

Student Name _____ DOB: _____

STUDENT ASSISTANCE PROCESS
Permission for Specialist's Participation

The Student Assistance Team requests parental permission for _____ to be involved in the informal assessment (observations, interviews, checklists, other data collection) and/or small group intervention (speech, counseling, academic) for the above named student administered by an ESU specialist (Psychologist, Speech and Language Pathologist, Occupational Therapist, or Physical Therapist).

_____ **I give permission** and I understand this consent is voluntary and may be revoked at any time.

_____ **I do not give permission.**

Parent Signature _____

Date _____

Note: This permission is not for a special education or Section 504 evaluation. However, the informal screening may contribute to a Student Assistance Team decision to refer for such services. If you would like to receive information about either special education or Section 504, check on the following line:

I would like more information concerning: _____ special education _____ 504

If you have any questions regarding this Permission form, or your rights, you may contact:

Name _____
School _____
Phone Number _____