

## Informed Consent for an Educational Assessment

**Name of Student:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_

I/We are aware that the school personnel recommends an educational assessment for my/our child in order to obtain information to develop a program that will meet his/her needs. I/We understand the reasons for this recommendation.

***It is agreed:***

- That the assessment will be performed by a qualified member of Saskatchewan Rivers Public School Division's Inclusive Learning Team;
- That the results of the assessment will be communicated to us within the weeks following the evaluation and that a summary will be added to the confidential file of my child;
- That this consent will be in effect for 1 year following the date of the signature.

Please complete and sign **ONE** of the options below:

**I/we accept** that my/our child will receive an educational assessment.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Parent(s) or guardian

\_\_\_\_\_  
School principal

\_\_\_\_\_  
Homeroom teacher

**I/we do not accept** an educational assessment for my/our child.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Parent(s) or guardian

**A copy will be added to the student's confidential file.**