluntary.

A student seeking such services whose parents have not completed this form will not receive the evaluation.

I acknowledge I have received notification of my rights in this area under District Policies 2132, 2158, and 2165; Title 20, Chapter 7, Part 18, MCA; and Title 40, Chapter 6, Part 7, MCA and have been provided an opportunity to review related information and materials on this topic.

I provide consent for my student to receive the evaluation described above at the Lewistown School District.

Parent

Date

Received by:

School Principal

Date