

Parental Consent For Assistive Technology Assessment

Date: _____

To the Parent/Guardian of _____

From: _____ Title _____

School: _____

Your child has been referred for an assistive technology assessment. This assessment is to determine whether or not your child may benefit from the use of the assessment process. Your cooperation is appreciated.

Please sign and return this form to your child's classroom teacher.

Check One:

_____ Yes, I give permission for my child to be assessed for assistive technology.

_____ No, I refuse permission for my child to be assessed.

Parent/Guardian Signature

Date