Enter Date*

To the Parent/Guardian of:_____

The mission of Fountain-Fort Carson School District 8 is to ensure that each child receives an optimum educational experience. Our educational team would like to request permission to administer the Iowa Assessments for Grade ___. This assessment will provide us with essential information to determine appropriate educational programming for your student.

The assessment will be given individually to your student and will take approximately 5 hours. We will administer the assessment over the course of 3 or 4 days. There is nothing the student must do to prepare for this assessment. The test administrator will work with your student's classroom teacher to ensure he or she will not miss critical class time. The assessment consists of several different sections: reading, written expression, mathematics, science, social studies, vocabulary, capitalization, punctuation, spelling, and computation. Upon completion of the assessment, results will be shared with you and your student's classroom teacher.

If you have any questions about this assessment, please do not hesitate to call. Please complete the attached form and return to the school office.

Sincerely,

Student's name: _____

Parent/Guardian's name: _____

Date: _____

My student, _____, has permission to be given the Iowa Assessments for the purpose of identifying grade-level academic performance.

_____

Parent/Guardian signature