

Student: \_\_\_\_\_ Date of Contact: \_\_\_\_\_  
 DOB: \_\_\_\_\_ School Representative: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Washington County School District  
**PARENTAL PERMISSION TO TEST ELEMENTARY-AGE CHILD**

We are interested in providing an appropriate education program for each of our students. In order to develop a suitable program it is necessary to obtain additional information about your child's skills. We would like to administer some of the **screenings and rating scales** listed below. We will only use the supplemental assessments that other information indicates as necessary and appropriate.

STANDARD	SUPPLEMENTAL
ACHENBACH Teacher Report Form Child Behavior Checklist (Parent Form) Youth Self-Report (Child 11-18 Form)	Self-Rating Scale
	Rapidly Recurring Targets
	Depression Scale (CDI)
	Anxiety Scale (MASC)
	Anger Inventory
Conner's Rating Scales	
Test of Variables of Attention (TOVA)	

Since these **screenings and rating scales** deal with sensitive subject matter, we need your consent before seeking information about mental or psychological issues. You may contact the school counselor, \_\_\_\_\_, at \_\_\_\_\_ for additional information regarding these assessments. When the assessment has been completed, a meeting will be arranged with you to review and discuss the results. The information gained by this evaluation should be helpful as we work together to develop an education plan for your child.

*Under the Utah Code Sections 53A-13-301,302 of the Utah Family Education Rights and Privacy Act, school district personnel are required to have the consent of a parent or legal guardian, except in exigent circumstances (an emergency situation requiring immediate aid or action) if information is sought concerning mental or psychological issues. Please note that personal issues may need to be addressed during the assessment.*

I hereby authorize the evaluation requested for my child. I waive the two-week notification requirement so that testing may begin immediately.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

I authorize the evaluation requested for my child but request a two-week waiting period.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

I do not authorize the evaluation requested for my child.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date