Baker School District 5J

Code: IGBAI-AR

Revised/Reviewed: 1/16/01 Orig. Code(s): IGBBD-AR

Parent Consent For Tag - Eligibility/Ineligibility

Parent(s)/Legal Guardian/Surrogate (circle one)	Address	City	Zip Code
We have completed the educational evaluation for	your child,	. He/she	has
been found eligible/ineligible (circle one) to partici	(First pate in the 5J District Program for	and Last Name) the TAG Student's Enrichment. The	he
description of proposed services is as follows:			
The evaluation procedures, tests, records or reports	used as a basis for the proposed se	rvices were:	
TESTS/PROCEDURES/RECORDS/REPORTS	DATE TESTS/PROCEDURE	ES/RECORDS/REPORTS I	<u>DATE</u>
1	6		
2	7		
3	8		
4	9		
5	10		
An explanation of your rights regarding the identifi is attached. Since Oregon Administrative Rules required education, we would appreciate your signing this continuous continuous and the continuous	uire that we receive your written co		
Principal or Delegate	School	Ī	Date
Parent: Keep White Copy of this form and return al	l other copies.		
I understand the described services, recommended p	placement, and that granting my co	nsent is voluntary and may be revo	oked at anytime.
YES NO I give my permission for pictures to publication.	o be taken ofmy child, as a member	of a TAG class, for any future act	ivities or
YES NO I have been adVised and understan	d my parent rights. (Parent Rights	Statement on reverse)	
YES NO Results of the evaluation(s) have b	een shared.		
YES NO I consent to the placement of my cl	hild as described above.		
My signature indicates my understanding of the rec	ommendations made and my decis	on to follow the recommendations	s.
Parent(s)/Legal Guardian/Surrogate (Circle One)	Date		