

SACRED HEART GRADE SCHOOL

RECORDS RELEASE FORM

TO: _____

STUDENT NAME: _____

Principal's Signature _____ Date _____

*Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance records, activities, etc.)

*Standardized achievement test scores

*Psychological and/or social worker's reports

*Individual Education Plan (IEP)

*Occupational/Physical Therapy Report

*Intelligence and aptitude test scores

*Psychiatric Report

*Comprehensive Evaluation Report
Psycho-educational

*Speech/Language Report

*Teacher and counselor observations
and ratings

*Medical Report

*Permission to Evaluate

*Notice of Recommended Assignment

Other: Explain _____

Parent Signature Date

Parent Signature Date

Please send the records listed above to:

**JEAN M. CAVALIER, PRINCIPAL
SACRED HEART GRADE SCHOOL
1035 QUARRIER STREET
CHARLESTON, WV 25301**

Phone: 304-346-5491

Fax: 304-342-0870