

Confidential Information

Baltimore County Public Schools  
**PARENT/GUARDIAN PERMISSION FOR  
STUDENT SUPPORT TEAM ASSESSMENT FORM**  
*(Special educational disability not suspected)*

**Student's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Dear Parent/Guardian:

The Student Support Team on \_\_\_\_\_ (date) referred your child for assessment(s) which will assist the school in developing appropriate instructional and/or behavior supports. The reason for this request, and the specific assessment(s) requested, are listed below. This letter is to secure your permission for the assessment(s).

Please sign in the space provided and return the form to me at school as soon as possible. Your signature means that you give the school permission to conduct the assessment(s), and that you understand the reasons for this request. A written report of the assessment(s) will be included with your child's school records, which are confidential; you may receive a copy of the report if you wish. If you have any questions, do not hesitate to contact me.

\_\_\_\_\_  
*(Student Support Team Chairperson or designee)*

\_\_\_\_\_  
*(telephone number)*

**Reason for Assessment** *(Provide brief summary of concerns, or attach Referral to Student Support Team/Student Support Team Screening Summary.):*

\_\_\_\_\_  
**Assessment(s) Requested** *(Indicate type of assessment and title of each assessor.):*

\_\_\_\_\_  
*(If an assessment by the school psychologist is requested, the psychologist should be present at the SS Team meeting, and the school should prepare a Referral to Psychological Services form.)*

**Proposed Date for Student Support Team to Review Assessment(s):** \_\_\_\_\_

\_\_\_\_\_  
*(parent signature)*

\_\_\_\_\_  
*(date signed)*