

# Catapult Learning

## PARENTAL CONSENT

District: \_\_\_\_\_ Summer School Year: 2021-2022  
Student: \_\_\_\_\_ School: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Principal: \_\_\_\_\_  
Grade: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Reason for Referral: Reading \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

To Parents:

Your child is eligible to receive supplementary academic services in the area(s) checked above. These services will be provided by Catapult Learning and will be paid for by the school district using EANS Federal Funds.

In order to assess your child's needs for academic remediation, we will use multiple data points. This may include a review of standardized test scores, informal testing and interviews with school personnel to assure your child receives the appropriate educational program.

Before these services can begin, we must have your consent. This may be given by signing in the space below.

### I GIVE permission for my child to receive Intervention services through Catapult

\_\_\_\_\_  
Parent or Guardian Signature      Parent or Guardian Name (Please Print)      Date  
\_\_\_\_\_  
Address      Number      Street      Apt  
\_\_\_\_\_  
City      State      Zip code  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address: \_\_\_\_\_

I DO NOT GIVE permission for my child to receive Title I services through Catapult Learning.

\_\_\_\_\_  
Signature of Parent or Guardian      Date

**PLEASE RETURN THIS FORM TO YOUR CHILD'S CLASSROOM TEACHER.**