

# PEEK

Psycho-Educational Evaluations for Kids, LLC  
(813) 922-8249  
605 W. Bloomingdale Ave  
Brandon, FL 33511

Child's Name:	Date of Birth:
Reason for Referral:	

I, \_\_\_\_\_, have been informed by Sheytophia Cunha, Psy.D., of her status as a dual practicing school psychologist with a local Florida school district. Dr. Shey Cunha has informed me of my right to refer my child for a psycho-educational evaluation, free of charge, through my local school district. I certify that, to the best of my knowledge, there has not been a psycho-educational evaluation conducted for my child by local school district for the purposes of today's testing. In addition, this evaluation is not intended to serve as a second opinion for any previous testing conducted by my local school district. I have also been informed by Dr. Shey Cunha that an independent evaluation may not be conducted by an employee of the school responsible for the education of my child.

Furthermore, I am electing to obtain and pay for these services privately and understand that it is up to the discretion of the school district to accept the private evaluation and that Multi-Tiered Systems of Supports / Response to Intervention (MTSS/RtI) may be required.

I give consent to the proposed evaluation.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date