

**NISKAYUNA CENTRAL SCHOOL DISTRICT
STUDENT SUPPORT TEAM
BUILDING LEVEL CONSENT FORM**
This form is not a referral to the Committee on Special Education

Date: _____

Dear _____,

Further information has been requested concerning your child's progress in school. This information will assist us in planning an appropriate program which will facilitate your child's success. I would like permission to see _____ for testing and interviewing in relation to this matter.

While the exact nature of such an evaluation is tailored to the individual student, it may include such components as observations, intellectual/speech-language achievement testing and assessment of social skills. Other school specialists (e.g., speech therapist, reading teacher) may be involved in gathering information on your child. You will be contacted as soon as this work has been completed to discuss the results.

Please understand that you have the right to make a referral to the Committee on Special Education at any time. Please do not hesitate to contact your building's school psychologist with any questions about the Student Support Team referral process or the Committee on Special Education Referral process:

- ❖ mcloutier@niskyschools.org (Birchwood Elementary & Rosendale Elementary)
- ❖ jtimmany@niskyschools.org (Glenclyff Elementary & Craig Elementary)
- ❖ mwilliams@niskyschools.org (Hillside Elementary)
- ❖ ajoyce@niskyschools.org (Iroquois Middle School & Niskayuna High School)
- ❖ mgioia@niskyschools.org (Van Antwerp Middle School & Niskayuna High School)

Enclosed please find an authorization for testing with a self-addressed envelope. In addition, please refer to the back side of this form detailing the **Student Support Team referral process** and the **CSE referral Process**. Please complete the forms and return to me as soon as possible. If you should have any questions, please do not hesitate to contact me by email or through your child's main office.

Thank you for your cooperation. I look forward to being of assistance to your child and family.

Sincerely,

_____(School Psychologist)

Permission for Testing

I give permission for the school psychologist and relevant school specialists (e.g., speech therapist, reading teacher) to do testing and interviewing concerning _____ progress in school. I understand that the information obtained will be shared with me upon completion of the evaluation.

Parent/Guardian Signature

Date

Telephone