East Central Special Education

Consent for Anchor Tool

Date: Click here to enter a 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: Click here to enter a date.

Parent Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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