



Hamilton-Boone-Madison Special Services Cooperative
Early Childhood Assessment Team
Hamilton-Boone-Madison Education Center
1775 Field Dr.
Noblesville, IN 46060
Phone: 317-773-2134
Fax: 317-773-2136

WITHDRAWAL OF PERMISSION FOR TESTING

Date: _____
Student: _____
Date of Birth: _____
Parent/Guardian: _____

I withdraw my permission for evaluation as:

- _____ I am no longer interested.
- _____ I have moved out of Hamilton-Boone-Madison Special Services Cooperative (H-B-M serves Frankton-Lapel, Hamilton Heights, Options Charter Schools, Noblesville, Sheridan and South Madison School Corporations.)
- _____ I have opted to have an outside evaluation completed. (We would be happy to consider outside testing results, if you wish to share them with us. Please call our office at (317) 984-1653 for additional information.
- _____ Other: (Please explain)

Signature of Parent or Guardian Date

If you have any questions or concerns, please contact our office at (317) 984-1653.

Thank you.

Please return this form to:
Early Childhood Assessment Team
Hamilton Heights Primary School
25350 State Road 19
Arcadia, IN 46030



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Dear Parent:

It is our understanding that you wish to withdraw your request for testing. Please complete the enclosed **Withdrawal of Permission for Testing form** and return it in the enclosed self-addressed envelope. Please note the section "Other" on the Withdrawal form. If you wish to have your child tested in the future, or wish to change the evaluation request from a Full Evaluation to a Speech only evaluation, please check this area and indicate your wishes in the space provided.

If you have any questions, feel free to call our office at (317) 984-1653.
Thank you.

Sincerely,

ECAT
Secretary

Enclosures (2)