



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
AUTHORIZATION FOR ASSESSMENT**

Student Name:

School:

Date of Birth:
(yyyy-mm-dd)

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Teacher:

Grade:

Does student receive Special Education Services? Yes No

Date of Referral:
(yyyy-mm-dd)

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Exceptionality:

Parent/Guardian Name, Address & Telephone No:

Reason for Referral:

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Signature of Special Education Staff Person

Signature of Principal

PRINCIPALS PLEASE INDICATE THE SERVICES REQUESTED BY PUTTING CHECK MARK IN THE APPROPRIATE BOX(ES).

In giving consent to the service(s) below, I understand that my child's OSR may need to be examined.

I HEREBY GIVE PERMISSION TO THE RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD TO CONDUCT THE FOLLOWING:

- Screening/Assessment with Board Assessor
- Consultation with School and Attendance Counsellor
- Consultation and Assessment with School Board Psychologists
- Other

Signature of Parent/Guardian

Date

If you decide **not** to access the above service(s), please sign the waiver below and return form to school for our records.

I do not give permission to have the above assessment, consultation or screening completed.

Signature of Parent/Guardian

Date