



Trinity
MINISTRIES

CHURCH • SCHOOL • PRESCHOOL

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www.trinitypaso.org

www.fastdir.com/trinitypaso

Evaluation Permission Form

School Placement Evaluation

This signed form must be accompanied with a \$25.00 assessment fee

Student's Name _____ Date of Birth _____

Grade Level for 2018/2019 _____

Present Health _____

Any health issues _____

Pertinent Information regarding student's development _____

Check all that apply:

Corrective Lenses Hearing Loss Autism Spectrum Disorder ADD/ADHD

Speech/Language Delay Motor Skills Delay Central Auditory Processing Disorder

Other (please specify) _____

I give permission for my child, _____ to be evaluated by Trinity Lutheran School. This evaluation includes developmental and academic testing.

Parent/guardian Signature

Date

For office use only:

Evaluation Fee of \$25.00 paid by: Check Number _____, Cash _____, Other _____

Date Rec'd: _____ by _____