**Tuscarora Intermediate Unit 11**
*2527 US Hwy 522 South*
*McVeytown PA 17051-9717*
*(814) 542-2501 ● (717) 899-7143*

# Act 89 Program
# Permission to Evaluate

Student Name: _____ Date: _____

School: _____ Grade: _____

Dear _____:

Your child has been referred by his/her teacher for evaluation in the following area(s):

_____ Remedial Reading _____ Remedial Math _____ Speech/Language

_____ Equitable Participation

The Act 89 teacher will assess your child's educational needs to determine if your child is a student who may benefit from small group or individual instruction. A detailed report will be sent home explaining the findings. Please sign and return this form to give permission for testing.

Thank you.

_____
TIU Act 89 Teacher/Therapist

---

_____ **Yes**, I give my permission for testing.

_____ **No**, I do not give my permission for testing.

The best time to call regarding my child's educational needs is: _____

_____ _____
Parent Signature Date

Please add any information, about your child, that you feel would be helpful _____

---