



Fauquier County Public Schools

Excellence By Design

CONSENT FOR INSTRUCTIONAL ASSESSMENT/OBSERVATION

Student: _____ DOB: _____ AGE: _____ STI#: _____
Base School: _____ Attending School: _____ Grade: _____
Parent: _____ Phone Cell: _____ Wk: _____
Mailing Address: _____

Purpose for Instructional Assessment/Observation:

Instructional Assessment/Observation Components:

PARENT CONSENT FOR PROPOSED ASSESSMENT/OBSERVATION AS INDICATED ABOVE:

I GIVE CONSENT for the proposed instructional assessment/observation as indicated above.

I DO NOT GIVE CONSENT for the proposed instructional assessment/observation as indicated above.

Signature of Parent or Student age 18 or older (if appropriate)

Date