



Educational Services Program TITLE I – PARENT CONSENT

DATE: _____

School District: Duval County School Year: 2023-2024

Student: _____ School: _____

Date of Birth: _____ Principal: _____

Grade: _____ Teacher: _____

Reason for Referral: Reading _____ Math _____

To Parents:

Your child is eligible to receive Title I services in the area(s) checked above from the sending school district. These services will be provided by a Third Party Contractor and will be paid for by the sending school district using Federal Title I, Part A grant funds.

In order to assess your child’s needs, an evaluation will be provided. 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. Student progress reports will be made available to you and your child’s teachers during the school year. Your feedback is also welcomed.

At the end of the year, your child may be tested again on a standardized test to assess his/her progress. This test may be administered to your child even if he/she is no longer receiving services via the Third Party Contractor at the time of testing.

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

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TITLE I LEARNING.

Signature of Parent or Guardian _____

Date _____

Please Print Parent or Guardian Name

Address: _____

Number

Street

City

State

Zip Code

I DO NOT GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TITLE I LEARNING.

Signature of Parent or Guardian _____

Date _____

PLEASE RETURN THIS FORM TO YOUR CHILD’S CLASSROOM TEACHER