



Preschool Request for Consent to Evaluate

Child's Name:

School District:

Date of Birth:

1. Check whether or not you give consent to have your child evaluated.
2. If you DO give consent, select one of the evaluation sites below, sign and return this form to the Committee on Special Education (CPSE) Chairperson as soon as possible.

I DO NOT give my consent to have my child evaluated.

I DO give consent to have my child evaluated AND
 Give consent for my child's most recent physical and immunization records to be released to the site selected below.
 My child's Physician's name is

The checked site below is my choice for the _____ evaluation.

Adirondack ARC
 Children's Corner
 Tupper Lake, NY

Mountain Lakes Services
 Port Henry, NY
 *Home Based: 8am – 6pm

Adirondack Helping Hands
 16 Degrandpre Way Suite 500
 Plattsburgh, NY 12901

Newmeadow Saratoga School
 100 Saratoga Village Blvd, Suite 35
 Malta, NY 12020

Children's Development Group
 1717 Front Street
 Keeseville, NY 12944

North Country Kids
 22 New York Road
 Plattsburgh, NY 12903

Adirondack Enrichment
 13 Locust St
 Glens Falls, NY 12801

Signature of Parent/Guardian

Date:

Pc: District Chairperson
 Evaluator
 Municipality