

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: _____

Amended: June 18, 2024