

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY (DODEA)
CONSENT FOR ASSESSMENT
UNDER NONDISCRIMINATION AND ACCOMMODATIONS ON THE BASIS OF DISABILITY**

PRIVACY ACT STATEMENT

AUTHORITY: 20 U.S.C. 921-932 and 10 U.S.C. 2164, as amended; E.O. 13160 (Nondiscrimination); and the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

PRINCIPAL PURPOSE(S): The information will be used within the DoD to obtain parent permission to administer assessments needed in order to determine the child's eligibility for a DoDEA Accommodation Plan.

ROUTINE USE(S): Disclosure of information on this form is authorized by 5 U.S.C. 552a(b)(2) within DoD when required to perform an official duty, and outside DoD by 5 U.S.C. 552(b)(3) in accordance with the "Blanket Routine Uses" universally published at: <http://www.defenselink.mil/privacy/notice/osd>.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

1. SCHOOL

2. STUDENT NAME (*Last, First, Middle*)

3. DATE (*YYYYMMDD*)

4. TEACHER

5. WORK TELEPHONE (*Include area code*)

Dear Parent,

Your child was referred to the school problem-solving team for the following concern(s):

The team recommends collecting further information to determine your child's eligibility for a DoDEA Accommodation Plan. The information will be used to plan a more effective education for your child. The findings will be reported to you. The team recommends administration of the following assessments:

Your signed consent is required to perform this assessment.

6. PARENT OR GUARDIAN

I give my consent for this assessment. I understand that my consent is voluntary and may be revoked at any time.

a. SIGNATURE

b. DATE (*YYYYMMDD*)

c. SIGNATURE

d. DATE (*YYYYMMDD*)

7. PLEASE RETURN THIS FORM TO:

8. SCHOOL CONTACT NUMBER