

Utah Assistive Technology Team N

**Permission to Evaluate**

Date:

Student:

Address:

Dear Parent,

I am recommending to have a special Assistive Technology Team evaluate your child. This team consists of professionals with various backgrounds, from our local school district, who specialize in assistive technology and augmentative communication. They will spend time with his/her teachers, speech therapists, and related professionals discussing his/her needs. At the end of this time, they will offer suggestions to help with the education and communication skills of your child. We would like your permission to have this team evaluate him/her. Please return this form with your signature to the address listed below at the earliest possible date.

Thank you,

I hereby authorize the evaluation requested:

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

\_\_\_\_\_

I do not authorize the evaluation requested:

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

\_\_\_\_\_

Please return to: