

PLATTSBURGH CITY SCHOOL DISTRICT
NOTICE OF RECEIPT OF REFERRAL AND PARENT CONSENT FOR
ASSESSMENT

Date: _____

Dear: _____

Your child, _____, has been referred for an evaluation. This elation will be used to determine the most appropriate education for your child.

I hereby request and give permission for the Plattsburgh City School District to assess my child to assist in educational planning. I understand that this assessment may cover the following areas:

Assessment	Conducted by	Purpose
_____ Motor Abilities	Physical/Occupational Therapist	Determine fine and motor skill levels
_____ Observations	Staff	Determine classroom Behaviors

I give consent to these evaluations. I understand that I am entitled to interpretation of the assessment and that all reports of the assessments will become part of my child's school records which may be reviewed by me.

Signature of Parent/Guardian