

Form E

**PARENT NOTIFICATION AND CONSENT TO DETERMINE  
ELIGIBILITY FOR ACCOMMODATIONS**

Date of Referral: \_\_\_\_\_

Student: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Teacher/Counselor: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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**PLEASE CIRCLE ONE**

Yes No I have received and understand the statement of Parental Rights.

Yes No I give my consent to have my child evaluated.

Parent Signature: \_\_\_\_\_

Please return this letter to: \_\_\_\_\_

***For Office Use Only***

Date of Receipt of Consent: \_\_\_\_\_

School Official: \_\_\_\_\_