



Intermediate School  
And  
High School  
831 Eagle Avenue  
Bronx, NY 10456  
P: (718) 665-2760

## TESTING PERMISSION

I, \_\_\_\_\_ do hereby give my permission to you Name of parent/guardian and your fellow staff members to have my child, \_\_\_\_\_, evaluated or reevaluated at the New LIFE School in order to continue to be eligible for non-public school funding as a Handicapped Child under Chapter 853, Section 4402 of the NYS Education Law. The evaluations undertaken on my child's behalf are the same type as may be performed by his/her local Committee on Special Education. I realize that these examinations may take any of the following forms as these items are periodically updated:

Academic Testing/Vocational Assessment

Related Services Counseling

Related Services Social History

Related Services Speech/Language Testing

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Representative/Witness

\_\_\_\_\_  
Date

N.B. Nothing prevents me, as parent, from seeking my own evaluation for my child or asking that these evaluations be done by the Committee on Special Education.

*Educating children in time to make a difference.*

A Member of the Lutheran Social Services of New York family of services.