

Parental Consent for Special Education Assessment Meeting

Date: [Insert Date]

To: [Insert School's Name]

Dear [Insert School Official's Name],

I, [Parent/Guardian's Name], the parent/guardian of [Child's Name], hereby give my consent for my child to participate in the special education assessment meeting scheduled for [insert date and time].

I understand that this meeting is important for evaluating my child's educational needs and determining eligibility for special education services. I also understand that I have the right to ask questions and request additional information regarding the assessment process.

Please feel free to contact me at [insert phone number] or [insert email address] should you need any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian's Name]

[Address]

[City, State, Zip Code]