



Language Dominance Permission to Test

Multilingual Education
Program

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #002-F08E
September 2023

Clear Form

Date _____

Dear Parent/Guardian:

A recommendation has been made to give your child, _____, a bilingual language assessment. Your child's teacher and other staff members believe that this assessment could help with educational planning for your child to ensure an appropriate education. The results of this assessment might be very helpful in a number of ways. Please give us your authorization for this testing below. As soon as we have your consent, we can schedule the assessment and share the results with you. If you have questions, please contact us.

Yes, I give my permission for the bilingual language assessment.

No, I do not give my permission for testing.

(Parent's/Guardian's Signature)

School _____

Grade _____