

ELDON R-1 SCHOOL DISTRICT

Consent for Evaluation

Date: ____ / ____ / ____

Dear _____:

District procedures require parental consent be obtained prior to administering individual assessments not routinely given to all students. Your consent is required for the District to proceed with the evaluation of your child. The assessment(s) listed below may be administered to your child and the results will be utilized in making the eligibility determination decisions regarding either (circle one) **GIFTED** or **504** .

_____	_____
_____	_____
_____	_____
_____	_____

Yes, I give my consent to the Eldon R-1 School District to administer the above assessments to my child,

Parent Signature _____ Date _____

Please sign and return as soon as possible. If you have questions and/or concerns please feel free to contact me at 573-392-6364, ext. 307.

Sincerely,

Karla Churchman, MS, LPC
Professional School Counselor
Eldon Upper Elementary