

# Pasadena Christian School Parent Authorization for Onsite Evaluation

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Professional's name \_\_\_\_\_

Address \_\_\_\_\_

Cell #\_(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Work Phone\_(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_

Please sign the appropriate statement and return to Vikki Mele prior to your child's evaluation.

**Yes,** I authorize an onsite evaluation for my child, \_\_\_\_\_

to be conducted at Pasadena Christian School by

\_\_\_\_\_ on the agreed upon dates.

(Evaluator's Name)

\_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian signature)

**No,** I do not authorize an onsite evaluation for my child,

\_\_\_\_\_ to be conducted at Pasadena Christian School

by \_\_\_\_\_.

(Evaluator's Name)

\_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian signature)

Please return this signed form to Vikki Mele, Emerging Needs Coordinator, Pasadena Christian School prior to your child's evaluation.