

**PARENT PERMISSION FOR EVALUATION  
Non-DoD Schools Program (NDSP)**

Date \_\_\_\_\_

Dear \_\_\_\_\_,

Based on the information provided, an individual comprehensive evaluation is being recommended to assist in determining your child's strengths, areas of need and eligibility for special education services. An assessment plan has been designed

Our plan for assessment includes individualized testing administered by qualified personnel in the following:

The results of the evaluation will be treated confidentially and discussed with you. The information will be used to help determine your child's eligibility for special education. A draft eligibility report will be prepared and provided to you for review and input. Eligibility decisions will be made in collaboration with you and other appropriate persons.

It is important that you are aware of your rights about the identification, evaluation, and placement of your child. The Parent Rights and Responsibilities, enclosed with this permission form, explains your rights and responsibilities.

Please sign this permission form and return it to the NDSP point of contact (POC) for special education. We will proceed with these assessments when we have received your written permission to do so. The permission to test will extend for 45 school days from the date that you sign this form. If you have questions, you may contact \_\_\_\_\_ at \_\_\_\_\_.

I understand the evaluation process and why it has been recommended for my child. I understand that my consent/permission is voluntary and may be revoked at any time through a written statement to the NDSP POC for special education.

- Yes, I give my permission for this evaluation.
- No, I do not give my permission for this evaluation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETAIN THE ORIGINAL FORM FOR YOUR RECORDS. SIGN AND RETURN ATTACHED COPY.**