

CONSENT FOR RESOURCE ASSISTANCE



12/16/2008

Date: _____

Re: _____
(Student Name)

D.O.B.: _____
(Day / Month / Year)

School: _____

Teacher(s): _____

Resource assistance will be provided by a resource teacher and/or a classroom teacher who will work with your child on specific skills to improve his/her academic success. Informal and/or formal testing may be required to assess your child's specific skill level.

Parent Statement:

I understand the program described above and if my child needs a personal program plan, it will be discussed with me.

(Parent / Guardian Signature)

(Date)