



Dear Parent(s)/Guardian(s),

Your child has been selected to participate in Career Assessment in which the/she will spend half of his/her day with the Career Assessment Specialist at your son/daughter's school. Career Assessment will help gauge your student's interests and abilities in order to help with future career planning. A post-assessment meeting will be held at your child's high school. This meeting will review the results of Career Assessment. You will be notified of this meeting and invited to attend. Please complete the permission form at the bottom and return to school with your student. Thank you for allowing your student to participate in this exciting day.

Permission to Participate in Career Assessment at EHOVE Career Center

I, _____, parent/guardian of _____, consent to the release of my son/daughter's most recent academic information including academic transcripts and Emergency Medical form to EHOVE Career Center. These records will be used confidentially in the Career Assessment process administered by the EHOVE staff.

I understand that copies of the assessment report will be shared with associate school personnel. A post-assessment conference will be held at the associate school where the student, parent/guardian and the work-study coordinator will review the report with Mrs. Marissa (Peters) Merk, the EHOVE Career Assessment Specialist.

*You will be notified of the date for the post-assessment meeting from either the work study coordinator or special education supervisor. *

Signature of parent/guardian/18 year old student

Date