

Parental Consent Form

Jackson Local Schools

Parent Consent

I, _____, hereby give my Consent for **Jackson Local School**
Parent/Legal Guardian/Surrogate

District to respond to a request related to a screening/gathering of additional information for

Name of Child DOB Phone Email

School Grade

Area (s) for Permission

*In Giving my permission, I understand that this permission allows for the following to occur:

- Screening for: _____
 - Observation
 - Review of relevant records (release of information will be included)
 - Assessments: _____
 - Attention Checklists
 - Other: _____
- _____

*I understand and agree that any **screening** completed will be reviewed with me via phone by (date): _____

* I understand and that any **evaluations** completed by the school district will be reviewed with the IEP team by (date) : _____

Parent Signature

Name of Parent/Legal Guardian/Surrogate: _____

Signature: _____ Date: _____

If you were to have any questions, please contact _____
at _____.

Notes