

Candler County Board of Education
Program for Exceptional Children

Preschool Special Education Services
CONSENT FORM FOR SPECIAL EDUCATION TESTING

I hereby approve the referral of my child, _____,
to the Candler County Preschool Intervention Program for their evaluation and
recommendations. I understand that I will be notified when testing is completed and
asked to attend and participate in a meeting to discuss eligibility and/or placement in the
program..

Parent Signature

Date