



PRINCE ALBERT Est. 1887
CATHOLIC SCHOOL DIVISION
Learning for life through Catholic Education

118 – 11th Street E.
Prince Albert, SK S6V 1A1
PH: (306) 953-7500 FAX: (306) 763-1723

PERMISSION FOR INDIVIDUAL EVALUATION

I, the parent (or guardian) of _____, born
(Name of Student)

_____, hereby give permission for an Individual Evaluation
Year Month Day

to be conducted by:

- Registered Psychologist
- Intervention Worker

I understand that I have the right to be fully informed as to the result of the evaluation. The assessment results will be shared at a scheduled meeting with the parent(s)/guardian(s) and school system personnel.

The results of this assessment may be used to implement appropriate Educational Programming. For more information, please contact your child's teacher.

Date: _____

Signature of Parent/Guardian

Signature of Classroom Teacher

Signature of Educational Support Teacher