

## Consent for Behavior Assessment

STUDENT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ TEACHER(S): \_\_\_\_\_

Dear Parents or Guardian:

As discussed with you, school personnel would like to complete a behavioral assessment using the Conners-3. The Conners-3 is a set of rating scales that are used to gather information about the behaviors and feelings of children and adolescents. It provides evaluation of the key areas of inattention, hyperactivity/impulsivity, learning problems, executive functioning, aggression, and peer relations. It consists of rating scales completed by the teacher and you, the parent/guardian.

The findings may help the school in understanding and better supporting your child.

Following the assessment, you will be fully informed of the results.

Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### CONSENT FOR ASSESSMENT

I give my permission for conducting a behavioral assessment using the Conner's Rating Scale. I understand that my consent is voluntary and may be revoked any time before the assessment begins. I understand that I am not giving consent for a special education or 504 evaluation by agreeing to this assessment.

\_\_\_\_\_  
Signature (Parent/Guardian/Surrogate Parent or Adult Student)

\_\_\_\_\_  
Date