

## CONSENT FORM

**1. Have student read and sign. If necessary, please read the consent statement to the student.**

- I understand this is a screening to assist my teacher in helping me to improve my learning.
- I understand that this information will be kept confidential and will not be shared with any other program, agency or organization without my written consent.
- I give permission to PANDA staff and Adult Basic Education staff to discuss and exchange any information related to this assessment process.

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**Student Signature**

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**Date**

**Please write the following sentence on the line below:** I am at school today.

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**Please write a sentence about yourself:**

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**2. Fax to:** Wendy Sweeney at 763-504-4096.

Wendy Sweeney, MA, Licensed Psychologist  
PANDA Grant Manager  
Phone: 763-504-4095 Email: wendy\_sweeney@rdale.org  
PANDA – Minnesota ABE Disability Specialists

