

# CONSENT TO TESTING

Testing Date and Time: \_\_\_\_\_

Testing Location: \_\_\_\_\_

Testing was requested to determine your child's academic progress so we can best serve his or her needs. This is not to be considered a complete battery of tests, but it will help the teachers evaluate your child's individual needs.

The test may include:

- Achievement
- Cognitive Ability
- Developmental maturity
- Learning Disability
- Mental Age
- Readiness
- Other \_\_\_\_\_

If your child has had any prior testing of this kind, it is important for the school to have a copy of the testing results so additional testing is not administered unnecessarily.

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I give permission for Atholton Adventist Academy to test my son/daughter. I understand that after the testing results are completed, I will be notified and a meeting will be held to discuss the results.

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

\_\_\_\_\_  
Date