



Sarah Drinkwater, Ph.D., Executive Director of Student Services

14015 62nd Avenue NW Gig Harbor, WA 98332
253 530.1081 253 530.1085 fax drinkwaters@psd401.net

**English as a Second Language
PARENT PERMISSION FOR ASSESSMENT**

Student Name	Birth date	Gender	School	Grade
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Parent/Guardian Name	Address
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Primary Language spoken	Home Telephone	Work/Emergency Telephone
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Sponsor's Name (if appropriate)	Home Telephone	Work/Emergency Telephone
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Your child has been referred to the ELL Program Manager for assessment to determine her/her level of English proficiency. The district is asking your permission to evaluate your child using the Washington Language Proficiency Test (WLPT-II).

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Your signature indicates that you give permission for individual assessment and educational planning. It is the policy of the Peninsula School District to inform and involve parents in any school recommendations related to your child's program.

If approved, assessment results and recommendations for educational planning will be shared with you.

YES _____ Signature _____ Date _____

NO _____ Signature _____ Date _____

If you have any questions or concerns regarding this referral, you may call Kelly Maxfield at 253-530-1080.

