

**CRAWFORD COUNTY ELEMENTARY SCHOOL**

**P. O. BOX 308—ROBERTA, GEORGIA 31078**

**Paris Raines, Principal**

**Patricee Joiner, Asst. Principal    Melissa Valtierra, Asst. Principal**

**(478) 836-3171      fax (478) 836-9721**

Date: \_\_\_\_\_

Dear Parent/Guardian of: \_\_\_\_\_,

We would like to complete some additional academic and/or behavioral assessments on your child to determine how we can best meet the needs of your student in the classroom. Please sign below to give permission for our school psychologist to conduct these screening assessments. We will inform you once testing is complete and schedule a time to review the results.

Thank you,

MTSS Coordinator

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\_\_\_\_\_ Yes, I agree for Crawford County Schools to conduct additional academic and/or behavioral screening assessments on my child.

\_\_\_\_\_ No, I do not agree.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



