



NIKKI'S
CHRISTIAN ACADEMY
FAITH.....EXCELLENCE.....FAMILY

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PERMISSION TO ASSESS

I give the staff of Nikki's Christian Academy permission to conduct academic and developmental assessments for my child while attending the center. I understand these assessments will be conducted at least 3 times a year and will be used to assist the parent teacher team to better plan for the development and growth of my child. I understand the information will be shared with me and I will have ample opportunity to discuss the assessment results. I further understand this assessment is a tool and not a grade.

PLEASE COMPLETE 1 FORM PER CHILD IN ATTENDANCE.

Child's Name: _____

Parent's Printed Name: _____

Parent's Signature: _____

Today's Date: _____

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