



# Request for INDIVIDUAL TESTING

<b>NAME:</b>	<b>Birthdate:</b>	
	<b>Grade:</b>	
<b>Parent(s) / Guardian(s):</b>		
<b>Address:</b>	<b>Telephone (home):</b>	
	<b>Telephone (office):</b>	
<b>School:</b>		
<b>Referred by:</b>		

In order to provide effective assistance to your child, we would like him/her to be tested for the following reasons:

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In order to do so, we need your authorization. Thank you.

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Date	Signature of Principal

I authorize the following professional to test my child and to provide the school with a copy of his/her report.

**SPEECH-LANGUAGE CONSULTANT**

**RESOURCE TEACHER**       **OTHER, specify** \_\_\_\_\_

_____	_____
Date	Signature of Parent(s)

If psychological testing is being requested, I hereby waive my right to a 15-day waiting period before the commencement of testing.

THIS AUTHORIZATION IS REVOCABLE AT ANY TIME BY WRITTEN NOTICE.