



DIXON UNIFIED SCHOOL DISTRICT

Non-Special Education Assessment Plan

Date: _____

Student: _____

Birthdate: _____

School: _____

Grade: _____

Reason for Assessment: _____

Type of Assessment: _____

If you have any questions about the above Assessment Plan, please contact the following person:

Name: _____ Phone: _____

_____ **I HEREBY GIVE** my permission for this assessment. I understand that the results will be kept confidential and that I will be informed of the results. I further understand that the District will offer to conduct a complete assessment of my child if it appears as though he or she qualifies for special education.

_____ **If this is a Section 504 assessment**, I acknowledge that I have received a copy of the Section 504 Procedural Safeguards.

_____ **I DO NOT GIVE** permission to have my child assessed.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Revised 7.1.2019