

PERMISSION TO ASSESS

I, _____ give
(Parent's Name)

Markham Woods Presbyterian Church Preschool, permission to assess my child,

_____ using the *"The Lollipop Test"*. I understand the
(Child's Name)

assessment is given two times a year and that I will be informed of the results. I also give

permission to share the results of this assessment with my child's subsequent

(i.e. kindergarten) teacher should it be requested.

Parent's Signature

Date



EARLY LEARNING COALITION OF
SEMINOLE

Good beginnings last a lifetime

VOLUNTARY PRE KINDERGARTEN

Thank you for your interest in Florida's Voluntary Pre-Kindergarten program. There are no income requirements for participation.