



2.2.3 Parent/Guardian Consent for an Academic Assessment

Date: _____

Dear Parent/Guardian:

RE: Parent/Guardian Consent for Level B Assessment

In supporting students with their academic progress, district staff sometimes complete Level B assessments (such as the Woodcock Johnson - aka “WJ-IV”) that can provide more detailed information about academic strengths and needs than is readily available through classroom teacher assessments of classroom-based work.

These assessments may be contemplated by school staff after trying in-class strategies for a period of time – generally over three months – and in consultation with yourselves, the classroom teacher and perhaps the school-based team.

The results of Level B assessments are then used to inform school staff (e.g., classroom teacher(s) and possibly the school’s inclusion support teacher), yourselves and your child. The information utilizes a strengths-based approach and may identify strategies to support areas of need or academic gaps in learning.

The purpose of this evaluation is to report data. Once the assessment is complete, the school team will meet with you to discuss strategies that the school staff can utilize for your child in the classroom. You will be provided with a written report that shows information in various academic areas.

The school team has indicated that they believe a Level B assessment will assist them in learning how best to promote your child’s academic progress in the classroom.

PARENT/GUARDIAN CONSENT:

By signing your name below, you are indicating that:

- a. you have understood this information;
- b. you understand what a Level B assessment is; and
- c. you consent to district staff completing a Level B academic assessment (WJ-IV).

I, _____ provide consent for my child,
(Parent Name - Printed)

_____ to participate in a Level B assessment.
(Student Name - Printed)



Parent/Guardian Signature

Parent/Guardian Signature

Date

NOTE: CONSENT FOR LEVEL B ASSESSMENT IS VALID ONLY FOR THE SCHOOL YEAR IT IS SIGNED BY PARENTS/GUARDIANS. IF THE ASSESSMENT IS NOT COMPLETED WITHIN THAT TIME FRAME, CONSENT MUST BE SOUGHT IN THE NEXT SCHOOL YEAR.

FOR OFFICE USE ONLY

School Staff Signature (explained assessment reasons/process to parent/guardian)

_____ Date: _____

Staff Name and Position (print): _____

School Principal Signature: _____

Date: _____

Inclusive Education Staff Signature:

_____ Name (print): _____

Date: _____ Planned assessment date: _____