## [LEA INFORMATION] Parental Consent for Evaluation for HB 548 Language Acquisition

(Date)		
Dear Parent/Guardian of	(Children Norman)	,
	(Child's Name)	
House Bill 548 of the 86 <sup>th</sup> Texas Legislances the language acquisition of stude (DHH) or deafblind (DB). The data coldinsight into the language acquisition, coused to improve services for students on the students' special education elignannual statewide report will be publis continued improvements in language	dents aged 0-8 years old who a lected from this annual testing education, and intervention fo who are DHH or DB. The data gibility, grades, or promotion to thed each year of the findings a	are deaf or hard of hearing g will provide valuable r these students and will be does not have any bearing o the next grade level. An and recommendations for
If you have any questions about the as assessments, please contact:	ssessment process or want to k	know more details about the
Name	Title	Phone Number
More information on HB 548 can also	be found on the <u>TEA Sensory I</u>	Impairment webpage.
Your consent is required before testin testing to be performed on your child	- ·	elow your consent for
No, I do not give consent for my	y child to be assessed for HB 54	48 Language Acquisition.
Yes, I give consent for the asses	sment of my child for HB 548 I	Language Acquisition.
(Parent/Guardian signature)	-	(Date)
(Print name)		

Model Consent Form (November 2020)

