

**PLATTSBURGH CITY SCHOOL DISTRICT**  
**NOTICE OF RECEIPT OF REFERRAL AND PARENT CONSENT FOR**  
**ASSESSMENT**

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

Your child, \_\_\_\_\_, has been referred for an evaluation. This elation will be used to determine the most appropriate education for your child.

I hereby request and give permission for the Plattsburgh City School District to assess my child to assist in educational planning. I understand that this assessment may cover the following areas:

Assessment	Conducted by	Purpose
_____ Motor Abilities	Physical/Occupational Therapist	Determine fine and motor skill levels
_____ Observations	Staff	Determine classroom Behaviors

I give consent to these evaluations. I understand that I am entitled to interpretation of the assessment and that all reports of the assessments will become part of my child's school records which may be reviewed by me.

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Signature of Parent/Guardian