

PINELLAS COUNTY SCHOOLS
**ACCEL CONSENT FOR EVALUATION FOR
WHOLE GRADE AND MIDYEAR PROMOTION**

Dear Parent of:	DOB:	Grade:	Date:
This form is required prior to evaluating your child to determine eligibility for whole grade or midyear promotion. The evaluation will include the administration of the Iowa Acceleration Scale which may include an individual achievement test or intellectual evaluation by a school psychologist.			
You will receive a copy of all evaluation reports. If you want additional information on the proposed evaluation or have any questions, please contact:			
School Personnel Name/Title	School Name	Telephone	
You may also contact Executive Director, Elementary Education, for Pinellas County Schools at 588-6443.			
We must have your consent before we can conduct this evaluation. Please check the box to indicate your decision, sign, and date the form.			
☐ YES, I consent to the proposed evaluation. I have received and understand the attached ACCEL Evaluation Process.			
☐ NO, I do not consent to the proposed evaluation. I have received and understand the attached ACCEL Evaluation Process.			
Signature of Parent, Guardian, or Surrogate Parent:		Date:	