

**Baltimore County Public Schools**  
**Office of Psychological Services**  
9610 Pulaski Park Drive, Suite 219  
Baltimore, MD 21220

**Psychological Assessment Parent/Guardian Information Letter**

Your child, \_\_\_\_\_, has been referred by the school for a psychological assessment due to concerns related to learning and/or behavior that have been discussed with you.

To help the school develop an appropriate educational program for your child, psychological assessment will cover the following areas of functioning:

\_\_\_ Cognitive/Intellectual

\_\_\_ Behavioral

\_\_\_ Social/Emotional

\_\_\_ Adaptive

\_\_\_ Achievement

\_\_\_ Other: \_\_\_\_\_

After the assessment I will be available to discuss the results with you and to answer any questions that you may have.

The written report of this assessment is confidential and will be maintained in your child's school records. You have a right to receive a copy of this report. The psychological report will not be shared with anyone except those people who have a legitimate educational interest. Should your child seek or intend to enroll in another school system, psychological records will be forwarded along with other school records to officials of the other school system. Psychological records may be sent to other professionals, agencies, or whomever you so designate only with your written permission.

When the information is no longer useful for educational programming, the report will be destroyed. Please be aware that all psychological records are destroyed when the student is 24 years of age.

If you wish further information, you may contact me as follows:

School psychologist's signature: \_\_\_\_\_

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

NOTE: This letter is to accompany the "Parent Permission for Assessment" ([IDEA Manual](#)) or "Parent Permission for Student Support Team Assessment" when a psychological assessment is to be conducted.