PARENT/GUARDIAN CONSENT FOR A COMPREHENSIVE EDUCATIONAL EVALUATION

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent for Dr. Laurie Hoke to complete a comprehensive educational evaluation for my child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that the following components will be completed:

* Social and Health Developmental History
* Formal Academic Assessment
* Formal Cognitive Assessment
* Behavior Rating Scales
* ADHD Rating Scales
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this evaluation will be completed in a timely manner. I understand that I will be provided with a full written report that will provide all tests administered in addition to test scores and a score analysis with recommendations for my child and his/her school. I understand that I may revoke this consent at any time by providing my request in writing.

Parent Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this signed and completed form to laurie@specialeducationguru.com***