

CONTACT INFORMATION FOR SUMMER TESTING

Student Name \_\_\_\_\_

2010-11 School \_\_\_\_\_

2011-12 School \_\_\_\_\_

Parent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's Work Schedule \_\_\_\_\_

Dates the Parent or Child is Not Available \_\_\_\_\_

Can the parent provide transportation to the child's zoned school?    Yes    No

Can the parent provide transportation to the district office?    Yes    No

Teacher's Contact Information \_\_\_\_\_

NOTES:

1. School facilities are closed on Fridays during the Summer.
2. All attempts to obtain permission and/or schedule an evaluation should be documented, including the parent's response.