



**CAREER ASSESSMENT
REQUEST FOR PARENT PERMISSION FORM**

Date _____

We are pleased to inform you of the career assessment service that is available to assist in the planning of your child’s educational program. This assessment is used to help us better meet your child’s needs in regard to making decisions on future vocational goals. The purpose is to assist your child in planning for the future and show various options available.

This evaluation service is available through Upper Valley JVS. Your child will take the bus to the JVS main building and Mr. Starkey or Mrs. Hemm will be waiting in the front office. (If your child attends Piqua High School, Mr. Starkey or Mrs. Hemm will pick him/her up in the guidance office of Piqua High School.)

At the completion of the career assessment,, the results will be discussed with your child and you, along with counselors and/or teachers. Please sign the form below and return it to your member school as soon as possible.

Respectfully,
Mark Starkey, Rose Hemm
Career Assessment Specialists

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This is to indicate that I have been informed of the request for individual assessment of my child,

_____ and understand the purposes of this evaluation.

_____ I Do; _____ I Do Not

give my consent for my child to be evaluated at the Upper Valley JVS.

Parent(s): _____

Mailing Address: _____

Email Address: _____

Phone: (____) _____ Date _____

Parent(s) are invited and urged to attend the Post-Assessment Conference. Please indicate the most convenient time for your availability to attend: M___T___W___Th___F___

Morning___Afternoon___Evening___

Please write any comments, questions and/or requests that you may have concerning the evaluation.