



*Trinity*  
MINISTRIES

CHURCH • SCHOOL • PRESCHOOL

940 Creston Rd. Paso Robles, CA 93446

(805) 238-0335 FAX (805) 238-0892

[www.trinitypaso.org](http://www.trinitypaso.org)

[www.fastdir.com/trinitypaso](http://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 2019/2020 \_\_\_\_\_

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 \_\_\_\_\_