

Step 1 of 5: Request for Assessment, Page 1 of 1

Student _____ Completed by _____ Date _____

Teacher(s) or parent(s) requesting assessment: _____

Reason for request (i.e., developmental insight needed, or areas where student is having difficulty):

What have you already tried in the classroom to address this?

Assessment(s) requested – check all that apply:

Developmental/Extra Lesson Reading & Writing Math Therapeutic Eurythmy

Other: _____

(note: most assessments are done during class time)

Class Teacher approval: _____ Date: _____

PARENTS APPROVE

I/we have been informed of the aims and methods of the Educational Support Team and give permission for the above assessment(s).

Parent signature(s)

Date: _____

PARENTS DECLINE

I/we have been informed of the aims and methods of the Educational Support Team and decline permission for the above assessment(s).

Parent signature(s)

Date: _____