

# EVALUATION OF READING COMPREHENSION PROGRAMS

## U.S. DEPARTMENT OF EDUCATION

### PARENT PERMISSION FORM

**I GIVE PERMISSION** for my child, \_\_\_\_\_ (name of child),  
to complete reading tests this year and (if Caddo Parish decides to participate in an optional second  
year of the study) next year. I give permission for my child's school to provide requested information  
about my child for research purposes.

**I DO NOT GIVE** permission for my child, \_\_\_\_\_ (name of child),  
to participate in the Evaluation of Reading Comprehension Programs.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN  
DATE

YOUR FULL NAME (PLEASE PRINT) \_\_\_\_\_

CHILD'S FULL NAME (PLEASE PRINT) \_\_\_\_\_

CHILD'S SCHOOL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S ENGLISH/LANGUAGE ARTS TEACHER \_\_\_\_\_