



CONSENT FOR ASSESSMENT

Educational/ Psychological/ Speech & Language/STEP

Date: _____

Dear Parents/Guardians,

In order to learn more about your child’s strengths and needs, we are requesting your permission to have your child participate in additional assessments. These will be administered by trained school board staff or approved partners, and will follow all School Board and Ministry of Education guidelines. The assessments are listed below.

We are requesting your permission for the following assessments:

School-based assessments (by NCDSB personnel)

STEP initial assessment (by NCDSB personnel)

Psychological assessments (by NCDSB contracted psychologist)

Speech and Language assessments (by NCDSB contracted Speech and Language Pathologist)

The assessment results will be shared with you and kept in your child’s Ontario School Record. They are confidential and will not be released without your permission. You may also choose to seek additional assessments from other qualified professionals at your own expense.

Please provide your consent by signing below. This consent applies to all assessments completed during the current school year. If you have any questions or concerns, please contact the school.

Sincerely,

Principal

School

CONSENT FOR ASSESSMENT

Student Name:

I give permission for my child to be assessed as marked above.

I **do not** give permission for my child to be assessed.

Parent/Guardian’s Signature:

Date:

Note to school: A copy of this authorization must be copied and issued to the parent or guardian and the original is filed in the OSR.