

**Health Assessment or Services:
Request for Parental Consent**Date: _____
(mm/dd/yyyy)

Dear Parent or Guardian:

The school district would like your child to participate in an assessment or service that has a mental health component. A description of this assessment or service is provided on Page 2 of this letter. It is important that you complete and return Page 2.

School district policy and procedures require that we get your consent before your child participates in this assessment or service. Parents or guardians must be informed about the assessment or service and must give consent for students under the age of 18 before to any mental health assessment or service is provided. We are required to provide:

- A description and purpose of the assessment or service;
- The identity of the provider of the assessment or service;
- When the assessment or service will begin; and
- How long the assessment or service will last.

The school district is allowed to assess or provide services to a student whose parent has not responded to this letter and request for consent. Please respond by: _____ (*date*).

Please contact the following person if you would like more information about the assessment or service described on page 2:

Sincerely,

Name_____
Title_____
Phone_____
Email

**Prior Written Consent Requirement:
Mental Health Assessments or Services**

Description of Assessment or Service

Name of Assessment or Service: _____

Provider or Publisher: _____

Administered to: ☐ Individual Student ☐ Groups of Students
☐ Selected grade levels ☐ Other: _____

Purpose: _____

Administered by: _____

Dates Administered _____ Time to Complete: _____
(mm/dd/yyyy)

Anticipated date results to be shared with Parent or Guardian: _____
(mm/dd/yyyy)

Please complete the following section and return this entire page as soon as possible to:

Attention: _____

Address: _____

Name of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

As the parent or guardian of the above name student, I have read the description of the proposed assessment or service and:

- ☐ Give permission for my child to participate in the assessment or service.
☐ Do not give permission for my child to participate in the assessment or service.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____
(mm/dd/yyyy)

OFFICE USE ONLY

Date Distributed:

Date Received:

Comments: