NOTICE OF REVOCATION OF CONSENT FOR INITIAL EVALUATION

| Dear Parent: | |
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| On you gave perroto be evaluated. | nission/consent for your child |
| It is our understanding that since that time evaluation. | e you have decided to revoke your consent for the |
| Therefore the following actions will be ta | ken: |
| We will not initiate the evaluation | on. |
| | the evaluation, we will not proceed with any further not retroactive therefore this does not negate any ime consent was given. |
| Yes, I agree with the actions decenter evaluation. | cided and want to revoke my consent for the initial |
| If you have any questions, you may com Name: | |
| Please return this form to: Address | |
| _ | |
| Signature: | Date: |