CO-47
Rev. 9/88

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

SPECIAL READING PROGRAM
PARENT PERMISSION SLIP

_____
Date

Dear parents of _____,

This letter is to inform you that your child has been referred for special testing and/or help in _____ _____. Referrals are made when teachers feel that a child's development will be aided through the assistance our program offers.

We wish to provide all the help possible to meet the needs of your child and to keep you informed as to what we are doing. We need to have your approval for testing and/or placement in the Chapter I Program.

Please check the appropriate statements, then sign and date this approval slip and return it immediately.

_____I wish to discuss testing/placement with you first.

_____You have my permission to give the following kinds of diagnostic:
_____Reading _____Auditory Perception
_____Visual Perception _____Other:
_____

_____I would like to see and discuss these tests when the results become available.

_____You have my permission for my child's placement in the Chapter I Program if these services are found to be necessary.

_____I am willing to serve on a Parent Advisory Council which will meet periodically to review program guidelines and procedures.

If you have questions, please feel welcome to contact me at _____, _____
School Phone Number
I will also be available during scheduled conferences with the classroom teacher upon request.

Comments_____
_____
_____

_____ _____
Parent/Guardian Signature Reading Specialist

_____
Address

_____
Phone

It is important that you are aware that you have certain rights regarding the evaluation and placement of your child. An explanation of your rights is attached to this form. Please keep it for future reference.