

(Sample of form for your school)

School Name

**Parental Consent To Share Testing
Information With Our Child's Teachers**

We understand that any testing done on our child is one part of a "Multi-Disciplinary Team" process in an attempt to accurately determine a complete educational diagnosis on our child.

We understand that testing done on our child either by the school or by the local school district provides our child's teachers pertinent information on our child's strengths and weaknesses. This information will be vital in determining a most appropriate educational plan in our child's class curriculum.

We see the importance of sharing this information with our child's classroom teachers, and give full permission for the school Administration to share the information attained through the screens and testing of our child at his/her school site with those involved with our child as teachers and administrators. We understand that any sharing of testing information will remain confidential to them.

It is our hope that the information shared will determine a most appropriate educational plan for our child with their classroom curriculum, and therefore promote greater academic success for our child at this school.

Parental signature(s) and date
