Portland State University
Graduate School of Education
Department of Special Education and Counselor Education

Permission for a file review and educational/ behavioral assessments.

Your child's teacher is working in cooperation with Portland State University to help train new special education teachers. During this term, a graduate student from Portland State University will be working with students in your child's classroom. As part of the training, this graduate student would like to look at your child's educational records and may need to do some testing, interviews, and/or student observations. The practicum student may also do some of the teaching this term.

Your permission is needed for the graduate student to look at your child's educational records as well as to administer tests or conduct interviews or student observations to determine areas of strength and need. If you are willing to let the graduate student work with your child, please complete the form below and return it to the school as soon as possible.

I, _____ as parent or legal guardian of
(please print your name)

of _____ **DO** _____ **or Do Not** _____

give permission for _____, a graduate student in the

Department of Special Education at Portland State University to:

1. Review my child's educational records and IEP or IFSP;
2. Conduct an assessment of my child's skills for the purpose of educational/ behavioral planning.

I understand that these activities are an educational experience for the graduate students and are completed as part of their professional development under the supervision of my child's Special Education Teacher and the University faculty members. Reports of the results of these activities will be shared with the Portland State University practicum supervisor and course instructor but will contain no information identifying the child or the family. No student names, family names, or names of service providers will be used in reporting results to the supervisors or instructors.

You can receive a copy of any results, if you request them.

_____ _____ _____
(sign here) (Your relationship) (date)

If you have questions, please contact Chris Borgmeier in the Department of Special Education at Portland State University at cborgmei@pdx.edu or (503-725-5469).

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