



Laurel, MD USA
(240) 583-0578

Consent to Evaluate

By signing below, I acknowledge that I consent to a psychoeducational evaluation by the trained staff of ReGeneration180. I confirm that I have read and discussed the purpose of this testing, and have had an opportunity to ask questions about this information.

I understand that any information obtained will be used to inform my child's programming. I understand that information about the referral, and in the case of an assessment, a written report, will be placed in my child's support file with ReGeneration180. Furthermore, I understand the mission of ReGeneration180 and that the data obtained will serve as a contribution to the growing research regarding best practices in African-Centered Education.

Student Name: _____	School of Attendance: _____
Date of Birth: _____	Parent/Guardian Name(s): _____ _____
Time of Birth: _____	
Birth City & State: _____	
Type of Assessment(s): <input type="checkbox"/> Educational <input type="checkbox"/> Psychospiritual <input type="checkbox"/> Cognitive <input type="checkbox"/> Personality <input type="checkbox"/> Behavioral/Social	Parent Contact Number(s): _____ _____

Parent Signature

Date

ReGeneration180, Inc.