Little Johnny, LLC

603 East Main Street

Lexington, SC 29072

Phone (803) 399-8329

[www.littlejohnny.org](http://www.littlejohnny.org)

Purpose: REQUESTED EVALUATION

Dear Parent:

Little Johnny, LLC has received your request to complete an evaluation on your child. The proposed evaluation(s) will include the use of assessment methods to help identify strengths, areas of concern, present levels of academic and functional performance and/or assist in disability classification.

**PARENT/GUARDIAN CONSENT The results of these evaluations will be shared with you. You are entitled to a copy of the evaluation report(s). Please sign A or B and return to Little Johnny, LLC.**

A. YES, I give permission for a psychoeducational evaluation to be completed with my child.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

B. NO, I do not give permission for a psychoeducational evaluation to be completed with my child.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Print Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

Bill Harbert, Ed.D., LPES

CEO and School Psychologist II

Licensed Psycho-Educational Specialist