

Consent for Special Education Needs Assessment

Date: _____

To: [School Name]

Address: [School Address]

Dear [Principal/Teacher's Name],

I, [Parent/Guardian's Name], am writing to give my consent for an assessment of my child, [Child's Name], who is currently in [Grade/Class Name].

I understand that this assessment is intended to evaluate my child's special education needs and will provide important information to help determine the appropriate support services.

Please find my details below:

Name of Parent/Guardian: _____

Contact Number: _____

Email Address: _____

Thank you for your attention to this important matter. I look forward to your response.

Sincerely,

[Signature]

[Parent/Guardian's Name]