

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.

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