

East Central Special Education

Consent for Anchor Tool

Date: _____

Student: _____

Purpose: Consent for Anchor tool entrance/exit outcomes.

The multidisciplinary team proposes to conduct the entrance/exit outcomes of my child using the appropriate testing anchor tools.

As parent of _____, I agree with the team's proposed evaluation.

Yes _____ No _____ Date: _____

Parent Signature(s) _____
