

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.