**Consent form – Lexplore assessment**

I give permission for (pupil name): ……………………………………

to participate in the Lexplore reading assessment.

Parent/Guardian name: …………………………………………..

Parent/Guardian signature: ……..……………………………………..

Date: ………………………………………

En bild som visar Teckensnitt, Grafik, grafisk design, typografi

Automatiskt genererad beskrivning