
CONSENT for an ASSISTIVE TECHNOLOGY EVALUATION
of a student in HOME INSTRUCTION / HOSPITAL SCHOOLS

Date: _____

STUDENT'S NAME: _____

NYC ID: _____

DOB: _____

Dear Parent / Guardian,

A referral for an **Assistive Technology Evaluation** has been submitted for your child. If you give consent for the assessment process to take place, please check the appropriate box below and provide your signature at the bottom of this form. Retain a copy for your records, then return the signed original form to us in the enclosed envelope.

- I give my consent for my child to have an Assistive Technology Evaluation.
- I do not give my consent for my child to have an Assistive Technology Evaluation.

Parent's Signature

Date

Parent's Name (please Print)

Please NOTE: If you do not respond to this letter by this date: _____, we will attempt to contact you by phone. If we do not reach you by phone, the IEP Team will conduct the necessary evaluation without written consent. You will continue to be invited to participate in all future planning meetings regarding the education of your child.