



## **Parental Consent to Share Testing**

### **Information with Teachers**

We understand that any testing done on our child is one part of a 'multi-disciplinary team' process in an attempt to accurately determine a complete educational diagnosis for our child.

We understand testing done on our child, whether by the Rock Academy, a private organization or the public school district, provides our child's teacher with pertinent information about their strengths and weaknesses. This information will be vital in determining the most appropriate educational plan for our child.

We see the importance of sharing this information with our child's classroom teachers, and give full permission for the school Administration to share the information attained with those involved with my child's academic plan. We understand that any sharing of testing information will remain confidential.

It is our hope that the information shared will determine the most appropriate educational plan for our child. Ultimately, we strive to fully support our child academically, emotionally and spiritually.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_