

Acknowledgement of Protocol Release to a Parent/Guardian

Student Name: _____

Age: _____

Birthdate: _____

Parent Name: _____

Address: _____

While the _____ SELPA will honor your request to obtain copies of the test protocols used during the evaluation(s) of your child, it is important to bring to your attention several considerations. Please read this form and in the space provided on the left side of this form initial each applicable item. Most importantly, we want you to know that much of what makes the tests used to assess your child special is that their contents are not public knowledge. If these materials were made public knowledge, then their power as tools to assist in the identification of appropriate services for children with special needs would be destroyed.

_____ 1. I acknowledge receipt of the following test protocols that were used during the evaluation(s) of my child.

Name of Test Protocol	Administration Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- _____ 2. A SELPA representative has offered to review these test protocols with me.
- _____ 3. The SELPA has offered to send these protocols to another professional (of my choice) for review.
- _____ 4. I agree not to make additional copies of these protocols.
- _____ 5. I agree not to make these public copies of these protocols
- _____ 6a. I will honor the SELPA's request to return to the Special Education Office these protocols as soon as I have completed my inspection of them.
- _____ 6b. I intend to maintain in my possession these protocols for an indefinite period.
NOTE: When conducting future evaluations, examiners' choice of assessment tools may be influenced by a decision to maintain test protocols in your possession. Because possession of these protocols may allow some test items to be taught, examiners may consider future administrations of these tests to be psychometrically invalid.

Parent Signature: _____
SELPA Administrator: _____

Date: _____
Date: _____