

**North Okanagan-Shuswap School District #83
Student Services**

Parent Consent for Psycho-educational Assessment

Student: _____ **Date:** _____

School: _____

School Telephone: _____

Dear Parent/Guardian:

Your child has been referred for a cognitive/educational assessment. The purpose of this testing is to endeavour to give the student, the school and yourselves, a better idea of the student's cognitive and achievement levels. This information will assist the school in better planning of appropriate instruction for the student.

The assessment will be done during school time and could take several hours. The test formats may consider such things as visual-motor integration, ability to make comparisons, ability to copy patterns, vocabulary level, mental arithmetic, reading, spelling and self-esteem. Most students find the testing session challenging and enjoyable.

After the testing, a report will be written and presented orally so that you have an opportunity to discuss and clarify any of the findings.

Principal

I hereby give permission for individual psycho-educational testing for my child.

Name of child

Yes _____ No _____

Parent/Guardian Signature

Date