

CONSENT FORM

1. Have student read and sign. If necessary, please read the consent statement to the student.

- I understand this is a screening to assist my teacher in helping me to improve my learning.
- I understand that this information will be kept confidential and will not be shared with any other program, agency or organization without my written consent.
- I give permission to PANDA staff and Adult Basic Education staff to discuss and exchange any information related to this assessment process.

Student Signature

Date

Please write the following sentence on the line below: I am at school today.

Please write a sentence about yourself:

2. Fax or email to: fax: 763-504-4096 or email: panda@rdale.org

Wendy Sweeney, MA, Licensed Psychologist, PANDA Manager
Phone: 763-504-4095 Email: panda@rdale.org
PANDA – Minnesota ABE Physical and Nonapparent Disability Assistance

