Grasslands Public Schools

OFFICE USE — ASN

FORM-SI-009

PUBLIC

Parent Permission for Level B Assessment

Specialized education assessment

Notice of collection. The personal information collected on this form is collected by Grasslands Public Schools under the authority of POPA sections 4(a) and 4(c), the *Education Act* SA 2012 sections 33(1)(a) and 33(1)(e), and the *Student Record Regulation*, Alta Reg 97/2019, in support of obtaining parental consent for a Level B specialized education assessment. This notice is provided in accordance with POPA section 5(2). The information is used to identify the student the consent relates to, record the consent and the acknowledgements given with it, and contact the parent or guardian to discuss the results of the assessment.

If you have any questions about the collection or use of this information, please contact the Access and Privacy Coordinator at **privacy@grasslands.ab.ca** or 403-793-6700.

Student information

LEGAL FIRST NAME

LEGAL LAST NAME

DATE OF BIRTH

YYYY-MM-DD

GRADE LEVEL

SCHOOL

Parent/guardian information

PARENT/GUARDIAN NAME

PHONE

EMAIL

PARENT/GUARDIAN NAME (IF APPLICABLE)

PHONE

EMAIL

Authorizations

School based assessments are designed to give as accurate a profile of individual academic achievement as possible. Results from such assessments will provide valuable information as we review your child's present and future programs. Level B assessment may involve consultation or observation by members of the Grasslands School Linked Team: SLP, OT, Psychologist, Behavior Specialist, Directors.

☐ I understand that the results of this assessment will be discussed with me after the assessment is complete. A copy of the assessment results will be maintained in the school.

☐ I understand that my consent is voluntary and may be withdrawn at any time by notifying Grasslands Public Schools in writing.

PARENT/LEGAL GUARDIAN NAME

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD