

Consent for Special Education Assessment

Date: _____

To: [School District/School Name]

Dear [School Official's Name],

I, [Parent/Guardian's Name], am the parent/guardian of [Student's Name], who is currently enrolled in [Grade/Class] at [School Name].

I am writing to provide my consent for the special education assessment of my child. I understand that this assessment will help in determining [Student's Name]'s educational needs and eligibility for special education services.

Please proceed with the assessment at your earliest convenience. I would appreciate being informed of the process and any potential outcomes.

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian's Signature]

[Parent/Guardian's Name]

[Contact Information]