

Parental Permission for Testing

Date: _____

Dear Parent(s) or Guardian(s) of: _____

Illinois Conference educators are dedicated to the success of each child. It is our goal to serve every child to the best of our ability. In order to gain additional information about your child's strengths and weakness, we feel that some testing is needed. Testing is available from the Illinois Conference Office of Education. The testing is a free service available to students attending Adventist schools, and the results are kept confidential. After the child has been tested, the Director of Special Education will meet with you, the teacher, and the principal in order to go over the results, and if necessary, a plan can be made providing accommodations or modifications for the student in order for him/her to become more successful. Your input and involvement in this process is valued.

I give permission for my child _____ to be tested by the Special Education Director at the Conference Office. I understand that the results of the testing will be shared with me, and if necessary, I will be part of a plan developed by my child's teacher, the principal, the Special Education Director, and when appropriate, my child.

Parent/Guardian _____ Date _____

If you have any question, please feel free to contact Lori Aguilera at the Illinois Conference Office of Education at (630) 856-2890.

